

## **Encore Accounting LLC**

816 Bartholomew Street
New Orleans, LA 70117
ry.dantonio@gmail.com
Phone: (410)271-1825 | Fax:

November 14, 2019
lowernine.org 6018 El Dorado New Orleans, LA 70125
lowernine.org:
Enclosed is the 2018 federal return for a tax-exempt organization, prepared for lowernine.org from the information provided. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.
The organization's federal return reflects neither a refund nor a balance due.
Thank you for the opportunity to be of service. For further assistance with your tax needs, contact our office at (410)271-1825.
Sincerely,
Ry D'Antonio Encore Accounting LLC

### **Encore Accounting LLC**

816 Bartholomew Street New Orleans, LA 70117 ry.dantonio@gmail.com Phone: (410)271-1825 | Fax:

November 14, 2019

lowernine.org 6018 El Dorado New Orleans, LA 70125

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- \* Interviews regarding your tax situation
- \* Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- \* Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (410)271-1825.

Sincerely,

Ry D'Antonio Encore Accounting LLC

## **Encore Accounting LLC**

816 Bartholomew Street
New Orleans, LA 70117
ry.dantonio@gmail.com
Phone: (410)271-1825 | Fax:

lowernine.org 6018 El Dorado New Orleans, LA 70125 Invoice Date: 11/14/2019

Your 2018 tax return was prepared by Ry D'Antonio.

Description		Fee
Federal and Supple	emental Forms	
Form 990	- Return of Org Exempt from Income Tax, page 1 \$	
Form 990 pg 2	- Return of Org Exempt from Income Tax, page 2	
Form 990 pg 3	- Return of Org Exempt from Income Tax, page 3	
Form 990 pg 4	- Return of Org Exempt from Income Tax, page 4	
Form 990 pg 5	- Return of Org Exempt from Income Tax, page 5	
Form 990 pg 6	- Return of Org Exempt from Income Tax, page 6	
Form 990 pg 7	- Return of Org Exempt from Income Tax, page 7	
Form 990 pg 8	- Return of Org Exempt from Income Tax, page 8	
Form 990 pg 9	- Return of Org Exempt from Income Tax, page 9	
Form 990 pg 10	- Return of Org Exempt from Income Tax, page 10	
Form 990 pg 11	- Return of Org Exempt from Income Tax, page 11	
Form 990 pg 12	- Return of Org Exempt from Income Tax, page 12	
Schedule A	- Organization Exempt Under Sec 501(c)(3), page 1	
Schedule A pg 2	- Organization Exempt Under Sec 501(c)(3), page 2	
Schedule A pg 3	- Organization Exempt Under Sec 501(c)(3), page 3	
Schedule A pg 4	- Organization Exempt Under Sec 501(c)(3), page 4	
Schedule A pg 5	- Organization Exempt Under Sec 501(c)(3), page 5	
Schedule A pg 6	- Organization Exempt Under Sec 501(c)(3), page 6	
Schedule A pg 7	- Organization Exempt Under Sec 501(c)(3), page 7	
Schedule A pg 8	- Organization Exempt Under Sec 501(c)(3), page 8	
Schedule B	- Schedule of Contributors, page 1	
Schedule B pg 2	- Schedule of Contributors, page 2	
Schedule B pg 2	- Schedule of Contributors, page 2	
Schedule B pg 3	- Schedule of Contributors, page 3	
Schedule D	- Supplemental Financial Statement, page 1	
Schedule D pg 2	- Supplemental Financial Statement, page 2	
Schedule D pg 3	- Supplemental Financial Statement, page 3	
Schedule D pg 4	- Supplemental Financial Statement, page 4	
Schedule I	- Grants and Other Assistance, page 1	
Schedule I pg 2	- Grants and Other Assistance, page 2	
Schedule M	- Non-Cash Contributions, page 1	
Schedule O	- Supplemental Information, page 1	
Form 4562	- Depreciation and Amortization	
Form 8879EO	- E-file Signature Auth for an Exempt Org	
FED DEPR Schedule	- Federal Depreciation Schedule	
Next Year Depr	- Next Year Depreciation Schedule	
Overflow	- Itemized Listing Attachment	
EF Notice	- General Information for Electronic Filing	
Total Forms : 38	Forms Subtotal	0.00

lowernine.org

Invoice Date: 11/14/2019

Venmo: @TheRealRy

Paypal: ry.dantonio@gmail.com Square Cash: \$RyDantonio

# **Acknowledgement and General Information for** 2018 **Entities That File Returns Electronically** Name(s) as shown on return Employer Identification Number \*\*-\*\*\*1601 lowernine.org Entity address 6018 El Dorado New Orleans, LA 70125 Thank you for participating in IRS e-file. 1. X 2018 8868 income tax return for Federal was filed electronically. The electronic filing services were provided by Encore Accounting LLC 2. X 8868 income tax return was accepted on 03-12-2019using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature. The submission ID assigned to this return is 7247612019071maoc34t PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

#### 990

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Δ	For th	ne 2018 d	alendar year, or	tax year hegin	nina				, 2018, and e	ndina				20	
		if applicable		organization lowe:		.~			, 2010, 4114	manig		$\neg$	D Employ		otion no
			1		riiriie.or	9									auon no.
H		s change	Doing busi							I			11-38		
$\equiv$	Name o	•		nd street (or P.O. box	c if mail is not de	elivered to s	street address)			Room/s	suite		E Telepho		
Ц	Initial re	eturn	6018	El Dorado								_	(504)	278-12	40
Ц	Final re	turn/termina	ated City or tow	vn, state or province,	country, and ZII	P or foreign	postal code						<b>G</b> Gross re	ceipts	
Ш	Amende	ed return	New C	orleans, LA	70125								\$	234,	560
	Applica	tion pending	g F Name and	d address of principal	officer: La	aura F	Paul			H(a)	Is this a group	return f	or subordinates	? Yes	X No
			6018	El Dorado	Street,	New C	rleans, I	A 70	117	H(b)	Are all subor	dinate	s included?	Yes	No
ı	Tax-exe	empt status:	501(c)(3)	501(c) (	) <b>(</b> insert no	.)	4947(a)(1) or	52	7		If "No," a	attach	a list. (see in	structions)	
J	Websit	e: ►	www.lowern	ine.org						H(c)	Group exer	nption	number	•	
K	Form of	f organizatio	on: X Corporation	Trust Asso	ociation C	Other ►		L	Year of formation:	2007	M State	of lea	al domicile:	ME	
	art I		nmary												
	1		describe the orga	anization's missi	on or most s	ianifican	t activities:	1 01:101	nine.org i	a dod	iastod	+-	train	na.	
	'	•	ŭ			Ū									1 a
e			dents and vo												IS
Governance			ssary to br		entury-c	old ne	ighbornoo	d bac	k to life	in th	e wake	OI	nurrio	anes	
err			ina and Rit												
Š	2		this box ▶ 📙 if t	J			•						1		
ত •	3		er of voting memb	_								3			5
es	4	Numb	er of independent	voting members	s of the gove	erning bo	dy (Part VI, lin	e 1b)				4			5
ξ	5	Total r	number of individu	uals employed in	calendar ye	ar 2018	(Part V, line 2a	a) .				5			7
Activities &	6	Total r	number of voluntee	ers (estimate if r	necessary)							6			636
4	78	<b>a</b> Total ι	unrelated busines	s revenue from F	Part VIII, col	umn (C),	line 12					7a			0
			related business									7b			0
						· · · · ·					Prior Year		С	urrent Year	r
	8	Contril	butions and grants	s (Part VIII line	1h)						221	49			3,895
<u>o</u>	9		am service revenu								221	, .,			0,000
au		-											_		150
Revenue	10		ment income (Par	•									4		150
œ	11		revenue (Part VIII									<u>,61</u>			1,031)
	12		evenue - add lines								219				3,014
	13		s and similar amou						• • • • • • •		52	,19	3	4	7,140
	14				t IX, column (A), line 4)										0
s	15	Salari	es, other compens	sation, employee	benefits (Pa	art IX, co	lumn (A), lines	5-10)			121	,35	5	11	5,329
Expenses	16	a Profes	ssional fundraising	g fees (Part IX, c	olumn (A), li	ine 11e)									0
þer		<b>b</b> Total f	undraising expens	ses (Part IX, col	umn (D), line	≥ 25) ▶			23,337						
Щ	17	Other	expenses (Part IX	K, column (A), lin	es 11a-11d,	11f-24e)	)				(8	,13	3)		2,096
	18	Total e	expenses. Add lin	nes 13-17 (must	equal Part IX	X, columi	n (A), line 25)				165	,41	5	16	4,565
	19	Reven	ue less expenses	Subtract line 1	8 from line	12						,46			8,449
	S									Beginnin	g of Current			nd of Year	
Net Assets or	20	Total a	assets (Part X, line	e 16)							180				1,455
Asse	21		iabilities (Part X, I									,55			3,287
Net.	22		ssets or fund bala	,							178				8,168
_	art II		nature Block		IIIIC Z I IIOIII	11116 20	<u> </u>	<u></u>			1/6	, 40	0		0,100
			ury, I declare that I have		n including acc	ompanying	schedules and sta	tements	and to the hest of my	knowledge	and halief it	ie			
			lete. Declaration of pre							Miowicage	and bollor, it	10			
			_												
Si.	ın		Laura Paul												
Sig			Signature of officer									Dat	е		
He	re		Laura Paul,		Directo	r									
			Type or print name and	d title											
		Print/	Type preparer's name		Preparer's sign	nature			Date		Check X	if	PTIN		
Pai	id	Ry	D'Antonio		Ry D'Ant	onio		1	1-14-2019		self-employe	ed	P015	78026	
Pre	pare		s name 🕨	Encore A				1		Firm's E	EIN ▶				
	e On		s address ►	816 Bart						Phone					
			<del>-</del>	New Orle			-					LO-1	271-182	25	
May	tho II	DS discur	es this return with				tructions)				-1.				No

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		v
7	"Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	,		v
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		_X_
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
,	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Χ	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	40L		v
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X 
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		77
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
-	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			3.7
00	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	00		v
27	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		Λ
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		- 22
D	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		21
Ū	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			$\perp \perp$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

18) lowernine.org
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule</i> O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018) lowernine.org Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 5 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ Χ Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at 9 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No **10a** Did the organization have local chapters, branches, or affiliates? 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? ...... Χ 13 Χ 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ 15a Other officers or key employees of the organization Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

19

20

financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records:

Mary Ann Jacobs (520)797-9500, PO 31778, Tucson, AZ 85751

Form 990 (2018) lowernine.org 11-3821601 Page 7

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title  (1) Calvin Alexander	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r	not che unles	Pos eck m ss per d a di	(C) sition nore th rson is rector	han one s both an /trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Board Member		X							0 0	0
(2) Beverly Nichols	5.00									
President and Treasurer		X		Х					0 0	0
(3) Jarrod Broussard	3.00									
Board Member		X					_		0 0	0
(4) Suzanne Lacey	3.00	3,7								
Board Member	2 00	Х					+		0 0	0
(5) Russell Mistich  Board Member	3.00	X							0	0
(6) Laura Paul	50.00	-22								
Executive Director				Х				45,00	0 0	650
(7)										
<u>(8)</u>										
<u>(9)</u>										
<u>(10)</u>							1			
<u>(11)</u>										
<u>(12)</u>							$\dashv$			
<u>(13)</u>										
<u>(14)</u>							+			
EEA	1								1	Form <b>990</b> (2018)

Section A.

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	ollioor and a director/tracted									(F) stimated mount of			
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		organizations (W-2/1099-MISC)	or	npensati from the ganization nd relate panization	on ed
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
<u>(21)</u>													
<u>(22)</u>													
<u>(23)</u>						1							
(24)						1							
(25)													
1b c	Sub-total			7.				<b>&gt;</b>					
d	Total (add lines 1b and 1c)							-	45,000	0			650
2	Total number of individuals (including but not limited								e than \$100,000 of	:			
	reportable compensation from the organization									0		Yes	No
3	Did the organization list any <b>former</b> officer, directo	r. or trustee.	kev er	olan	vee.	or l	hiahes	t co	mpensated			162	NO
	employee on line 1a? If "Yes," complete Schedule		-		-		_				3		Х
4	For any individual listed on line 1a, is the sum of rep												
	organization and related organizations greater than												7.7
5	individual										4		X
3	for services rendered to the organization? <i>If</i> "Yes,"			-			-				5		Х
Section	on B. Independent Contractors	,					,						
1	Complete this table for your five highest compensate compensation from the organization. Report comper year.												
	(A)								(B)			(C)	
	Name and business address								Description of	services	Com	pensatio	n
-													
2	Total number of independent contractors (including received more than \$100,000 of compensation from			ose •	listed	d ab	oove) v	vho					

		Check if Schedule O contains a response	or no	ote to any line in this	s Part VIII			
				·	(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
	1a	Federated campaigns	1a	898				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
ية ق	C	Fundraising events	1c	1,300				
ifts, Ir A	d	Related organizations	1d	1,300				
<u>a</u> <u>e</u>	e	Government grants (contributions)	1e					
Sii	f	All other contributions, gifts, grants,	16					
the	'	and similar amounts not included above	1f	221 607				
a de Ti		Noncash contributions included in lines 1a-1		231,697				
ತಿ ಜ	g			119,409	222 005			
	h	Total. Add lines 1a-1f	• •		233,895			
9				Business Code				
nuə/	2a							
Re	b							
Program Service Revenue	C .							
Sel	d							
gran	e	<del></del>						
P.		All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, inter						
		and other similar amounts)		1	150			150
	4	Income from investment of tax-exempt bond	•					
	5	Royalties						
		(i) Real		(ii) Personal				
	l	Less: rental expenses	_					
		Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of (i) Securities	5	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
	d	Net gain or (loss)		▶				
enue	8a	Gross income from fundraising						
Ver		events (not including \$ 1,30	0					
æ		of contributions reported on line 1c).						
Other Rev		See Part IV, line 18	а					
ð	b	Less: direct expenses	b					
	С	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities.						
		See Part IV, line 19	а					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gaming activities		▶				
	10a	Gross sales of inventory, less						
		returns and allowances	а	515				
	b	Less: cost of goods sold	b	1,546				
	С	Net income or (loss) from sales of inventory			(1,031	) (1,031	)	
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	С							
		All other revenue						
		<b>Total.</b> Add lines 11a-11d						
		Total revenue. See instructions		+	233,014	(1,031	) (	150
					,			

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

#### Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 47,140 47,140 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ..... Compensation of current officers, directors, 11,250 45,000 22,500 11,250 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ..... Other salaries and wages ...... 7 50,506 61,283 6,824 3,953 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 1,001 675 163 163 10 8,045 5,526 1,368 1,151 11 Fees for services (non-employees): b Legal...... 6,500 6,500 d Professional fundraising services. See Part IV, line 17 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion . . . . . . . . . . . . 6,265 6,265 Office expenses ..... 13 5,559 5,559 Information technology . . . . . 14 15 Royalties . . . . . . . . . . . . 16 6,119 6,119 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Payments to affiliates . . . . . 21 22 Depreciation, depletion, and amortization 640 640 23 372 372 8,214 7,470 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 608 a Meals and Entertainment 608 b Parking 38 38 c Membership Fees 50 50 d Payroll Processing 1,276 876 217 183 (34,835)е All other expenses (33,173)1,662 Total functional expenses. Add lines 1 through 24e . 25 164,565 106,617 34,611 23,337 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 

if following SOP 98-2 (ASC 958-720)

Form 990 (2018) lowernine.org 11-3821601 Page 11

Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	109,695	1	107,401
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L		6	
. 7	-		7	
Assets	Inventories for sale or use	14,107	8	93,355
AS:	Prepaid expenses and deferred charges	,	9	,
10				
	other basis. Complete Part VI of Schedule D 10a 14,650			
	b Less: accumulated depreciation 10b 6,690	1,600	10c	7,960
11		_,	11	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12		40,413	12	31,923
13	·	107.11	13	0_,,
14			14	
15		14,949	15	816
16			16	241,455
17		2007.02	17	1,000
18			18	
19			19	
20			20	
21			21	
Liabilities	trustees, key employees, highest compensated employees, and			
abi	disqualified persons. Complete Part II of Schedule L		22	
⊐   <sub>23</sub>			23	
24			24	
25				
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	2,556	25	2,287
26		2,556	26	3,287
	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and	_,		3,-31
w	complete lines 27 through 29, and lines 33 and 34.			
ğ 27		178,208	27	238,168
<u>a</u> 28	Temporarily restricted net assets	•	28	
<u>m</u> 29			29	
Ĕ.	Organizations that do not follow SFAS 117 (ASC 958), check here			
or F	complete lines 30 through 34.			
ي پر			30	
9SS 31			31	
Net Assets or Fund Balances 30 31 32				
			32	
Z 33	Retained earnings, endowment, accumulated income, or other funds	178,208	32 33	238,168

Form	n 990 (2018) lowernine.org	11-382	21601		Pa	ge <b>1</b> 2
Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		2	33,0	14
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		1	64,5	65
3	Revenue less expenses. Subtract line 2 from line 1	. 3			68,4	49
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		1	78,2	80
5	Net unrealized gains (losses) on investments	. 5			(8,4	89)
6	Donated services and use of facilities	. 6				
7	Investment expenses	. 7				
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	. 10		2	38,1	68
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990:   Cash  Accrual  Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		[	3a		Х

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits EEA Form **990** (2018)

3b

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public

OMB No. 1545-0047

Inspection

Name of the organization Employer identification number lowernine.org 11-3821601

Pa	rt I	Reason for Public Charity	/ Status (All or	ganizations must co	omplete	this part	.) See instruction	ns.	
The	orgai	nization is not a private foundation beca	ause it is: (For lines	s 1 through 12, check onl	y one box.	.)			
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	)(1)(A)(i).			
2		A school described in section 170(b)	)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ)	.)			
3		A hospital or a cooperative hospital s	ervice organization	n described in <b>section 1</b>	70(b)(1)(A	A)(iii).			
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in <b>sect</b>	ion 170(b)	(1)(A)(iii). Enter the		
		hospital's name, city, and state:							
5		An organization operated for the bene	efit of a college or υ	university owned or opera	ated by a g	governmen	tal unit described in		
		section 170(b)(1)(A)(iv). (Complete	Part II.)						
6		A federal, state, or local government	or governmental u	nit described in <b>section</b>	170(b)(1)	(A)(v).			
7		An organization that normally receives	s a substantial part	of its support from a gov	ernmental/	unit or fro	m the general public		
	_	described in section 170(b)(1)(A)(vi	). (Complete Part I	l.)					
8	Ц	A community trust described in <b>secti</b>	on 170(b)(1)(A)(vi	i). (Complete Part II.)					
9		An agricultural research organization						ege	
		or university or a non-land-grant colle	ge of agriculture (s	see instructions). Enter the	e name, ci	ty, and stat	e of the college or		
	_	university:							
10	X	An organization that normally receives	` '	• • • • • • • • • • • • • • • • • • • •				SS	
		receipts from activities related to its e							
		support from gross investment income					rom businesses		
		acquired by the organization after Ju							
11	Н	An organization organized and opera	-						
12	Ш	An organization organized and operat							
		of one or more publicly supported org							
	а	Check the box in lines 12a through 12 <b>Type I.</b> A supporting organization						-	
	а	the supported organization(s) the				-		virig	
		supporting organization. You mu			ity of the c	all Colors of	trustees of the		
	b	Type II. A supporting organization			ith its sunr	orted ora	anization(s) by havin	n	
	~	control or management of the sup				-		-	
		organization(s). You must comp					a.ago alo oupporto	~	
	С	Type III functionally integrated			nnection w	ith, and fu	nctionally integrated	with.	
		its supported organization(s) (see					·	,	
	d	Type III non-functionally integr						tion(s)	
		that is not functionally integrated.					•	. ,	
		requirement (see instructions). Y							
	е	☐ Check this box if the organization					Type II, Type III		
		functionally integrated, or Type III	non-functionally in	ntegrated supporting orga	anization.				
	f	Enter the number of supported organi	zations						
	g	Provide the following information about	ut the supported or	ganization(s).					
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization	' '	organization	(v) Amount of monetary	(vi) Amo	
				(described on lines 1-10 above (see instructions))	listed in you docum	ur governing nent?	support (see instructions)	other supp instruct	
				,			-		,
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	ıl								

Schedule A (Form 990 or 990-EZ) 2018 lowernine.org 11-3821601 Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	•		•	•	•	
Caler	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here		<u> </u>	rth, or fifth tax yea			▶ 🗌
Sec	tion C. Computation of Public Su					T	
14	Public support percentage for 2018 (line 6, o					14	%
15	Public support percentage from 2017 Scheo						%
16a	33 1/3% support test - 2018. If the organi.						
	box and <b>stop here.</b> The organization quali						▶ ⊔
b	33 1/3% support test - 2017. If the organia						. $\Box$
	this box and <b>stop here.</b> The organization of						▶ ⊔
17a	10%-facts-and-circumstances test - 201	_					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac		•	•			. $\Box$
	organization						▶ ⊔
b	10%-facts-and-circumstances test - 201					ı iine	
	15 is 10% or more, and if the organization				-	als r	
	Explain in Part VI how the organization mea			_		-	, n
10	supported organization						▶ ⊔
18	<b>Private foundation.</b> If the organization did instructions						▶ □

11-3821601 Page 3

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support			· •	•	,	
Cal	endar year (or fiscal year beginning in) >	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	125,963	179,493	125,503	221,490	233,895	886,344
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				,	, , , , , ,	
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5	125,963	179,493	125,503	221,490	233,895	886,344
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						886,344
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
9	Amounts from line 6	125,963	179,493	125,503	221,490	233,895	886,344
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2	2	1	2	150	157
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	2	2	1	2	150	157
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	125,965	179,495	125,504	221,492	234,045	886,501
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ □
Se	ction C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2018 (line 8, co	olumn (f), divided by	/ line 13, column (f	))		15	99.98 %
16	Public support percentage from 2017 Schedu					16	99.93 %
Se	ction D. Computation of Investme		<u> </u>				
17	Investment income percentage for 2018 (line					17	0.00 %
18	Investment income percentage from 2017 S					18	0.00 %
19a	33 1/3% support tests - 2018. If the organia 17 is not more than 33 1/3%, check this box						▶ 🏻
b	33 1/3% support tests - 2017. If the organization 18 is not more than 33 1/3%, check this						▶ 🗌
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box	and see instruction	ns <u></u>	<u> </u> ►   _

Schedule A (Form 990 or 990-EZ) 2018 **lowernine.org** 11-3821601 Page 4

#### Part IV Support

#### **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	<b>V</b>	NI-
	Yes	No
1		
2		
_		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
-		
8		
9a		
Ju		
9b		
9с		
30		
10a		
10b		
(Form 990	or 990-F	7) 2018

Schedule A (Form 990 or 990-EZ) 2018 11-3821601 Page 5 lowernine.org Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a **b** A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 2 supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). **a** The organization satisfied the Activities Test. *Complete line 2 below.* **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.* c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities.

**b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

3a

2b

11-3821601

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	-		
instructions. All other Type III non-functionally integrated supporting organ	izations	must complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	y integra	ated Type III supporting	g organization (see
instructions).	. 5	, II	

EEA

	, , , , , , , , , , , , , , , , , , ,	, <u> </u>	( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Sec	ction D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the			
•	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
<del></del>	C Line o amount divided by Line o amount			(iii)
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
	Excess from 2018			

Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

lowernine.org

Name of the organization

Internal Revenue Service

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Employer identification number** 

11-3821601

Organization type (check one): Filers of: Section: Form 990 or 990-EZ ∑ 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

lowernine.org

Employer identification number

11-3821601

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	Home Depot  2455 Paces Ferry Road NW  Atlanta, GA 30339	\$5,448	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Jill Kirshner  24895 Pioneer Way NW  Poulsbo, WA 98370-9580	\$	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_3_	Andrew and Margaret Certain  4237 Eastern Avenue North  Seattle, WA 98103	\$ 10,000	Person 🔀 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Entergy  1600 Perdido Street  New Orleans, LA 70112	\$12,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	Prosight Specialty Insurance 412 Mt. Kemble Ave Suite 300C  Morristown, NJ 07960	\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Energy Wise  4519 S Claiborne Avenue  New Orleans, LA 70125	\$12,780	Person

Name of organization Employer identification number lowernine.org 11-3821601

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 7 Priority Floors Payroll X Noncash 5403 Powell Street 77,737 (Complete Part II for noncash contributions.) New Orleans, LA 70123 (d) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person 8 SGIA Payroll Noncash 6,000 10015 Main Street (Complete Part II for Fairfax, VA 22031 noncash contributions.) (c) (b) (d) (a) Name, address, and ZIP + 4 Total contributions No. Type of contribution 9 Davidson and Company Person X Pavroll Noncash 104 Campus Drive E Suite 106 5,000 (Complete Part II for Destrehan, LA 70047 noncash contributions.) (c) (a) (b) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Pavroll Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number 11-3821601 lowernine.org

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_1_	Home Depot Gift Card (Building Materials)	\$ 5,448	11-01-2018
(a) No.	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
5	Land	(See instructions)	
(a) No.		\$ 7,000 (c)	12-31-2018
from Part I	(b) Description of noncash property given Light Bulbs	FMV (or estimate) (See instructions)	(d) Date received
6	Light Bulbs	\$12,780	12-31-2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
7_	Flooring materials	\$ <u>77,737</u>	05-31-2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

#### SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name	of the organization		Employer identification number
lov	vernine.org		11-3821601
Pai	t I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds or Acc	counts.
	Complete if the organization answered "Ye		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year) .		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adviso	rs in writing that the assets held in donor advised	
	funds are the organization's property, subject to the org	_	
6	Did the organization inform all grantees, donors, and do		
·	only for charitable purposes and not for the benefit of th		
	conferring impermissible private benefit?		
Pai	rt II Conservation Easements.		1
. u	Complete if the organization answered "Y	/es" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation		ically important land area
	Protection of natural habitat	Preservation of a certific	
	Preservation of open space	Freservation of a certific	ed filsione structure
2		qualified appearation portribution in the form of a	, conceruation
2	Complete lines 2a through 2d if the organization held a	quaimed conservation contribution in the form of a	
_	easement on the last day of the tax year.		Held at the End of the Tax Year
a			2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified histor		. 2c
d	Number of conservation easements included in (c) acqu		
_			2d
3	Number of conservation easements modified, transferred	ed, released, extinguished, or terminated by the o	rganization during the
	tax year •		
4	Number of states where property subject to conservation		
5	Does the organization have a written policy regarding the		П., П.,
_	violations, and enforcement of the conservation easeme		<del>_</del>
6	Staff and volunteer hours devoted to monitoring, inspect	ing, handling of violations, and enforcing conserva	ation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting,	handling of violations, and enforcing conservation	n easements during the year
	<b>\$</b>		
8	Does each conservation easement reported on line 2(d		
9	In Part XIII, describe how the organization reports cons	·	
	balance sheet, and include, if applicable, the text of the	footnote to the organization's financial statements	that describes the
	organization's accounting for conservation easements.		
Pai		tions of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under SFAS 11		
	works of art, historical treasures, or other similar assets		
	public service, provide, in Part XIII, the text of the footnot		
b	If the organization elected, as permitted under SFAS 11	•	
	works of art, historical treasures, or other similar assets		in furtherance of
	public service, provide the following amounts relating to		
	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historic	al treasures, or other similar assets for financial g	ain, provide the
	following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · <b>▶</b> \$
b	Assets included in Form 990, Part X		▶ \$

Sched	ule D (Form 990) 2018 lowernine.org				11-382160		Page 2
Pa	t III Organizations Maintaining	Collections of Art, Histo	rical Treasures,	or Other	Similar Asset	<b>s</b> (contin	ued)
3	Using the organization's acquisition, accession	n, and other records, check any o	f the following that are a	a significant	use of its		
	collection items (check all that apply):						
а	Public exhibition	<b>d</b> Loan or excha	inge programs				
b	Scholarly research	e 🗌 Other					
С	Preservation for future generations						
4	Provide a description of the organization's colle	ections and explain how they fur	ther the organization's e	exempt purp	ose in Part		
	XIII.						
5	During the year, did the organization solicit or r	eceive donations of art, historica	I treasures, or other sin	nilar			
	assets to be sold to raise funds rather than to be		anization's collection?			Yes	☐ No
Pa	t IV Escrow and Custodial Arran						
	Complete if the organization a	inswered "Yes" on Form 9	990, Part IV, line 9	, or report	ed an amount	on Form	1
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodian	or other intermediary for contrib	utions or other assets n	ot			
	•					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII are	nd complete the following table:					
					Amou	nt	
С	3 3						
d	0 ,						
е	g ,						
f	Ending balance						
<b>2</b> a	Did the organization include an amount on Form					. Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the explanation has	been provided on Part	XIII			<u>. Ll</u>
Pa	t V Endowment Funds.		200 5 404 5				
	Complete if the organization a						
	5		or year (c) Two year	s back (d)	Three years back	(e) Four yea	rs back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and						
	losses		<del>_</del>				
d	Grants or scholarships						
е	Other expenditures for facilities and						
_	programs						
Ť	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the current	nt year end balance (line 1g, coll	mn (a)) neid as:				
a	Board designated or quasi-endowment Permanent endowment %	%					
b							
С	Temporarily restricted endowment	%					
0-	The percentages on lines 2a, 2b, and 2c should		and a said a destroyer and t	(1			
3a	Are there endowment funds not in the possess	sion of the organization that are i	neld and administered to	or the		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	organization by:					Ye	s No
	(i) unrelated organizations					3a(i)	_
		· · · · · · · · · · · · · · · · · · ·				3a(ii)	_
b	If "Yes" on line 3a(ii), are the related organizati	·			• • • • • • • •	3b	
4 Do	Describe in Part XIII the intended uses of the c						
ra	t VI Land, Buildings, and Equipm		000 Dort IV line 4	10 800 5	orm 000 Do-t	V line 4	0
	Complete if the organization a						
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accu	ımulated	(d) Book val	ue

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		7,000		7,000
b	Buildings				
С	Leasehold improvements				
d	Equipment		7,650	6,690	960
е	Other				
Tota	I. Add lines 1a through 1e. (Column (d) must equal Fo	orm 990, Part X, column	(B), line 10c.)		7,960

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation: Cost or end-of-year market value (including name of security) (1) Financial derivatives . . . . . . . . . . . . . (2) Closely-held equity interests (3) Other (A) Liberty Broadband 25,923 FMV (B) Lions Gate Ent 2,708 **FMV** (C) M&T Bank 3,292 FMV (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) 31,923 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3)(4) (5)(6)(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) Gift Card - Supplies 816 (2) (3)(4) (5)(6) (7) (8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 816 Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) Payroll Liabilities 2,287 (3) (4)(5)(6)(7)(8) (9)Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2,287

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. . . . . . . . .

Sched	lule D (Form 990) 2018 lowernine.org 1	1-3821601	Page 4			
Pa	Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments					

	Complete if the diganization answered Tes On Form 990, Fait IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line <b>2e</b> from line <b>1</b>	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	
С	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	
d	Other (Describe in Part XIII.)	-
е	Add lines 2a through 2d	2e
3	Subtract line <b>2e</b> from line <b>1</b>	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII.)	-
С	Add lines <b>4a</b> and <b>4b</b>	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Pa	rt XIII Supplemental Information.	· · · · · · · · · · · · · · · · · · ·
_	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Pa	rt X. line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
_,		
_		

EEA Schedule D (Form 990) 2018

#### **SCHEDULE I** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2018

Open to Public Inspection

Employer identification number

Tomer	nine.org						11-3821601	
Part	I General Information on	Grants and Assis	stance					
1 [	Does the organization maintain records to	o substantiate the amou	unt of the grants or assis	tance, the grantees' el	igibility for the grants or	assistance, and		
t	he selection criteria used to award the g	rants or assistance?						. X Yes N
	Describe in Part IV the organization's pro							
Part						•	"Yes" on Form 990	),
	Part IV, line 21, for any recip				d if additional space		1	I
1	(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
	Enter total number of section 501(c)(3) a Enter total number of other organizations			table		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1

lowernine.org 11-3821601 Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) lowernine.org					11-3821601 Pa
Part III Grants and Other Assistance to	Domestic Individua	Is. Complete if	the organization answ	ered "Yes" on Form 99	0, Part IV, line 22.
Part III can be duplicated if additio	nal space is needed.	•	-		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1Building Materials	12		47,140	FMV	Building Materials for residential properties
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provel.  1. Monitoring procedures (F		•	line 2; Part III, column	i (b); and any other add	ditional information.
rants are given to homeowners in the			lowernine.org over	sees all of its ho	me rebuild projects and
orks with the homeowners to determin	e the materials n	eeded to reb	uild their home.	lowernine.org over	sees this process by
urchasing and implementing the mater	rials on behalf of	each homeow	ner.		

EEA Schedule I (Form 990) (2018)

## SCHEDULE M (Form 990)

#### **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047 **2018** 

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection
Employer identification number

lowernine.org 11-3821601 Types of Property Part I (c) (b) (d) (a) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art . . . . . . . 1 Art - Historical treasures . . . . 2 3 Art - Fractional interests . . . . 4 Books and publications . . . . . 5 Clothing and household goods . . . . . . . . . . . . . . . . 6 Cars and other vehicles . . . . 7 Boats and planes . . . . . . . Intellectual property . . . . . . 8 Securities - Publicly traded. . . . Securities - Closely held stock . . 10 Securities - Partnership, LLC, 11 or trust interests . . . . . . . 12 Securities - Miscellaneous . . . 13 Qualified conservation contribution - Historic structures . . . . . . . . . . . . Qualified conservation 14 contribution - Other . . . . . . Real estate - Residential . . . . 15 Real estate - Commercial . . . . 16 Real estate - Other . . . . . . 1 7,000 17 X FMV 18 Collectibles . . . . . . . . . . . . 19 Food inventory . . . . . 20 Drugs and medical supplies . . 21 Taxidermy . . . . . . . . . . . . 22 Historical artifacts . . . . . 23 Scientific specimens 24 Archeological artifacts . . . 25 Other ►(Building Materi) 106,761 **FMV** Other ►(Gift Cards - Ma) 26 1 5,648 FMV 27 Other ►( 28 Other ►( Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ....... 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required Χ to be used for exempt purposes for the entire holding period? 30a If "Yes," describe the arrangement in Part II. b Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

describe in Part II.

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

**Open to Public** Inspection

Employer identification number

11-3821601 lowernine.org 01. Form 990 governing body review (Part VI, line 11) Form 990 is distributed to all board members. Before filing, board needs to approve by vote of quorum at special meeting. 02. Conflict of interest policy compliance (Part VI, line 12c) Executive Director discusses policy with each new board member upon appointment, and an annual board meeting reviews all policies and ensures board compliance and awareness. 03. Governing documents, etc, available to public (Part VI, line 19) All documents are available upon request

## **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

Business or activity to which this form relates

OMB No. 1545-0172

Identifying number

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

<u>TO7</u>	vernine.org			FORM 99		- 1			11-3821601
Pa	rt I Election To Expens	e Certain Pro	perty Und	er Section 17	'9				
	Note: If you have any	listed property,	complete Pa	rt V before you	comp	olete Part I.			
1	Maximum amount (see instructions)	)						1	
2	Total cost of section 179 property p	2							
3	Threshold cost of section 179 prop	3							
4	Reduction in limitation. Subtract line	4							
5	Dollar limitation for tax year. Subtra	ct line 4 from line	1. If zero or le	ss, enter -0 If m	arried	filing			
	separately, see instructions							5	
6	(a) Description of pr	roperty		(b) Cost (business t	ise only)	(c) Elec	cted cost		
7	Listed property. Enter the amount for	rom line 29			7				
8	Total elected cost of section 179 pr	roperty. Add amo	unts in column	(c), lines 6 and 7				8	
9	Tentative deduction. Enter the sm	aller of line 5 or l	ine 8					9	
10	Carryover of disallowed deduction	from line 13 of yo	ur 2017 Form 4	1562			[	10	
11	Business income limitation. Enter the	he smaller of busi	ness income (	not less than zero	) or lir	ne 5. See instr	uctions	11	
12	Section 179 expense deduction. Ac	dd lines 9 and 10,	but don't enter	more than line 1	1 .			12	
13	Carryover of disallowed deduction	to 2019. Add lines	s 9 and 10, les	s line 12	13				
Note	: Don't use Part II or Part III below	for listed property	. Instead, use	Part V.					
Pa	rt II Special Depreciatio	n Allowance	and Other	Depreciation	ı (Do	n't include l	isted pr	opert	y. See instructions.)
14	Special depreciation allowance for	qualified property	(other than list	ed property) plac	ed in s	service		,	
	during the tax year. See instructions	s	·				]	14	
15	Property subject to section 168(f)(1	1) election					[	15	
16	Other depreciation (including ACRS						- F	16	
Pa	rt III MACRS Depreciation						'		
	-	-	Se	ection A		-			
17	MACRS deductions for assets place	ed in service in ta	ax years begin	ning before 2018				17	640
18	If you are electing to group any ass	sets placed in ser	vice during the	tax year into one	or mo	re general			
						-			
	Section B - Assets F						al Depre	eciati	on System
		(b) Month and year	(c) Basis for de		ovon/		•		
	(a) Classification of property	placed in service	(business/invest	mont doc		(e) Convention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property			,					
b	5-year property								
С	7-year property								
d	10-year property								
	15-year property								
f	20-year property								
g	25-year property			25 y	rs.		S/I	L	
	Residential rental			27.5		MM	S/I		
	property			27.5		MM	S/I		
ī	Nonresidential real			39 y		MM	S/I		
	property					MM	S/I		
	Section C - Assets Pla	ced in Service	During 201	B Tax Year Us	na th				ion System
20a	Class life						S/I		
	12-year	-		12 )	rs.		S/I		
C				30 )		MM	S/I		
d	•			40 )		MM	S/I		
	rt IV Summary (See instr	uctions.)		1 40 )		141141			l
21	Listed property. Enter amount from	•						21	
22	<b>Total.</b> Add amounts from line 12, I		7 lines 19 an	d 20 in column (c	ı) and	line 21 Enter			
	here and on the appropriate lines of	ū	•	,,	,, .			22	640
23	For assets shown above and place	-			00 11131				0.00
23	portion of the basis attributable to s		,	•	23				
	portion of the basis attributable to s	,			23	1			

Department of the Treasury

#### IRS e-file Signature Authorization for an Exempt Organization

		 J. J	
andar vaar 2018	or fiscal year boginning		and anding

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

2018

OMB No. 1545-1878

Internal Revenue Service Employer identification number Name of exempt organization 11-3821601 lowernine.org Name and title of officer Laura Paul, Executive Director Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. 1a Form 990 check here  $\blacktriangleright X$  b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . . . . . . . . . . . . . 1b 3a Form 1120-POL check here

#### **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

4a Form 990-PF check here ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . . . . 4b 

Officer's PIN: check one box only

I authorize			tc	enter my PIN		as my signature
_	ERO firm name	Μ,			Enter five numbers, but	

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS\_Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Date > 11-12-2019

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

724761 17221 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

Date > 11-14-2019 ERO's signature

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

990	Overflow Statement	<b>2018</b> Page 1
Name(s) as shown on return		FEIN
lowernine.org		11-3821601

Description			Amount
Tools		_\$	5,800
Fuel			2,715
Reimbursement of Housing Expenses			(59,516)
Auto Repairs			744
Food and Supplies			14,120
Bank Fees			1,302
	Total:	\$	-34,835

Description			Amount
Volunteer Comfort		\$\$	962
House Repairs			700
-	Total:	\$	1,662