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990-EZ

Department of the Treasury Internal Revenue Service

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20							, 20								
В	Chec	k if ap					D Empl	Employer identification number							
	Add	ress cl	100							720822554					
Ļ	₹	ne cha	nge print or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Tele							E Telep	Telephone number				
┝	=	al retur ninated		type See	O. Box 50110			1							
늗	₹			Specific	ity or town, state or country, and	ZIP + 4				E Grou	Crave Evernature				
⊨	=	Instruc- polication pending New Orleans, LA 70150							F Group Exemption Number ►						
=						-4 -6	4		G Associ				ash Accrual		
	•	Seci	1011 301(0)(3)	-	ions and 4947(a)(1) nonexen leted Schedule A (Form 990	•	its must attac	in .		(specify)		<u> </u>	asii 🗀 Accidai		
_										· · · · · · · · · · · · · · · · · · ·	If the organization is not				
	We	hait	a. L								-				
				shook or	000) [[501(0) (2) 4 (noort no)	7(0)(1) or	E07			ttach Schedule B (Form 990,				
_					one) — ✓ 501(c) (3) ◀ (i			527		Z, or 990					
K	Che			_	ion is not a section 509(a)(3) si		_		•	-			n \$25,000 A		
-	Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$														
											\$		20st 1 \		
	Part				ises, and Changes in I	**	-und Balar	ices	(See the	instru		S TOT E	art i.)		
	l l	1			grants, and similar amoun			•	•		1				
		2			enue including governmen	t fees and contra	acts				2				
	- 1	3			nd assessments						3		2100		
		4	Investment		• • • • •						4		720		
		5a			sale of assets other than in	•	. 5	<u> </u>							
,		b			pasis and sales expenses		<u>[5</u> t								
=	a	С			ale of assets other than in					ا : ا	5c				
1	2	6			es (complete applicable parts of s	-	_	ıming,	check here	▶□					
-	Hevenue	а	Gross reve	enue (no	ncluding \$	of contrib	outions								
Č	ב		•		· · · · · · · ·		6	<u> </u>	•	14,134					
		b	Less. direc	t exper	es other than fundraising e	xpenses	6t	<u> </u>		79,717					
		С	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)							6c		34,417			
		7a	Gross sale	s of inv	tory, less returns and allov	vances	78	3							
		b	Less: cost	of good	sold		7t	<u> </u>							
		С	Gross prof	it or (lo	from sales of inventory (S	ubtract line 7b fr	om line 7a)				7c				
		8	Other reve	nue (de	ribe ►)	8				
_		9	Total reve	nue. Ad	lines 1, 2, 3, 4, 5c, 6c, 7c,	and 8	<u>.</u>				9		37237		
	1	0	Grants and	d sımılaı	mounts paid (attach sched	lule) .	 		<u> </u>		10		39325		
	1	1	Benefits paid to or for members								11				
	ន្ង 1	2	Salaries, other compensation, and employee benefits						[12					
1	<u> </u>	3	Professional fees and other payments to independent compactors								13				
	Expenses	4	Professional fees and other payments to independent contractors. Occupancy, rent, utilities, and maintenance								14		853		
Ĺ	⊔ 1	5	Finiting, publications, postage, and snipping								15		3600		
	1	6	Other expe	•			OGDEN		7		16				
_	1	7	Total expe	enses.	d lines 10 through 16	<u></u>	<u> </u>	٥, <u>پ</u>		. ▶	17		43778		
1	ც 1	8			r the year (Subtract line 17]	18		(6541)		
ì	Net Assets	9			balances at beginning of		7, column (/	4)) (m	ust agree	with					
<	₹		end-of-yea	ar figure	eported on prior year's retu	ırn)				ĺ	19		132622		
1	<u>5</u> 2	90	Other char	nges in	es in net assets or fund balances (attach explanation)					20					
	_ 2	1			alances at end of year. Co					. ▶	21		126081		
	Par	t II	Balance	Shee	. If Total assets on line 25,		1,250,000 c	r mor				d of F	orm 990-EZ.		
		(See the instructions for Part II.) (A) Begin				Beginning of ye		(E	3) End of year						
:	22	Ca	sh, savings	, and in	stments					•13	2622	22	126081		
:	23	Land and buildings							23						
:	24								24						
:	25	To	tal assets .							13	2622	25	126081		
:	26		Total liabilities (describe ►)							26					
:	27	Ne	t assets or	fund b	ances (line 27 of column (l	3) must agree wi	th line 21)			13	2622	27	126081		

Par	Part III Statement of Program Service Accomplishments (See the instructions for Part III.)							
What	is the organization's primary exempt purpose?	stry issues		red for section				
Desc	ribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar	nd concise		(3) and 501(c)(4)		
manr	ner, describe the services provided, the number of	of persons benefited, and c	other relevant info	rmation for	, -	izations and section a)(1) trusts, optional		
each	program title.				for oth			
28	Scholarships for college students							
	Zo Gondaranips for Conege students							
	(Grants \$) If this amount	includes foreign grants, che	ook horo		28a	17,000		
29	Support of Greater New Orleans science fair	includes foreign grants, chi			ZUA	17,000		
29	Support of Greater New Orleans Science Ian							
			0500					
	(Grants \$) If this amount	29a	3560					
30	Support of robotics competitions and science mater	ials for area schools			1 1			
					1 [
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 📙	30a	8140		
31								
	(Grants \$) If this amount	includes foreign grants, chi	eck here	. ▶ 🗀	31a	10625		
	Total program service expenses (add lines 28a t				32	39325		
Par	List of Officers, Directors, Trustees, and Key		ven if not compensa			tions for Part IV.)		
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contributi employee benef	ons to	(e) Expense account and		
	ta) Name and address	devoted to position	enter -0)	deferred compe		other allowances		
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New	Orleans, LA 70150	10	0		0	0		
Stev	e Freeman, P.O. Box 50110							
New	Orleans, LA 70150	10	0		o	0		
	y Bourgeois, P.O. Box 50110							
	Orleans, LA 70150	5	0		o	0		
	Fowler, P.O. Box 50110							
	Orleans, LA 70150	5	0		0	0		
	para Edmonds, P.O. Box 50110							
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	0-EZ (2009)		F	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)		1	
00	Delaborary and the second seco		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		ļ
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	-	-/
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	†		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it 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	ŀ		✓
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<u> </u>	ļ
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c	1		
u	reimbursed by the organization	1		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ▶	100	l	. •
42 a	The organization's books are in care of Doublas Tynkin Telephone no. > 574 Located at > 3900 One Shull Square, New Orleans, 1470 ZIP + 4 > 7012			
b	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		Yes	No
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		_	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	<u> </u>	✓_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year	_		
				.
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	NO
- -	Form 990-EZ	44	ł	1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			-
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1

Part VI

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 are	section 4947(a)(1) none 47(a)(1) nonexempt char nd 51.	exempt charitab itable trusts mus	le trusts only. A t answer question	ll sec ons 46	tion 5–49l	——)		
	Did the organization engage in direct or indirect			in opposition to	46	Yes	No		
	candidates for public office? If "Yes," complete Schedule C, Part I								
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II								
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
	Did the organization make any transfers to an exempt non-charitable related organization?								
	If "Yes," was the related organization a section 527 organization?								
	Complete this table for the organization's five h						d key		
	employees) who each received more than \$100,	·			ter "N	one."			
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowand		nd		
None									
]							
]	İ						
		<u> </u>							
]							
]							
	Total number of other employees paid over \$10	<u>L</u>			<u> </u>				
None	Complete this table for the organization's five \$100,000 of compensation from the organization (a) Name and address of each independent contractor	paid more than \$100,000	lone."	pe of service	(c) Cor				
d	Total number of other independent contractors				-				
Sign Here	$\begin{array}{cccccccccccccccccccccccccccccccccccc$								
Paid Prepare	Preparer's signature								
Use Oni	y yours if self-employed),		EIN						
May the	address, and ZIP + 4 EIRS discuss this return with the preparer show.	n above? See instructions	Ph	one no 🕨	1 V				
. ricey till	The above the retain with the preparer show	Trabover occinistractions		For	Yes m 990		10 (2009)		