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DLN: 93493144005120

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2008

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection and ending 09-30-2009 calendar year, or tax year beginning 10-01-2008 A For the 2008 D Employer identification number B Check if applicable NEW SCHOOLS FOR NEW ORLEANS INC use IRS Address change 02-0773717 label or Doing Business As E Telephone number print or Name change type. See Specific (504) 274-3606 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G Gross receipts** \$ 3,539,835 200 BROADWAY ST No 180 . Termination tions. City or town, state or country, and ZIP + 4 NEW ORLEANS, LA 70118 Amended return Application pending Name and address of Principal Officer Is this a group return for sarah n usdin affiliates? 200 BROADWAY ST STE 108 NEW ORLEANS, LA 70118 H(b) Are all affiliates included? Tax-exempt status (If "No," attach a list See instructions ) Group Exemption Number 🕨 Web site: ► newschoolsforneworleans org K Type of organization ✓ Corporation ✓ trust ✓ association ✓ other ► L Year of Formation 2006 M State of legal domicile LA Part I Summary Briefly describe the organization's mission or most significant activities SEE SCHEDULE O THE MISSION OF NSNO IS TO ACHIEVE EXCELLENT PUBLIC SCHOOLS FOR EVERY CHILD IN NEW Activities & Governance ORLEANS BY ATTRACTING AND PREPARING TALENT TO TEACH AND LEAD, LAUNCHING AND SUPPORTING OPEN-ENROLLMENT PUBLIC CHARTER SCHOOLS, AND ADVOCATING FOR ACCOUNTABLE AND SUSTAINABLE HIGH-QUALITY PUBLIC SCHOOLS Check this box 🥅 if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) . . . . 8 7 Number of independent voting members of the governing body (Part VI, line 1b) . . . Total number of employees (Part V, line 2a) . . . 11 0 Total number of volunteers (estimate if necessary) . Total gross unrelated business revenue from Part VIII, line 12, column (C) . 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 2,023,305 3,453,160 Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 133,764 47.043 39,632 11 Other revenue (Part VIII. column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 18.271 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 2,175,340 3,539,835 12) 13 1,144,490 1,450,495 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 1,337,022 1,155,889 Expenses 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 b (Total fundraising expenses, Part IX, column (D), line 25  $\frac{277,223}{}$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,847,576 1,947,386 18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 4,147,955 4,734,903 19 Revenue less expenses Subtract line 18 from line 12 -1,972,615 -1,195,068 ෂ **Beginning of Year End of Year** 6,578,435 20 Total assets (Part X, line 16) 7,800,656 312,884 21 Total liabilities (Part X, line 26) 285,731 22 Net assets or fund balances Subtract line 21 from line 20 7,487,772 6,292,704 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Please 2010-05-24 Sign Signature of officer Here sarah n usdin ceo Type or print name and title Date Check if Preparer's PTIN (See Gen Inst ) Preparer's signature Bonnie Wyllie Paid empolyed 🕨 「 Preparer's Firm's name (or yours LaPorte Sehrt Romig & Hand FIN F ıf self-employed), **Use Only** address, and ZIP + 4110 Veterans Memorial Blvd Suite 20

Metairie, LA 700054958

May the IRS discuss this return with the preparer shown above? (See instructions) .

Phone no 🕨 (504) 835-5522

Cat No 11282Y

### Part III Statement of Program Service Accomplishments (See the instructions.)

	Briefly describe the organization's mission The mission of NSNO is to achieve excellent pu supporting open-enrollment public charter scho				each and lead (2) Launching and
2	Did the organization undertake any s the prior Form 990 or 990-EZ? .	ıgnıfıcant program ser	vices during the year	which were not listed on	「Yes ▼ No
	If "Yes," describe these new services	on Schedule O			
3	Did the organization cease conducting services?		changes in how it cor	nducts any program	「Yes ▽ No
4	Describe the exempt purpose achiev Section 501(c)(3) and (4) organization others, the total expenses, and rever	ements for each of the ons and 4947(a)(1) tr	usts are required to r	report the amount of grants a	
4a	(Code ) (Expenses s Assist in the operations, governance, and pu quality schools		including grants of \$ ools in Orleans parish and	1,214,401 ) (Revenue \$ train school leaders to be prepared	3,194,078 ) d to open and maintain high
4b	(Code ) (Expenses s Recruit teachers and principals for public sho		including grants of \$	290,571 ) (Revenue \$	225,000 )
4c	(Code ) (Expenses s Collaborating with the community and local	,	ıncludıng grants of \$ hieve high quality, accoui	26,437 ) (Revenue \$	130,650 )
4d	Other program services (Describe	ın Schedule O N			
	(Expenses \$	including grants of:	\$	) (Revenue \$	)
4e	Total program service expenses \$	3,870,901	Must equal Part IX,	. Line 25, column (B).	

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		No
7	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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule $H$	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	64			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	20			
С	Did the organization comply with backup withholding rules for reportable payments t gaming (gambling) winnings to prize winners?	o ven	dors and reportable	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	İ				
	Statements filed for the calendar year ending with or within the year covered by this					
	return	2a	11			
Ь	If at least one is reported in 2a, did the organization file all required federal employing <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin					
	return?	• •		3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule (	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s					
	over, a financial account in a foreign country (such as a bank account, securities acacount)?	count	, or other financial	4a		Νο
h						
_	If "Yes," enter the name of the foreign country	enort o	of Foreign Bank and			
	Financial Accounts.	.port o	i Torcigii bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?	•	· · ·	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement the solicitation of the solicitation and the organization include with every solicitation and express statement the solicitation and the organization include with every solicitation and express statement the solicitation and the organization include with every solicitation and express statement the solicitation and express statement and expre	nat su	ch contributions or gifts			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		6.4.7.5	_		
а	Did the organization provide goods or services in exchange for any quid pro quo con more?	tributi	ion of \$ / 5 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to			
	file Form 8282?			7с		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	, prem	nums on a personal			
_	benefit contract?			7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
_	required?			7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a section $\frac{1}{2}$					
	excess business holdings at any time during the			8		Νο
	year <sup>?</sup>					
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		N o
ь	Did the organization make a distribution to a donor, donor advisor, or related person	7.		9b		No
10	Section 501(c)(7) organizations. Enter	ــا	ı			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>			
11		l	ı			
а	Gross income from members or shareholders	11a				
Ь	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	n lieu d	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
_	year	12b				

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Nο

Νo

Yes

2

3

4

5

7Ь

#### Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	rıbe th	ie cii	cum.	star	ices,	
1a	Enter the number of voting members of the governing body	1a					ε	3
b	Enter the number of voting members that are independent	1b					7	,
2	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?	siness	relati	ons	hip w •	nth .	any •	

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? .
1	Did the organization make any significant changes to its organizational documents since the prior Form 990 was

	filed?	, , ,	
į	Did the organization become aware during the year of a material diversion of the organization's assets?		

Does the organization have members or stockholders?	6
Does the organization have members, stockholders, or other persons who may elect one or more members of the	
governing body?	7a

	Does the organiza	tior	ı na	vе	men	nber	s, s	stoci	knoi	laer	s,o	r otr	ner	perso	ns w	no	may	elec	ton	e oi	· mo	ore	mer	nbei	rs o	t the	
	governing body?																										
h	Are any decisions	of t	he i	a٥١	/erni	ına k	hor	v sii	hied	rt to	an	nrov	al I	ov me	mhei	rs ·	stoc	khol	ders	or	oth	ner	ners	ons	?	_	

Did the organization contemporaneously document the meetings held or written actions undertaken during the
year by the following

	year by the following													
а	the governing body?													

ь	each committee with authority to act on behalf of the governing body?						
	Does the organization have local chapters, branches, or affiliates?						

ь	If "Yes," does the organization have written policies and procedures governing the activities of such	c h	apte	ers,	,
	affiliates, and branches to ensure their operations are consistent with those of the organization? .				,

10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
	must describe in Schedule O the process, if any, the organization uses to review the Form 990

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached a	at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	

88	а	Yes	
8	Ь	Yes	
9	a		Νο
91	ь		
10	D	Yes	
1:	1		Νο

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
		1 -00		I

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed LA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization SARAH N USDIN

200 BROADWAY ST SUITE 108 NEW ORLEANS, LA 70118 (504) 274-3612

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

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* 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, or 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

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

		Posit tl	(C non (chat a	chec		I			(E)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustea or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	from the organization (W-	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
SARAH USDIN , CEO/FOUNDER	50 00	Х			Х			162,907	0	15,343
ANTHONY RECASSNER, BOARD CHAIRMAN	10 00	Х		Х				0	0	0
JAMES PEYSER , BOARD VICE CHAIR	10 00	X		Х				0	0	0
STEPHEN HALES, BOARD SECRETARY	10 00	Х		Χ				0	0	0
STEPHEN ROSENTHAL, TREASURER	10 00	X		Х				0	0	0
IAN ARNOFF , BOARD MEMBER	10 00	Χ		Χ				0	0	0
SHERIFF EBRAHIM , BOARD MEMBER	10 00	X		Х				0	0	0
MAHLON SANFORD cpa , BOARD MEMBER	10 00	Χ		Х				0	0	0
MATTHEW CANDLER , FORMER CEO	40 00						X	133,070	0	0
						_	-			

#### Part VII Continued

		Posi				all			(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			-	Ш						
				$\vdash$						
1b Total			•				Þ	295,977	0	15,343

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization►2

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual			
	on the Tar II res, complete schedule I to Such materials	3	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
		-		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
Achievement Network 44 School Street Suite 515 Boston, MA 02108	INFO FOR DATA DRIVEN DECISION	250,000
THE NEW TEACHER PROJECT 186 JORALEMON STREET STE 300 BROOKLYN, NY 11201	TEACHER RECRUITMENT	224,520
educational support systems 1750 16th Street NW PH 81 Washington, DC 20009	consulting fees for schools leadership	142,639
MARCI CORNELL - FEIST 82 SHAKER ROAD HARVARD, MA 01451	BOARD GOVERNANCE training	142,201
ADAMS & BUERGER 141 LEONARD DRIVE SAN FRANCISCO, CA 94122	INFO FOR DATA DRIVEN DECISION	132,528
2 Total number of independent contractors (including those in 1) who received more than \$	· '	5

Statement	of	Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
<u>\$</u> \$	1a	Federated campaigns	1a				
돌돌	ь	Membership dues	1b				
s,g ∰	с	Fundraising events	. 1c				
∰ E	d	Related organizations	. 1d				
ıs, i	e	Government grants (contributions)	1e				
tio srs	f	All other contributions, gifts, grants, a similar amounts not included above	and <b>1f</b> 3,453,160	ĺ	İ		
ê¥	g	Noncash contributions include	ed in				
Contributions, gifts, grants and other similar amounts		lines 1a-1f \$112,					
ठॅ व	h	Total (Add lines 1a-1f)	· · · · · · · · · · · · · · · · · · ·	3,453,160			
<u>a</u>	_		Business Code				
veri	2a						
<del>-</del>	b						
MCe	С						
Ser	d						
E	e						
Program Service Revenue	f	All other program service reve	enue				
Δ	g	Total. Add lines 2a-2f	<u> </u>				
	3	Investment income (including	·				
		other similar amounts)		47,043			47,043
	4	Income from investment of tax-exer					
	5	Royalties					
	6a	(1) Real	(II) Personal	-			
	ь	Less rental		-			
	c	expenses Rental income		-			
		or (loss)	<u> </u>	-			
	d	Net rental income or (loss) .					
	7a	Gross amount (1) Securitie	(II) O thei	-			
		from sales of assets other					
	ь	than inventory Less cost or		-			
	•	other basis and sales expenses					
	С	Gain or (loss)		-			
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including	3				
<u>•</u>		\$of contributions reported on li	ne 1c)				
듄		See Part IV, line 18 Attach Schedule G if total exceed	ds				
é		\$15,000					
<u>።</u>	ь	Less direct expenses	. b	]			
Other Revenue	С	Net income or (loss) from fund	Iraising events 🕨				
0	9a	Gross income from gaming act See part IV, line 19 Complete Schedule G if total exc \$15,000					
	b	Less direct expenses					
	с 10а	Net income or (loss) from gam Gross sales of inventory, less returns and allowances					
	b	Less cost of goods sold .					
	С	Net income or (loss) from sale					
	44	Miscellaneous Revenue	Business Code 900,099	25 160	35,160		
	11a	reimbursed expenses	<u> </u>	, i			
	Ь	miscellaneous income	900,099	4,472	4,472		
	C						
	d	All other revenue					
	е	Total. Add lines 11a-11d		1			
	12	Total Revenue. Add lines 1h, 2		3,539,835	39,632	0	47,0

### Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				).
Do	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,450,495	1,450,495		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	295,977		133,070	162,907
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	869,748	793,106		36,927
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	98,970	62,624	14,835	21,511
9	Other employee benefits				
10	Payroll taxes	72,327	33,380	28,978	9,969
11	Fees for services (non-employees)				
а	Management	3,780	705	3,075	
b	Legal				
c	Accounting	17,976		17,976	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	1,418,137	1,418,137		
12	Advertising and promotion	35,365	5,525	360	29,480
13	Office expenses	43,461	15,562	23,344	4,555
14	Information technology	41,070	-102	40,372	800
15	Royalties				
16	Occupancy	128,077	890	127,187	
17	Travel	90,244	70,307	13,115	6,822
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	55,569		55,569	
23	Insurance	10,150		10,150	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
а	PROFESSIONAL DEVELOPMEN	57,885		57,885	
b	MEALS AND ENTERTAINMENT	18,415	13,563	3,526	1,326
С	deferred compensation	3,585		3,585	
f	All other expenses	23,672	6,709	14,037	2,926
25	Total functional expenses. Add lines 1 through 24f	4,734,903	3,870,901	586,779	277,223
26	Joint Costs. Check  if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				000 (2009)

Part X	Balance	Sheet
raita	Dalatice	Silect

					(A) Beginning of year		(B	<b>3)</b> fyear
	1	Cash—non-interest-bearing			237,644	1		4,035,834
	2	Savings and temporary cash investments	• •		3,627,435	<del>-  </del>		1,000,001
	3	Pledges and grants receivable, net	•		3,807,234	$\vdash$		2,437,569
	4	Accounts receivable, net			4,678	<del>-  </del>		2, 107,000
	5	Receivables from current and former officers, directors, trustees,	kav an	nnlovees or	1,010	-		
	_	other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				5		
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of S				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
ş	9	Prepaid expenses and deferred charges				9		
Assets	10a	Land, buildings, and equipment cost basis	<sub>10a</sub>	237,514				
•	b	Less accumulated depreciation Complete Part VI of		132,482	123,665	10-		105,032
	4.4	Schedule D	10b	132,462	123,663			105,032
	11	Investments—publicly traded securities	• • • • • • • • • • • • • • • • • • • •	•		11		
		Investments—other securities See Part IV, line 11 <i>Complete Par Schedule D</i>	•		12			
	13	Investments—program-related See Part IV, line 11 $\it Complete Pair of Schedule D$ .		13				
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D				15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			7,800,656	16		6,578,435
	17	Accounts payable and accrued expenses .			268,303	17		237,565
	18	Grants payable			18			
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities			20			
e.	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ē		persons Complete Part II of Schedule L				22		
_	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			44,581	25		48,166
	26	Total liabilities. Add lines 17 through 25			312,884	26		285,731
ъ У		Organizations that follow SFAS 117, check here 🕨 🔽 and comple	ete line	s 27				
ğ	27	through 29, and lines 33 and 34.  Unrestricted net assets			1,181,847	27		2,302,264
Balance	28	Temporarily restricted net assets			6,305,925	$\vdash$		3,990,440
교	29	Permanently restricted net assets			3,555,525	29		-,-50,0
Fund	23	Organizations that do not follow SFAS 117, check here 🕨 🦵 and	comple	ete		23		
٥		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund.			31			
	32	Retained earnings, endowment, accumulated income, or other fun	as		7 107 7-1	32		0.000.70:
Net	33	Total net assets or fund balances			7,487,772	33		6,292,704
	34	Total liabilities and net assets/fund balances			7,800,656	34		6,578,435
Pa	rt XI	Financial Statements and Reporting						
							Yes	No
1	Acco	unting method used to prepare the Form 990	ccrual	other				

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

	_			
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 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	Yes	
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		N o
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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OMB No 1545-0047

MB NO 1545-002

### SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

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

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

	ne of the organization / SCHOOLS FOR NEW ORLEANS INC							Em	Employer identification number			
									-077371			
	rt I			harity Status (to be co					Instruct	ions)		
The d	organı:			ation because it is (Please								
1	<u> </u>	•		nurches, or association of ch			Section 1	L70(b)(1)(	(A)(i).			
2		A school de	escribed in <b>Sec</b> l	t <b>ion 170(b)(1)(A)(ii).</b> (Attac	ch Schedu	ıle E )						
3	<u> </u>	•	·	e hospital service organizati			-				•	
4	Г		research organi name, city, and	zation operated in conjuncti	on with a	hospital d	escribed i	n Section	170(b)(1)	( <b>A</b> )(iii). E	inter the	
5	Г	· ·		for the benefit of a college or	universit	v owned o	roperated	by a gove	ernmental	unit desc	ribed in	
	·			(Complete Part II )		•	•	, ,				
6	Г			overnment or governmental	unıt desci	ribed in <b>Se</b>	ction 170	(b)(1)(A)	(v).			
7	Ī	•	_	ally receives a substantial p						n the aene	eral public	
_	•			o)(1)(A)(vi) (Complete Par			a g			9	<b>F</b>	
8	Г		-	ped in <b>Section 170(b)(1)(A)</b>	•	nplete Par	tII)					
9	Ė		•	ally receives (1) more than		-	-	ontribution	ıs. membe	rship fees	s. and gross	
	·	•		lated to its exempt functions	,				•	•	, -	
		•		estment income and unrelate	-		•	,	•			
			•	on after June 30, 1975 See			•			,		
10	Г		•	and operated exclusively to			•		•	ee instruc	tions )	
11	Γ	one or more the box tha	e publicly suppo	and operated exclusively foorted organizations describe type of supporting organiza	d in secti tion and c	on 509(a) omplete li	(1) or sec	tıon 509(a hrough 11	a)(2) See	Section 5	•	
e	Γ	other than	foundation man	rtify that the organization is agers and other than one or			•			•	•	
f		section 50 If the orgar check this	nization receive	d a written determination fro	m the IRS	5 that it is	a Type I,	Type II o	r Type III	supporti	ng organization,	
g				as the organization accepted	d any gift	or contrib	utıon from	any of the	<u>:</u>		•	
		following pe									[ ]	
			•	r indirectly controls, either a		-	tn persons	aescribe	a in (ii)	[44	Yes No	
			· -	ng body of the the supported	_	ition				11g		
			•	erson described in (i) above		h 2				11g		
h				ty of a person described in ( mation about the organizatio			supports			11g(	)	
	<b></b>		/···>	(····> = - (								
	Supp	ame of ported nization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go	is the ration in listed in overning			organız col (i) d	s the ation in organized US?	(vii) A mount of support?	
					Yes	ment? No	Yes	No	Yes	No	+	
					1 65	140	165	140	1 65	140		
						<del> </del>	<del> </del>			<del>                                     </del>		
						1	-			-		
						-				-		
						1	1			-		

Total

# Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	kea the box (	on line 5, 7, or	ਲ of Part I.)				
	ublic Support		,					
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		487,394	5,511,770	2,023,305		3,453,160	11,475,629
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		487,394	5,511,770	2,023,305		3,453,160	11,475,629
4	Total. Add line 1-3		467,394	3,311,770	2,023,303		3,433,100	11,473,029
5	The portion of total contribution by each person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							11,475,629
	4							· ,
	otal Support							
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7				5,511,770	2,023,305		3,453,160	11,475,629
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar			109,551	133,764		47,043	290,358
	sources							
9	Net income from unrelated business							
_	activities, whether or not the business is							
	regularly carried on							
10	Other income Do not include gain or loss			2.057	10 271		20,622	61.760
	from the sale of capital assets (Explain in			3,857	18,271		39,632	61,760
4.4	Part IV )							11,827,747
11 12	<b>Total Support</b> (Add lines 7 through 10) Gross receipts from related activities, etc	/Saa instructio	nc \			40		11,027,747
					_	12		
13	First Five Years. If the Form 990 is for the		irst, second, third	d, fourth, or fifth	tax year as a 5	01(c)(	3)	<b>▶</b>  ✓
	organization, check this box and <b>stop here</b>						,	
	omputation of Public Support Perc	entage						_
14	Public Support Percentage for 2008 (line 6		ded by line 11 co	lumn (f))		14		
			•			$\vdash$		
15	Public Support Percentage for 2007 Sched					15		
16a	33 1/3% Test - 2008. If the organization did				1/3% or more,	check	this box	<b>.</b> _
<b>L</b>	and <b>stop here.</b> The organization qualifies as <b>33 1/3% Test - 2007.</b> If the organization di				E 10 22 1/20/ 0	r mara	chock the	<b>▶</b> ┌
b	box and <b>stop here.</b> The organization qualific				.5 15 55 1/370 0	i illore	, check till	• ►
17a	10% Facts and Circumstances Test - 2008.				3.16a.or16b a	ind line	e 14 is 10	
	more, and if the organization meets the "fac							
	organization meets the "facts and circumst	ances" test Th	ne organization qu	ualıfıes as a pub	licly supported	organı	zatıon	<b>▶</b> ┌
b	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fac							
10	the organization meets the "facts and circu							▶┌
18	<b>Private Foundation.</b> If the organization did	not check the b	oox on time 13, 16	oa, 100, 1/a or 1	L/D, CHECK THIS	וה אטע	iu see	<b>▶</b> □

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	monutation of Dublic Compant Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** ▶ Attach to Form 990. To be completed by organizations that

Inspection **Employer identification number** Name of the organization NEW SCHOOLS FOR NEW ORLEANS INC 02-0773717

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Pa	organizations Maintaining Donor And organization answered "Yes" to Form 99		unds or Accounts. Complete if the
	organization anomereu res to rorm y	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or advised <b>Yes No</b>
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the berimpermissible private benefit?		·
Par	t III Conservation Easements. Complete	ıf the organization answered "Yes" to	o Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space	ion or pleasure)	historically importantly land area rtified historic structure
2	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ıfıed conservatıon contrıbutıon ın the form	of a conservation easement  Held at the End of the Year
а	Total number of conservation easements		2a
b			2b
	Total acreage restricted by conservation easement		
с	Number of conservation easements on a certified h		2c
d	Number of conservation easements included in (c)	,	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by the organization during
	the taxable year 🕨		
4	Number of states where property subject to conserve	ation easement is located ►	
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds:		T Yes No
6	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the	year <b>►</b>
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$
8	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of sec	tion Yes No
9	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's financial	·
Pari	Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or research	th in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, hist following amounts required to be reported under SFA		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
b	Assets included in Form 990. Part X		<b>▶</b> \$

Part	IIII Organizations Maintaining Co	llections of Art, His	tori	cal Treasur	es, or Othe	r Similar Asse	ts (cont	ınued)
3	Using the organization's accession and other items (check all that apply)	r records, check any of th	ne fol	owing that are	a sıgnıfıcant u	se of its collection	ו	
а	Public exhibition	d	Γ	Loan or exch	ange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
4	Provide a description of the organization's co Part XIV	ollections and explain ho	w the	y further the or	ganızatıon's ex	empt purpose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t					ılar	Yes 「	- No
Part	Part IV, line 9, or reported an an				nization answ	ered "Yes" to Fo	orm 990	),
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermediary	for c	ontributions or	other assets 1		Yes 「	No
b	If "Yes," explain why in Part XIV and comple	te the following table						
						A mou	ınt	
с	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21?				Г	Yes 「	No
	If "Yes," explain the arrangement in Part XIV							
Par	t V Endowment Funds. Complete							
_		(a)Current Year (b	)Prior	rear (c)Iwo	Years Back (d)	Three Years Back (e	)Four Year	s Back
1a	Beginning of year balance							
Ь	Contributions							
_	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the yea	r and halance hold as						
	Board designated or quasi-endowment F	i ellu balalice lielu as						
_	•							
Ь	Permanent endowment 🕨							
	Term endowment 🕨	6.11						
	Are there endowment funds not in the posses organization by	ssion of the organization	thata	are held and ad	ministered for	tne	Yes	No
	(i) unrelated organizations					3a(i)	1.03	
	(ii) related organizations					3a(ii)		
ь	If "Yes" to 3a(II), are the related organization		ched	ule R?		3b	i i	
4	Describe in Part XIV the intended uses of th	e organızatıon's endowm	ent fu	nds				
Part	VI Investments—Land, Buildings	s, and Equipment. S	ee F	orm 990, Pai	rt X, line 10.			
	Description of investment			a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book	value
<b>1</b> a l	and							
b E	Buildings							
	easehold improvements							
	quipment			237,514		132,482	1	.05,032
	Other			,		, :52		
	Add lines 1a-1e (Column (d) should equal Fo		), line	10(c).)		►	1	.05,032
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , ,			<u> </u>	Schedule D (I		

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Dawl VIII Taylor transports Decouper Deleted Co	a Farm 000 Dart V June	12	
Part VIII Investments—Program Related. Se			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descri	ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line :	15)	E.	
Part X Other Liabilities. See Form 990, Part X		<u></u>	
(a) Description of Liability	( <b>b</b> ) A mount		
Federal Income Taxes			
DEFERRED COMPENSATION PAYABLE	48,166		
	,		
		1	
		1	
		1	
		1	
		1	
		1	
-		1	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	48,166	1	
		4	

Part	XI Reconciliation of Cl	hange in Net Assets from Forr	n 99	0 to F	inancial Stateme	nts	
1	Total revenue (Form 990, Part	VIII, column (A ), line 12)				1	3,539,835
2	Total expenses (Form 990, Par	t IX, column (A), line 25)				2	4,734,903
3	Excess or (deficit) for the year					3	-1,195,068
4	Net unrealized gains (losses) or	n investments				4	
5	Donated services and use of fac					5	
6	Investment expenses					6	
7	Prior period adjustments					7	
8	Other (Describe in Part XIV)					8	
9	Total adjustments (net) Add Irr	nes 4 - 8				9	0
10	-	per financial statements Combine line	s 3 ar	nd 9		10	-1,195,068
Part		evenue per Audited Financial			ts With Revenue		<u> </u>
1	Total revenue, gains, and othe					1	3,539,835
2		t not on Form 990, Part VIII, line 12					
а	Net unrealized gains on invest			2a			
b	Donated services and use of fa			2b			
c	Recoveries of prior year grants	5		2c			
d	Other (Describe in Part XIV)			2d			
e	Add lines <b>2a</b> through <b>2d</b> .			•		2e	0
3	Subtract line <b>2e</b> from line <b>1</b> .					3	3,539,835
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b		4a			
b	Other (Describe in Part XIV)			4b			
c	Add lines <b>4a</b> and <b>4b</b>			• •		4c	0
5	Total Revenue Add lines 3 and	d <b>4c.</b> (This should equal Form 990, Par	t I, lır	ne 12)		5	3,539,835
Part	XIII Reconciliation of Ex	xpenses per Audited Financia	Sta	teme	nts With Expense	s per	Return
1	Total expenses and losses per	audited financial statements				1	4,734,903
2	A mounts included on line 1 bu	t not on Form 990, Part IX, line 25			1		
а	Donated services and use of fa	acilities		2a		-	
b	Prior year adjustments		•	2b		_	
c		Part IX, line 25		2c		4	
d	Other (Describe in Part XIV)		•	2d		4	
e	Add lines 2a through 2d					2e	0
3			•			3	4,734,903
4		D, Part IX, line 25, but not on line 1:			1		
а		uded on Form 990, Part VIII, line 7b		4a		_	
b			•	4b		4	
С	Add lines <b>4a</b> and <b>4b</b>		•			4c	0
5		nd <b>4c.</b> (This should equal Form 990, Pa	rt I , lı	ne 18 )		5	4,734,903
Com	V , line 4 , Part X , Part XI , line 8 ,	criptions required for Part II, lines 3, ! Part XII, lines 2d and 4b, and Part XI			and 4b		, lines 1b and 2b,
	Ident if ier	Return Reference			Explanat	tion	

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**Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

OMB No 1545-0047

2008

DLN: 93493144005120

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public Inspect ion

Name of the organization						Employer identi	fication number
NEW SCHOOLS FOR NEW ORL	EANS INC					02-0773717	
Part I General Inform	nation on Gra	nts and Assistanc	e			•	
Does the organization ma the selection criteria use Describe in Part IV the or	d to award the gra rganization's proc	nts or assistance? .   . edures for monitoring th	e use of grant funds ın t	he United States			
Form 990, Part I Part IV and Scho	IV, line 21 for ai edule I-1 if addi	ny recipient that rec tional space is	eived more than \$5,0	000. Check this box	tes. Complete if the of the office of the of	ceived more than \$5,	
1(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	1 (0)	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sec organizations					•		16
3 Enter total number of other							<b>▶</b> 1
For Paperwork Reduction Act Not	ice, see the Instruct	tions for Form 990.		Cat No 50055	P	Sc	hedule I (Form 990) 2008

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part I	V, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
		·			· ·

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Other Information		THE PRIMARY PURPOSE OF NSNO IS TO ACHIEVE HIGH-QUALITY, ACCOUNTABLE SCHOOLS THROUGH TEACHER AND PRINCIPAL RECRUITMENT, OPENING AND SUPPORTING OPEN-ENROLLMENT CHARTER SCHOOLS, AND INFORMING AND COLLABORATING WITH THE COMMUNITY prior to issuing any grants or other assistance, the organization conducts a pre-grant inquiry to ensure that the grantee is appropriate, such as having tax-exempt status under section 501(c)(3) or being a governmental entity the organization executes a written agreement with the grantee that specifies the charitable purposes of the grant and includes provisions that prohibit the use of the funds for non-charitable purposes, political campaign activity, or lobbying activities grantees are required to submit reports on the use of the funds and the charitable activities supported by the grant during the grant period. The grantee must attach a strategic 3 to 5 year plan to this post-grant report. In addition, the grantee is required to return any funds not used for the designated purposes.

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DLN: 93493144005120

OMB No 1545-0047

**Compensation Information** 

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

2008

Open to Public Inspection

·	
Name of the organization NEW SCHOOLS FOR NEW ORLEANS INC	Employer identification number
	02-0773717
Part I Questions Regarding Compensation	

			Yes	IN O
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	10		
-	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form $990$ , Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Νο
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(D) Nontaxable (E) Total of columns	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
SARAH USDIN	(ı) (ıı)	162,907				15,343	178,250	
MATTHEW CANDLER	(E)	133,070					133,070	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2008

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
Supplemental Information	Part III	Sarah N Usdin is the Founder/President of New Orleans Schools for New Orleans Per contractual agreement with the Founder/President and the Board, the Board will establish and maintain a deferred compensation plan which will entitle Founder/President to a lump sum payment of \$100,000 on April 11, 2011, assuming successful completion of employment contracts with New Schools for New Orleans. The liability for this deferred compensation payable is reflected on the balance sheet Part X Line 25. The Founder/President's base salary for full-time employment for the one year term of this contract is \$178,250. Matthew Candler, the Chief Executive Officer, resigned in february, but continued to work as an independent consultant. his salary as an employee was \$70,691. As an independent consultant, he earned \$62,379. He was paid a total of \$133,070. The organization discontinued using the consulting services of Matthew Candler before the end of the fiscal year.

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DLN: 93493144005120

OMB No 1545-0047

Inspection

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

**Non-Cash Contributions** 

Name of the organization NEW SCHOOLS FOR NEW ORLEANS INC Employer identification number

					02-0773717			
Pa	rt I Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	<b>(d</b> Method of d reven	etermi	nıng	
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							
	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	Х	1	112,000	ESTIMATED MARK	ET RA	TE	
	Real estate—Other							
	Collectibles							
	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
26	Other (describe)							
27	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement			ar for contributions for	29			
							Yes	No
30a	During the year, did the organization hold for at					 	 	 
	least three years from the date of for the entire holding period? .		•		· · · · ·	30a		No
b	If "Yes", describe the arrangeme	ent in Part I	II					
31	Does the organization have a gif	•		•		31		Νo
32a	Does the organization hire or use contributions?	·	<del>-</del>	to solicit, process, or sell	non-cash	32a		Νo
	If "Yes", describe in Part II							
33	If the organization did not report checked, describe in Part II	revenuesı	n Column (c) for a type of p	property for which Column (a	a) is			

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Identifier Explanation Non Reporting of Revenue Part I, Line 33 Tulane University provided the organization, on an in-kind basis, office space in New orleans, Louisiana The estimated value associated with this office space has been recognized in Part VIII Statement of Revenue Line 1g in the amount of \$112,000 the expense is reflected in part ix line 16

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DLN: 93493144005120

OMB No 1545-0047

2008

Open to Public Inspection

### **SCHEDULE 0**

Department of the Treasury
Internal Revenue Service

(Form 990)

## Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization NEW SCHOOLS FOR NEW ORLEANS INC Employer identification number 02-0773717

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		the form 990 is prepared internally by the operations manager and then reviewed by the finance committee An external CPA firm reviews the form for accuracy and completeness a copy of the draft is sent to the members of the board and the finance committee to review when the form is approved by the board, it is filed with the irs

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		the organization annually requires all employees and board members to disclose any potential personal or business associations which could be perceived as a conflict of interest. Throughout the year they are reminded to disclose any new relationships where a conflict of interest may be present.

ldentifier Return Reference		 Explanation
	m 990, Part VI, tion B, line 15	annually the board members review national educational survey infomation and overall market trends in the industry to determine that the organization's salaries are within the appropriate range for the executive responsibilities this information is contemporaneously documented in the written minutes

Identifier Return Reference		Explanation
Form 990, Part VI, Section C, line 19		This organization provides this form to the general public upon request the return is also available to the public on www guidestar org

Identifier	Return Reference	Explanation					
		form 990, part xı, line 2c the process has not changed from the prior year					

Software ID: Software Version:

**EIN:** 02-0773717

Name: NEW SCHOOLS FOR NEW ORLEANS INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

i orini 330,3ciicadic 1, Fe	it II, Grants	and Other Assista	nee to dovernine	nts and Organize	tions in the onite	u States	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SCOTT COWEN INSTITUTE200 BROADWAY SUITE 108 NEW ORLEANS, LA 70118	72-0423889	501(c)(3)	84,105				TRAINING FELLOW
NEW ORLEANS COLLEGE PREPARATORY3127 MARTIN LUTHER KING BLVD NEW ORLEANS, LA 70118	20-5595689	501(c)(3)	50,000				NLNS RESIDENT SUBSIDY
MILLER MCCOY7301 DWYER ROAD NEW ORLEANS, LA 70126	26-0819518	501(c)(3)	23,991				NLNS RESIDENT SUBSIDY
ARISE3819 st claude ave nEWORLEANS,LA 70117	26-3240588	501(c)(3)	134,545				NEW SCHOOL START UP
BENJAMIN E MAYS3059 Higgins Blvd nEW ORLEANS, LA 70122	26-3402539	501(c)(3)	138,022				NEW SCHOOL START UP
SUCCESS PREPARATORY 2011 Bienville Street nEW ORLEANS, LA 70112	26-3202807	501(c)(3)	237,687				NEW SCHOOL START UP
PRIDE COLLEGE PREPARATORY1700 Pratt dr nEW ORLEANS, LA 70122	26-3204366	501(c)(3)	55,895				NEW SCHOOL START UP
FIRSTLINE SCHOOLS3649 LAUREL STREET NEW ORLEANS, LA 70118	72-1409800	501(c)(3)	204,591				SCHOOL CAPACITY/DEVELOPMENT
ALGIERS CHARTER SCHOOLS4480 GENERAL DEGAULLE SUITE 202 NEW ORLEANS, LA 70131	20-3737902	501(c)(3)	67,908				TRANSITION/LEADERSHIP
LAFAYETTE ACADEMY 2727 CARROLLTON AVENUE NEW ORLEANS, LA 70118	20-2024597	501(c)(3)	39,974				NLNS RESIDENT SUBSIDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant		I -	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOLA1803519 TRAFALGAR STREET NEW ORLEANS, LA 70119	20-8131550	501(c)(3)	144,380				SCHOOL CAPACITY/NLNS RESIDENT SUBSIDY
RENEW SCHOOLS FOR CHARTER MANAGEMENT200 BROADWAY SUITE 108 NEW ORLEANS, LA 70118	80-0419622	applied for 501c3	73,749				DEVELOPMENT
SOPHIE B WRIGHT1426 NAPOLEON AVENUE NEW ORLEANS, LA 70115	20-2870669	501(c)(3)	40,000				SCHOOL CAPACITY
MARTIN LUTHER KING CHARTER SCHOOL2503 WILLOW STREET NEW ORLEANS, LA 70113	51-0619611	501(c)(3)	40,000				SCHOOL CAPACITY
BUILDING EXCELLENT SCHOOLS262 WASHINGTON STREET 7TH FLOOR BOSTON, MA 02108	35-2194153	501(c)(3)	101,365				SCHOOL INCUBATION
KIPP BELIEVE COLLEGE PREPARATORY1607 CARROLLTON AVENUE NEW ORLEANS, LA 70118	20-2277213	501(c)(3)	10,991				NLNS RESIDENT SUBSIDY
ADVOCATES FOR SCIENCE & MATHEMATICS1430 tULANE aVE sI 47 nEW ORLEANS, LA 70112	72-1210144	501(c)(3)	3,292				NEW SCHOOL START UPNEW SCHOOL START UP
1							,