

# **Encore Accounting LLC**

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

Phone: (410)271-1825   Fax:
November 15, 2020
lowernine.org 6018 El Dorado New Orleans, LA 70125
lowernine.org:
Enclosed is the 2019 federal return for a tax-exempt organization, prepared for lowernine.org from the information provided. The 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 federal return reflects neither a refund nor a balance due.
Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (410)271-1825.
Sincerely,
Ry D'Antonio Encore Accounting LLC

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November 15, 2020

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

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lowernine.org 6018 El Dorado New Orleans, LA 70125 Invoice Date: 11/15/2020

Your 2019 tax return was prepared by Ry D'Antonio.

Description Fee Federal and Supplemental 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 - Return of Org Exempt from Income Tax, page 6 Form 990 pg 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 - Organization Exempt Under Sec 501(c)(3), page 2 Schedule A pg 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 - Organization Exempt Under Sec 501(c)(3), page 5 Schedule A pg 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 - Organization Exempt Under Sec 501(c)(3), page 8 Schedule A pg 8 - Schedule of Contributors, page 1 Schedule B 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 G - Fundraising and Gaming Activities, page 1 Schedule G pg 2 - Fundraising and Gaming Activities, page 2 - Grants and Other Assistance, page 1 Schedule I Schedule I pg 2 - Grants and Other Assistance, page 2 - Non-Cash Contributions, page 1 Schedule M Schedule 0 - Supplemental Information, page 1 Form 4562 - Depreciation and Amortization Form 8879E0 - 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

lowernine.org

Invoice Date: 11/15/2020

Description		Fee
Total Forms: 39	Forms Subtotal	\$ 0.00
	Total Balance Due	 0.00

Venmo: @TheRealRy

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

	Acknowledgement and General Information for Entities That File Returns Electronically	2019
Name(s) as shown on return		Employer Identification Number
Entity address  6018 El Dorad  New Orleans,  Thank you for pa  1. x 2019 8868 The electronic fill  2. x 8868 an electronic signification  PLEASE	o  LA 70125  rticipating in IRS e-file. income tax return for Federal was filed each ing services were provided by Encore Accounting LLC	Employer Identification Number  **-***1601  electronically.  nal Identification Number (PIN) as neer or generate a PIN signature.

#### Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

#### **Return of Organization Exempt From Income Tax**

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

▶ 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.

OMB No. 1545-0047

2019

Open to Public Inspection

_	Ear #	ho 2	010 calondar v	ear, or tax year begin	nina		2010	and end	ina		, 20	
_					_		, 2019, 8	and end	iiig			
В		Check if applicable:  C Name of organizationlowernine.org  Doing business as						D Emp	loyer identificat			
ᆜ	Addres	ss cha	ange	Doing business as				1			11-3821	1601
Ш	Name	chan	ge	Number and street (or P.	O. box if mail is not deliv	ered to street address)		Room/su	ite	E Telep	ohone number	
	Initial r	return 5018 El Dorado								(504)27	78-1240	
	Final re	nal return/terminated City or town, state or province, country, and ZIP or foreign postal code							<b>G</b> Gros	ss receipts		
	Amend	ded re	eturn :	New Orleans, L	A 70125					\$		214,689
П	Applica	ation	pending	F Name and address of pri		Paul			H(a) Is this a	aroup return	for subordinates?	Yes X No
_				6018 El Dorado	·		70117				tes included?	Yes No
_	Tay-ay	omnt	status: X 501		) (insert no.)	4947(a)(1) or	527		1 ` ′		st. (see instruction	
<u>:</u>	Websi			owernine.org	) 4 (msert no.)				1		n number	0113)
J			anization: X Corp					. 20/	· · · ·			
		_		poration Trust Ass	ociation Other		L Year of format	ion: <b>20</b> 0	) /   M	State of le	gal domicile:	ME
Г	art I		Summary									
	1		•	the organization's miss	ŭ		wernine.or					
ø		_		and volunteers								
Governance		r	necessary t	to bring this o	entury-old r	neighborhood	back to li	fe in	the wa	ke of	hurrica	ines
j.		F	Katrina and	l <u>R</u> ita.								
Š	2	2 (	Check this box 🕨	if the organization	n discontinued its o	perations or dispose	ed of more than	25% of i	its net asse	ets.	1	
	3	1	Number of voting	g members of the gove	erning body (Part V	I, line 1a)				. 3		5
S	4	١ ١	Number of indep	endent voting member	s of the governing	body (Part VI, line 1	b)			. 4		5
iţi	5	5 7	Total number of	individuals employed ir	n calendar year 201	9 (Part V, line 2a)				. 5		4
Activities &	6	3	Total number of	volunteers (estimate if	necessary)					. 6		2,098
⋖	7	'a ⊺	Total unrelated b	ousiness revenue from	Part VIII. column (	C), line 12				. 7a		0
				usiness taxable income						. 7b		0
			tot amolatoa bo	John Goo Lakabio III Gornia	7.1101111 01111 000 1,			· · · · ·	Prior Year		Curr	rent Year
	8	. (	Contributions and	d grants (Part VIII, line	1b)					3,895	Curi	
Φ									23.	3,093		189,914
Revenue	9			e revenue (Part VIII, line								0
eke	10			ne (Part VIII, column (A						150		20,380
œ	11			Part VIII, column (A), lir						1,031	)	(1,093)
	12			add lines 8 through 11 (					23:	3,014		209,201
	13	3 (	Grants and simila	ar amounts paid (Part	IX, column (A), line	s 1-3)			4'	7,140		10,538
	14			or for members (Part I)								0
s	15	5 5	Salaries, other co	ompensation, employee	e benefits (Part IX,	column (A), lines 5-	10)		11!	5,329		110,368
Še	16	Sa F	Professional fun	draising fees (Part IX,	column (A), line 11	e)						0
Expenses		b 7	Γotal fundraising	expenses (Part IX, co	lumn (D), line 25)	<b>&gt;</b>	23,808					
Щ	17	7 (	Other expenses	(Part IX, column (A), lin	nes 11a-11d, 11f-24	le)			:	2,096		10,240
	18	3 7	Total expenses.	Add lines 13-17 (must	equal Part IX, colu	mn (A), line 25)			164	4,565		131,146
	19	) F	Revenue less ex	penses. Subtract line	18 from line 12 .					8,449		78,055
<u> </u>	es							Begi	nning of Curr		End	of Year
ets	20	) 7	Total assets (Pa	rt X, line 16)					24	1,455		311,740
Ass	21		Γotal liabilities (F							3,287		1,815
Net Assets or	22		`	nd balances. Subtract	line 21 from line 20	)				3,168		309,925
_	art II		Signature I					•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				that I have examined this retu	ırn, including accompany	ing schedules and statem	ents, and to the best	of my kno	wledge and be	lief, it is		
true	, correc	ct, an	d complete. Declarati	ion of preparer (other than off	icer) is based on all infor	mation of which preparer	has any knowledge.					
				Na1								
Sig	ın		Laura P Signature of c							D:	ate	
			· ·							D.	ale	
He	re			Paul, Executive	Director							
				name and title	1		1				T ==	
_	_		Print/Type preparer	r's name	Preparer's signature		Date		Check	<b>X</b> if	PTIN	
Pa			Ry D'Anton	nio	Ry D'Antonio	)	11-15-20	20	self-em	nployed	P0157	8026
Pre	Preparer		Firm's name ▶	Encore A	accounting LI	ıC		F	Firm's EIN			
Us	e Or	ηly	Firm's address ▶	816 Bart	holomew Stre	eet		F	Phone no.			
					ans LA 70117					410-	271-1825	5
May	the I	PS	discuss this ratu	ım with the preparer sh				1				Ves No

#### Part IV Checklist of Required Schedules

ı			V	
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	1
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?	2	х	
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		2
1	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			_
r	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		١,
		-		2
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		١.
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		2
	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			
	"Yes," complete Schedule D, Part I	6		2
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		2
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		2
	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		2
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
	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.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	110	.,	
_		11a	Х	
)	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	Х	-
3	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
		11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
		11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
ſ				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
		11f		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f 12a		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
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	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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  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  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  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	12a 12b 13 14a 14b		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a 12b 13 14a 14b		
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	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a 12b 13 14a 14b 15 16	x	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a 12b 13 14a 14b 15 16	x	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a 12b 13 14a 14b 15 16 17	x	
a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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  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  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)  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.  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	12a 12b 13 14a 14b 15 16 17 18 19 20a	X	
f l l	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a 12b 13 14a 14b 15 16 17 18	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	х	
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 or-	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	25-		
h	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?			
	If "Yes," complete Schedule L, Part L	25b		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		X
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
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		х
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		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
20	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	20		
27	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	27		
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
30	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	v	ĺ
Par		30	Х	
raí	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is conceded a contained a recoporate of note to any line in this rait v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 55	
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		

19) 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 4			
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		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule Q	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		х
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		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
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		х
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		х
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		х
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		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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			
1	Section 501(c)(12) organizations. Enter:			
а	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note: See the instructions for additional information the organization must report on Schedule O.  Enter the amount of reserves the organization is required to maintain by the states in which			
D	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 on 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	טדו		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	.5		Λ
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.			Α
	and the contract of the contra			

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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.
	Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	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		х
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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	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		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
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	х	
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	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		х
	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			
	with a taxable entity during the year?	16a		х
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			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	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.			
	☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Ry D'Antonio (410)271-1825, 816 Bartholomew Street, New Orleans, LA 70117			

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# 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.

See instructions for the order in which to list the persons above.

Section A.

Check this box if neither the organization nor any rela	ted organizat	ion co	mper	nsate	ed a	ny curi	rent	officer, director, or	trustee.	
(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	office or director	, unles er and	Pos eck m	son is	han one s both ar //trustee) Highest compensated		(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
(1) Calvin Alexander  Board Member	3.00	x						0	0	0
(2) Beverly Nichols	5.00	-		,				•		
President and Treasurer (3) Jarrod Broussard	3.00	X		х				0	0	0
Board Member	3.00	x						0	o	0
(4) Bill Robinson	3.00									
Board Member (5) Russell Mistich	3.00	Х						0	0	0
Board Member		x						0	О	0
(6) Laura Paul	50.00									
Executive Director				Х				50,000	0	0
(7)										
<u>(8)</u>										
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										

11-3821601

Statement of Revenue

		Check if Schedule O contains a response or no	te 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					
ស្ន	b	Membership dues					
nts nts		'	15.060				
3ra oui	C	Fundraising events 1c	15,069				
ts, ( Am	d	Related organizations 1d					
重	е	Government grants (contributions) 1e					
ns, imi	f	All other contributions, gifts, grants,					
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f	174,845				
	g	Noncash contributions included in					
nd (		lines 1a-1f 1g	\$ 78,928				
S E	h	Total. Add lines 1a-1f		189,914			
			Business Code				
	2a		240000 0040				
ဗ္	b						
ne ⊆							
en S	C						
Program Service Revenue	d						
о В	е						
₽.	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest, ar	nd				
		other similar amounts)	<b>.</b>	131	\ \		131
	4	Income from investment of tax-exempt bond proce					
	5	Royalties					
		(i) Real	(ii) Personal				
	6-		(II) Feisonal				
		Gross rents 6a			· ·		
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
	h	other than inventory Less: cost or other basis 7a 23,573	306				
e		and sales expenses 7b 3,630					
Revenue	С	Gain or (loss) 7c 19,943	306				
ě		Net gain or (loss)		20,249			20,249
er F	1	Gross income from fundraising		20,215			20,245
<del>ğ</del>	oa		/				
O		events (not including \$15,069					
		of contributions reported on line					
		1c). See Part IV, line 18					
	1	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming					
		activities, See Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	10a	Gross sales of inventory, less	7.5				
		returns and allowances	765				
		Less: cost of goods sold	1,858				
	С	Net income or (loss) from sales of inventory		(1,093)	(1,093)		
		ļ	Business Code				
snc §	11a						
anc	b						
eve	С						
Miscellanous Revenue	d	All other revenue					
2	е	Total. Add lines 11a-11d					
		Total revenue. See instructions		209,201	(1,093)	0	20,380

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 (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service 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 10,538 10,538 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, 25,000 50,000 12,500 12,500 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 52,909 34,139 18,770 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 7,459 4,285 2,266 908 11 Fees for services (nonemployees): Legal...... b 4,800 4,800 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 . . . . . . 341 341 Office expenses ..... 13 5,837 5,837 14 Information technology . . . . . 9,307 9,307 15 Royalties . . . . . . . . . 16 938 7,343 6,405 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 384 384 23 372 372 5,241 4,497 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 474 474 a Meals and Entertainment Parking 71 71 812 <u>4</u>30 172 1,414 C Payroll Processing d Fundraising Events 208 208 е All other expenses (25,180) (26,774)1,594 Total functional expenses. Add lines 1 through 24e. . 25 131,146 59,286 48,052 23,808 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)

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Part X **Balance Sheet** 

· are	- 71	Check if Schedule O contains a response or note to any line in this Part X	· • • • • • • • • • • • • • • • • • • •							
			(A)		(B)					
	T		Beginning of year		End of year					
	1	Cash - non-interest-bearing	107,401	1	117,827					
	2	Savings and temporary cash investments		2						
	3	Pledges and grants receivable, net		3						
	4	Accounts receivable, net		4	550					
	5	Loans and other receivables from any current or former officer, director,								
		trustee, key employee, creator or founder, substantial contributor, or 35%								
		controlled entity or family member of any of these persons		5						
	6	Loans and other receivables from other disqualified persons (as defined								
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) $\dots$		6						
s	7	Notes and loans receivable, net		7						
Assets	8	Inventories for sale or use	93,355	8	150,033					
As	9	Prepaid expenses and deferred charges		9						
	10a	Land, buildings, and equipment: cost or other								
		basis. Complete Part VI of Schedule D 10a 14,650								
	b	Less: accumulated depreciation 10b 7,074	7,960	10c	7,576					
	11	Investments - publicly traded securities	A .	11						
	12	Investments - other securities. See Part IV, line 11	31,923	12	20,783					
	13	Investments - program-related. See Part IV, line 11		13						
	14	Intangible assets		14	_					
	15	Other assets. See Part IV, line 11	816	15	14,971					
	16	Total assets. Add lines 1 through 15 (must equal line 33)	241,455	16	311,740					
	17	Accounts payable and accrued expenses	1,000	17	, , , , , , , , , , , , , , , , , , ,					
	18	Grants payable		18						
	19	Deferred revenue		19	-					
	20	Tax-exempt bond liabilities		20						
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21						
Ś	22	Loans and other payables to any current or former officer, director,								
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%								
abi		controlled entity or family member of any of these persons		22						
	23	Secured mortgages and notes payable to unrelated third parties		23						
	24	Unsecured notes and loans payable to unrelated third parties		24						
	25	Other liabilities (including federal income tax, payables to related third								
		parties, and other liabilities not included on lines 17-24). Complete Part X								
		of Schedule D	2,287	25	1,815					
	26	Total liabilities. Add lines 17 through 25	3,287	26	1,815					
		Organizations that follow FASB ASC 958, check here	7,=31		_/					
s		and complete lines 27, 28, 32, and 33.								
Ce	27	Net assets without donor restrictions	238,168	27	309,925					
alar	28	Net assets with donor restrictions		28	33375-5					
ЯВ		Organizations that do not follow FASB ASC 958, check here								
<u>"</u>		and complete lines 29 through 33.								
or F	29	Capital stock or trust principal, or current funds		29						
sts	30	Paid-in or capital surplus, or land, building, or equipment fund		30						
1886	31	Retained earnings, endowment, accumulated income, or other funds		31						
Net Assets or Fund Balances	32	Total net assets or fund balances	238,168	32	309,925					
Ž	33	Total liabilities and net assets/fund balances	241,455	33	311,740					
EEA			,	-	Form <b>990</b> (2019)					

EEA Form **990** (2019)

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Par	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		209,	201	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		131,	146	
3	Revenue less expenses. Subtract line 2 from line 1	. 3	78,05		055	
4	, , , , , , , , , , , , , , , , , , ,					
5	Net unrealized gains (losses) on investments	. 5		(15,	251	
6						
7	Investment expenses	. 7				
8	Prior period adjustments	. 8		8,	953	
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	. 10		309,	925	
Par	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		Х	
	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?		. 2b		Х	
	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 on					
	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	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b			

EEA Form **990** (2019)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

#### **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.

Open to Public

2019

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Employer identification number

Inspection

lowernine.org 11-3821601 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

Sch	edule A (Form 990 or 990-EZ) 2019 lowernine	.org				11-38216	01 Page 2
P	art II Support Schedule for Organiz	ations Descr	ribed in Sect	ions 170(b)(	1)(A)(iv) and	170(b)(1)(A)	
	(Complete only if you checked th						
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	ease comple	te Part III.)	
Se	ction A. Public Support					,	
Ca	lendar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(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						
	ction B. Total Support						
Ca	lendar year (or fiscal year beginning in)►	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,	1					
	payments received on securities loans,						
	rents, royalties and income from		1				
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	3						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities, etc. (s					12	
13	First five years. If the Form 990 is for the o						
_	organization, check this box and stop here						<u></u>
	ection C. Computation of Public Suppo			. (5)		T I	
	Public support percentage for 2019 (line 6, c					14	<u>%</u>
	Public support percentage from 2018 Sched					15	<u>%</u>
16	a 33 1/3% support test - 2019. If the organiza						
	box and <b>stop here.</b> The organization qualified						
	b 33 1/3% support test - 2018. If the organiza						
47	this box and <b>stop here.</b> The organization qu	•		•			
1/6	a 10%-facts-and-circumstances test - 2019.	_					
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact			-	-		
	organization						
	b 10%-facts-and-circumstances test - 2018. 15 is 10% or more, and if the organization m						III IE
	Explain in Part VI how the organization mee					-	licly
	Explain in Fact Villow the digatileation files	io into Tublio-al	on ournotable	1116 0	ngannzanon qu	annoo ao a pab	

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

11-3821601

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) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	179,493	125,503	221,490	233,895	189,914	950,295
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished 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						
	<b>Total.</b> Add lines 1 through 5	179,493	125,503	221,490	233,895	189,914	950,295
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	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	4					
	Add lines 7a and 7b		,				
8							
<u></u>	line 6.)				<b>V</b>		950,295
	ction B. Total Support endar year (or fiscal year beginning in) >	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 6	179,493	125,503	221,490	233,895	189,914	` '
	Gross income from interest, dividends,	1/9,493	125,503	221,490	233,693	109,914	950,295
100	payments received on securities loans, rents,						
	royalties, and income from similar sources	3	1	2	150	20,380	20,535
h	Unrelated business taxable income (less	4	_		130	20,300	20,555
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	2	1	2	150	20,380	20,535
	Net income from unrelated business			_		20,300	20,333
	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	Total support. (Add lines 9, 10c, 11,						
	and 12.)	179,495	125,504	221,492	234,045	210,294	970,830
14	First five years. If the Form 990 is for the or	rganization's fire	st, second, thir	d, fourth, or fift	h tax year as a	section 501(c)	(3)
	organization, check this box and stop here						▶ □
	ction C. Computation of Public Suppo						
	Public support percentage for 2019 (line 8, c					15	97.88 %
	Public support percentage from 2018 Sched					16	99.98 %
	ction D. Computation of Investment In						
	Investment income percentage for 2019 (line					17	2.00 %
	Investment income percentage from 2018 S					18	0.00 %
19a	33 1/3% support tests - 2019. If the organize						
	17 is not more than 33 1/3%, check this box	-	-	-		-	
b	33 1/3% support tests - 2018. If the organiz						
	line 18 is not more than 33 1/3%, check this	-	-	-			_
20	<b>Private foundation.</b> If the organization did r	not check a box	on line 14, 19	<li>a. or 19b. chec</li>	k this box and	see instructions	s ▶ 🗀

#### 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?
- 6 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.)

		Yes	No
	1		
	-		
	2		
	3a		
	3b		
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	4a		
	A I-		
	4b		
	4c		
	5a		
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	5c		
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	8		
	9a		
	9b		
	30		
	9с		
	10a		
	40L		
(F:	10b	or 000 5	7) 2019

Sched	ule A (Form 990 or 990-EZ) 2019 <b>lowernine.org</b> 11-382	1601	Р	age <b>5</b>
Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part V	<i>I.</i> 11c		
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	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 <b>Part VI</b> 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.			
	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	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	<b>a</b>		
	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 had	w		
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s	see instruc	tions)	
а	☐ The organization satisfied the Activities Test. Complete <b>line 2</b> below.		,	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government e	entity (see ir	nstruct	ions)
2	Activities Test. <i>Answer (a) and (b) below.</i>	, ,000 !!	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? <i>If</i> "Yes," <i>then in Part VI identify</i>			
	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			

that these activities constituted substantially all of its activities.

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

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

activities but for the organization's involvement.

**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

2a

2b

3a

Pa	rt v   Type III Non-Functionally integrated 509(a)(3) Supporting Org	anı	zations		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See				
	instructions. All other Type III non-functionally integrated supporting organization	atior	ns must complete Section		
Sec	tion 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				
СО	llection of gross income or for management, conservation, or				
ma	aintenance 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			
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
ins	structions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
fa	actors (explain in detail in <b>Part VI</b> ):				
	Acquisition indebtedness applicable to non-exempt-use assets	2			
	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
se	e instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6		6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion 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		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				
en	nergency temporary reduction (see instructions).	6			
7		nteg	rated Type III supporting	organization (see	
	instructions).	Ū	0	- ,	

EEA

Pai	t v   Type III Non-Functionally integrated 509(a)(3)	Supporting Organia	zations (continuea)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	pt purposes		
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	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 Part VI). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from	~		
	Section D, line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
-	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
_	Evenes from 2015			
	Evenes from 2016			
	Evenes from 2017			
	Evenes from 2019			
u	Excess from 2016			

e Excess from 2019

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)

**Schedule of Contributors** 

2019

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for the latest information. Employer identification number Name of the organization lowernine.org 11-3821601

Organization type (check one):					
Filers of:		Section:			
Form 990	0 or 990-EZ	▼ 501(c)( 3 ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> 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 cove	red by the <b>General Rule</b> or a <b>Special Rule</b> .			
Note: Or instruction		), or (10) organization can check boxes for both the General Rule and a Special Rule. See			
General	Rule				
	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 I	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, II, and III.		year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,			
	contributor, during the contributions totaled me during the year for an of General Rule applies to	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions aduring the year			
	•	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,			

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 **Employer identification number** 

11-3821601 lowernine.org Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_1_	James Hardie Corporation  231 Lasalle Street Suite 2000  Chicago, IL 60604	\$56,678	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_2_	Home Depot  2455 Paces Ferry Road NW  Atlanta, GA 30339	\$	Person x Payroll Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3	Emerging Philanthropists of New Orl  1307 Oretha Castle Haley Blvd  New Orleans, LA 70113	\$ 10,000	Person x Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	Fidelity Charitable  100 Crosby Parkway  Latonia, KY 41015-9325	\$5,000	Person x Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person

Name of organization

lowernine.org

Employer identification number 11-3821601

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	siding and sheathing		
		\$56,678	05-01-2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	Gift Card		
		\$ 22,000	06-01-2019
(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
		\$	
(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.

2019

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

lowernine.org 11-3821601					
Pa	rt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or Acco	unts.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.			
		(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 advisors in wi	iting that the assets held in donor advised			
	funds are the organization's property, subject to the organization	-	∏ Yes ∏ No		
6	Did the organization inform all grantees, donors, and donor adv	_			
U	only for charitable purposes and not for the benefit of the donor				
Do	conferring impermissible private benefit?				
Га		Form 000 Port IV line 7			
_	Complete if the organization answered "Yes" or				
1	Purpose(s) of conservation easements held by the organization				
	Preservation of land for public use (e.g., recreation or education)				
	Protection of natural habitat	☐ Preservation of	f a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	onservation		
	easement on the last day of the tax year.		Held at the End of the Tax Year		
а					
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic struc	ture included in (a)	2c		
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a			
	historic structure listed in the National Register		2d		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the organization	anization during the		
	tax year ▶				
4	Number of states where property subject to conservation ease	ment is located ▶			
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it h	olds?			
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing conservati	ion easements during the year		
		,	- ,		
7	Amount of expenses incurred in monitoring, inspecting, handlin	g of violations, and enforcing conservation e	easements during the year		
	<b>▶</b> \$	, ,	3 ,		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4	4)(B)(i)		
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footnote				
	organization's accounting for conservation easements.	to the organizations infancial diatement	ac docomboo the		
Pa	rt III Organizations Maintaining Collections	of Art Historical Treasures or O	Other Similar Assets		
ı u	Complete if the organization answered "Yes" of		And Online Assets.		
10	If the organization elected, as permitted under FASB ASC 958		valance shoot works		
ıa					
	of art, historical treasures, or other similar assets held for public		ance of public		
	service, provide, in Part XIII the text of the footnote to its finance				
b	If the organization elected, as permitted under FASB ASC 958				
	art, historical treasures, or other similar assets held for public e	xnibition, education, or research in furtheran	ice of public service,		
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·		
	(ii) Assets included in Form 990, Part X		·		
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial gai	in, provide the		
	following amounts required to be reported under FASB ASC 9	58 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		▶ \$		
b			<b>&gt;</b> \$		

	ule D (Form 990) 2019 lowernine.org			11-38:	
Pa	rt III Organizations Maintaining Col	•			Assets (continued)
3	Using the organization's acquisition, accession, and	d other records, check any	of the following that ma	ake significant use of its	
	collection items (check all that apply):	,			
а	Public exhibition	d	Loan or exchange	· -	
b	Scholarly research	<b>e</b>	Other		
С	Preservation for future generations				
4	Provide a description of the organization's collection	ns and explain how they for	urther the organization's	s exempt purpose in Part	
_	XIII.				
5	During the year, did the organization solicit or recei				
Da	assets to be sold to raise funds rather than to be n		ganization's collection's	<u> </u>	
Pa	rt IV Escrow and Custodial Arrange		000 Dort IV line	O or reported as as	mount on Form
	Complete if the organization answ 990, Part X, line 21.	verea res on Form	990, Part IV, line	9, or reported an ar	nount on Form
1a	Is the organization an agent, trustee, custodian or c	ther intermediary for contri	butions or other assets	not	
					🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in Part XIII and c				
				A	Amount
С	Beginning balance			. 1c	
d	Additions during the year			. 1d	
е	Distributions during the year			. 1e	
f	Ending balance			. <u>1f</u>	
2a	Did the organization include an amount on Form 99				
	If "Yes," explain the arrangement in Part XIII. Chec	k here if the explanation h	as been provided on Pa	art XIII	
Pa	rt V Endowment Funds.				
	Complete if the organization answ	vered "Yes" on Form			
		) Current year (b) Prio	or year (c) Two year	s back (d) Three years back	ck (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Net investment earnings, gains, and			<b>*</b>	
	losses				
d	Grants or scholarships				
е	Other expenditures for facilities and				
£	Administrative expenses				
'	End of year balance				
2	Provide the estimated percentage of the current year	ar end halance (line 1g. co	nlumn (a)) held as:		
- а	Board designated or quasi-endowment	%	nami (a)) noid do.		
b	Permanent endowment > %				
C	Term endowment ▶ %				
	The percentages on lines 2a, 2b, and 2c should equ	ual 100%.			
3a	Are there endowment funds not in the possession		e held and administered	I for the	
	organization by:	-			Yes No
	(i) Unrelated organizations				3a(i)
					3a(ii)
b	If "Yes" on line 3a(ii), are the related organizations	listed as required on Sche	edule R?		3b
4	Describe in Part XIII the intended uses of the orga	nization's endowment fund	ls.		
Pa	rt VI Land, Buildings, and Equipmer				
	Complete if the organization answ	vered "Yes" on Form	990, Part IV, line	11a. See Form 990	, Part X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	
12	Land	I	7 000		7 000

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
		(investment)	(other)	depreciation	
1a	Land		7,000		7,000
b	Buildings				
С	Leasehold improvements				
d	Equipment		7,650	7,074	576
e	Other				
Tota	al. Add lines 1a through 1e. (Column (d) must equal	Form 990, Part X, colum	n (B), line 10c.)		7,576
EEA					Schedule D (Form 990) 2019

Schedule D (Form	990) 2019 lowernine.org			11-3821601	Page
Part VII	Investments - Other Securities.				
	Complete if the organization answered '	'Yes" on Form 990, Part IV, lir	ne 11b. See F	Form 990, Part X,	line 12.
	(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation	
(1) Financial of	lerivatives				
(2) Closely-he	ld equity interests				
(3) Other					
(ALiberty	Broadband	15,071	FMV		
(Bilions G	ate Ent	1,807	FMV		
(O)1&T Ban	k	3,905	FMV		
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.).	▶ 20,783			
Part VIII	Investments - Program Related. Complete if the organization answered '		ne 11c. See F	Form 990, Part X,	line 13.
	(a) Description of investment	(b) Book value		(c) Method of valuation Cost or end-of-year market v	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 13.).				
Part IX	Other Assets.	'Yoo" on Form 000 Port IV lin	o 11d Coo F	Torm 000 Dort V	lina 1E
	Complete if the organization answered		ie i iu. See r		
(1)Gift Ca	rd - Supplies	ription		(b) Bo	nok value 14,97
(2)					
(3)					
(4)		·			
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 15.).			<b>•</b>	14,97
Part X	Other Liabilities.	N/			
	Complete if the organization answered ' line 25.	'Yes" on Form 990, Part IV, Iir	ne 11e or 11f.	See Form 990, I	Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal in		(4) 2331111111			
	Liabilities	1,815			
(3)		2,020			
(4)					
(5)					
(6)					
(7)					
(8)					

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . . .

1,815

**Total.** (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶

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 lowernine.org
 11-3821601
 Page 4

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	oer 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		
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 2e from line 1	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 Expense	es per 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 2e from line 1	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.		
Prov	ide 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	l; Part X, line	
2; Pa	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) 2019

#### SCHEDULE G (Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.

2019

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Employer identification number Name of the organization 11-3821601 lowernine.org Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations **f** Solicitation of government grants b **c** Phone solicitations g Special fundraising events **d** In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, No Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II

		than \$15,000 of fundraising gross receipts greater than	\$5.000.			
		g	(a) Event #1	<b>(b)</b> Event #2	(c) Other events None	(d) Total events (add col. (a) through
4			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	9,303			9,303
	2	Less: Contributions Gross income (line 1 minus	9,303			9,303
		line 2)				
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses	2,728			2,728
	10	Direct expense summary. Add lines	s 4 through 9 in column (d)			2,728
	11	Net income summary. Subtract line	e 10 from line 3, column (d)			(2,728)
Pa	rt II		-	Yes" on Form 990, Part	IV, line 19, or reported	more than
		\$15,000 on Form 990-EZ,		(b) Pull tabs/instant	<u> </u>	(d) Total gaming (add
☲			(a) Bingo		(c) Other gaming	
seve.			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	2	Gross revenue	(a) Bingo		(c) Other gaming	
Expenses			(a) Bingo		(c) Other gaming	
	2	Cash prizes	(a) Bingo		(c) Other gaming	
ect Expenses	2	Cash prizes			(c) Other gaming	
ect Expenses	2 3 4	Cash prizes	(a) Bingo  Yes%  No		(c) Other gaming  Yes %  No	
ect Expenses	2 3 4 5	Cash prizes	Yes	bingo/progressive bingo  Yes %  No	☐ Yes%	
ect Expenses	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines	Yes % No s 2 through 5 in column (d)	bingo/progressive bingo  Yes %  No	☐ Yes% ☐ No	
ect Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines  Net gaming income summary. Sub	Yes % No s 2 through 5 in column (d)	bingo/progressive bingo  Yes %  No  mn (d)	☐ Yes% ☐ No	
<b>6</b> Direct Expenses	2 3 4 5 6 7 8	Cash prizes	Yes % No s 2 through 5 in column (d) tract line 7 from line 1, colution conducts gaming activ	bingo/progressive bingo  Yes %  No  mn (d)	☐ Yes% ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En	Cash prizes	Yes % No s 2 through 5 in column (d) tract line 7 from line 1, colution conducts gaming activ	bingo/progressive bingo  Yes %  No  mn (d)	☐ Yes% ☐ No	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En is is if "	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines  Net gaming income summary. Sub- nter the state(s) in which the organization dicensed to conduct of "No," explain:	Yes % No s 2 through 5 in column (d) tract line 7 from line 1, colution conducts gaming activities in each of	bingo/progressive bingo  Yes %  No  mn (d)	☐ Yes% ☐ No▶	col. (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En Iss of If"	Cash prizes	Yes% No s 2 through 5 in column (d) tract line 7 from line 1, colution conducts gaming activities in each of	bingo/progressive bingo  Yes %  No  mn (d)	☐ Yes% ☐ No	col. (a) through col. (c))

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

#### **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

2019

Open to Public Inspection

Employer identification number

Lowe	ernine.org						11-3821601	
Pai	rt I General Information on	<b>Grants and Assis</b>	stance					
1	Does the organization maintain records to	substantiate the amou	ınt of the grants or assis	stance, the grantees' eli	gibility for the grants or	assistance, and		_
	the selection criteria used to award the gr		· · · · · · · · · · · · · · · · · · ·					. 🛚 Yes 🗌 No
	Describe in Part IV the organization's pro							
Pai	rt II Grants and Other Assistan	-				•	"Yes" on Form 990	),
	Part IV, line 21, for any recip	ient that received mo	ore than \$5,000. Par	t II can be duplicate	d if additional space	is needed.		
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 grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
	Enter total number of section 501(c)(3) an	-		table			· · · · · · •	

Schedule I (Form 990) (2019) lowernine.org Page 2 11-3821601 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of noncash assistance recipients cash grant noncash assistance FMV. appraisal, other) Building Materials for 1 Building Materials 22 residential properties 10,538 FMV 2 5 6 Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV 01. Monitoring procedures (Part I, line 2) Grants are given to homeowners in the form of building materials. lowernine.org oversees all of its home rebuild projects and works with the homeowners to determine the materials needed to rebuild their home. lowernine.org oversees this process by purchasing and implementing the materials on behalf of each homeowner.

#### **SCHEDULE M** (Form 990)

Name of the organization

**Noncash Contributions** 

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

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

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

Employer identification number

lowernine.org 11-3821601 Part I Types of Property

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method on noncash cor			•
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts		· ·					
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Gift Cards	X	1	22,000				
26	Other (Siding and Shea)	Х	1	56,678	FMV			
27 28	Other ► (							
29	Other ► ( ) Number of Forms 8283 received by the	organization	during the tay year for contribut	ions for				
23	which the organization completed Form	_	= -	10115 101	29			
	which the organization completed Form	0200,1 41111	, Donce Acknowledgement		23		Yes	No
30a	During the year, did the organization rece	eive hy contr	hution any property reported in	Part I lines 1 through			163	140
oou	28, that it must hold for at least three year	•	,, , , ,	,				
	to be used for exempt purposes for the					30a		х
b	If "Yes," describe the arrangement in Pa	-	polica:			-		
31	Does the organization have a gift accept		hat requires the review of any n	onstandard				
٠.						31	х	
32a	Does the organization hire or use third p					-		
	•					32a		х
b	If "Yes," describe in Part II.	<b></b>				5.25		
33	If the organization didn't report an amou	nt in column	(c) for a type of property for whi	ch column (a) is checked.				
	describe in Part II.		( ) VI Field A	(-,				

#### **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

Department of the Treasury

#### **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

Attachment

Sequence No. 179 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates Identifying number FORM 990 - 1 11-3821601 lowernine.org **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions)......... 3 3 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) 7 8 8 9 9 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 1.1. . . . . . . 12 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line № Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 384 If you are electing to group any assets placed in service during the tax year into one or more general . . . . . . . . . . . . . . . . Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (business/investment use (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property 25-year property 25 yrs. Residential rental S/I 27.5 yrs. MM property 27.5 yrs. MM S/I 39 yrs. MM S/L Nonresidential real MM property Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L С d 40-year MM S/L Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . . 384 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Department of the Treasury

Internal Revenue Service

## IRS e-file Signature Authorization

	OMD No. 4545 4070
or an Exempt Organization	OMB No. 1545-1878
OF AN EXEMBLATION	

For calendar year 2019, or fiscal year beginning , and ending

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

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

2019

Employer identification number

11-3821601

Name of exempt organization 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 ► 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .	1b209,20
2a Form 990-EZ check here ► □ b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ► b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ► b Tax based on investment income (Form 990-PF, Part VI, line	e 5) <b>4b</b>
5a Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c)	5b

#### **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 2019 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.

Officer's PIN: check one box only

	0	K OHO DOX	·y				
$\overline{}$							
x	I authorize	Encore	Accounting LLC		to enter my PIN	17221	as my signature
_			ERO firm name			Enter five numbers, but	
						do not enter all zeros	
	on the orga	nization'e t	ax year 2019 electronic	ally filed return 1	f I have indicated within	n this return that a cou	ov of the return is
	being filed	with a state	e agency(ies) regulating	g charities as par	t of the IRS Fed/State	program, I also autho	rize the aforementioned
	ERO to ent	ter my PIN	on the return's disclosu	re consent screen	n.		
$\Box$							

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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 ▶ 11-15-2020

#### Officer's signature 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 2019 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 ▶ 11-15-2020 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>2019</b> Page 1
Name(s) as shown on return		FEIN
lowernine.org		11-3821601

Description		Amount
Tools	<u> </u>	1,631
_Fuel		2,529
Reimbursement of Housing Expenses		(49,791)
Auto Repairs		1,737
Food and Supplies		15,707
Bank Fees		1,413
	Total: \$	-26,774

Description		Amount
Volunteer Comfort		\$ 1,488
Property Tax		106
	Total: S	\$1 <u>,594</u>

#### \* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

#### **Depreciation Detail Listing**

Program Services

2019

PAGE 1

Name(s) as shown on return

For your records only

Social security number/EIN

	lowernine.org			Γ		T						11	-3821601		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1		06112017	2,000		100.00			2,000		200 DB HY	19.2	1,040	384	1,424	384
	Totals		2,000					2,000				1,040	384	1,424	384

384

	Next '	Year's	Deprecia	ation \	<b>Worksheet</b>
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2019 (Keep for your records) Tax ID Number Name(s) as ahown on return 11-3821601 lowernine.org Multi-Form Description Deduction Form Date Basis Method Life Trailer 06-11-2017 PRG 2,000 M 5 230 TOTAL 230