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Return of Organization Exempt From Income Tax

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

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990. and ending SEP 30 2013 T 7 N T 1 2012

Inspection

	м г	or the	2013 calendar year, or tax year beginning OAN 1, 201	J and	enumy D	EF JU,	2013	
	B c	heck if oplicable	C Name of organization			D Employer	dentificati	on number
	$\overline{}$	Address change	NEW SCHOOLS FOR BATON ROUGE					
	\vdash	Name change	Doing Business As			1	45-384	3085
]initial return	Number and street (or P 0 box if mail is not delivered to street address	ess)	Room/suite	E Telephone	e number	
		Termin- ated	100 LAFAYETTE STREET, SECOND FL				225-38	7_6126
		Amende	City or town, state or province, country, and ZIP or foreign pos	stal code		G Gross receipt	ts \$	4,148,459.
		Applica	BATON ROUGE, BA 70010		· · · · · · · · · · · · · · · · · · ·	H(a) Is this a	group retur	
		pending	F Name and address of principal officer: CHRIS MEYER			for subc	ordinates?	Yes X No
			SAME AS C ABOVE			H(b) Are all sub	ordinates includ	ed? Yes No
			mpt status: X 501(c)(3)	4947(a)(1)	or 527	If "No,"	attach a list.	(see instructions)
			HTTP://NEWSCHOOLSBR.ORG/			H(c) Group e		
				ther 🚩	L Year	of formation	UII M St	ate of legal domicile ${ m LA}$
	1	rt I	Summary irrefly describe the organization's mission or most significant activiti	NEW	SCHOOT	S FOR R	ATON D	OLICE 'S
	ဥ	1 E	GOAL IS TO PROVIDE 12,000 STUDENTS	CURRE	NTT.Y T	TVING T	N THE	OUGE D
	& Governance	_	Check this box If the organization discontinued its operation				_	-
	ver		lumber of voting members of the governing body (Part VI, line 1a)	one or dispo-		, triair 20 /0 Or i	3	14
	ပ္ ပ		lumber of independent voting members of the governing body (Parl	t VI. line 1b)			4	14
3			otal number of individuals employed in calendar year 2013 (Part V,				5	0
2014	/itie		otal number of volunteers (estimate if necessary)	– ,			6	14
(A)	Activities		otal unrelated business revenue from Part VIII, column (C), line 12	-			7a	0.
PSQ.	•		let unrelated business taxable income from Form 990-T, line 34		100		7b	0.
Œ			FREG		700	Prior Year		Current Year
in a	<u>e</u>	8 (Contributions and grants (Part VIII, line 1h)	o 6 2014		1,628,		4,148,431.
/ >	ent	9 F	Program service revenue (Part VIII, line 2g)	№ 6 51114			0.	0.
污有	Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and (4)	المسترج ويساسرون			93.	28.
27	_		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and Tite			1 620	0.	0.
CENTRICO O	_		otal revenue - add lines 8 through 11 (must equal Part VIII, column	(A);-line 12)		1,628, 300,		4,148,459.
			Grants and similar amounts paid (Part IX, column (A), lines 1:3)		-	300,	0.	695,643.
עשיי			Renefits paid to or for members (Part IX, column (A), line 4)	\ linco 5 10\	-	270,		466,898.
	Expenses		alaries, other compensation, employee benefits (Part IX, column (A) Professional fundraising fees (Part IX, column (A), line 11e)), IIIIes 3-10)		2101	0.	0.
	pen		otal fundraising expenses (Part IX, column (D), line 25)	35,8	36.			
	Ex		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			28,	378.	104,999.
	ļ		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line	25)	<u> </u>	598,		1,267,540.
		19 F	Revenue less expenses. Subtract line 18 from line 12			1,030,	569.	2,880,919.
	Assets or Balances				Ве	ginning of Curre	ent Year	End of Year
	sets	20 1	otal assets (Part X, line 16)			1,037,		4,039,777.
	Net As Fund B	21 7	otal liabilities (Part X, line 26)		<u> </u>		172.	128,288.
			let assets or fund balances Subtract line 21 from line 20			1,030,	570.	3,911,489.
		rt II					h 4	
			ies of perjury, I declare that I have examined this return, including accompar and complete Declaration Speciares (other than officer) is based on all inf					owledge and belief, it is
	true,	correct	and continues deciaration superpares (pints) than onicer) is based on an in-	Offication of Wi	ilicii piepaiei	lias ally knowle	uye	
	Sigr	.	Signature of officer			Date	<u> </u>	
	Her		John Spain, Board Treasurer				8-14.	.14
			Type or print name and title				<u>.</u>	· · · · · · · · · · · · · · · · · · ·
			Print/Type preparer's name Preparer's signatory			Date 8-51/4	Check X	PTIN
	Paid	ļ.	JEREMY KLIBERT	<u>~</u>		9017		P00852016
	Prep		Firm's name FAULK & WINKLER, ILC		<u> </u>	Firm's	s EIN ▶ 7	2-0999988
	Use	Only	Firm's address 6811 JEFFERSON HIGHWAY					.007 6011
			BATON ROUGE, LA 70806			Phon	_{e no} (225)927-6811
			S discuss this return with the preparer shown above? (see instruction			 		X Yes No
	33200	10-29	-13 LHA For Paperwork Reduction Act Notice, see the separa	ate instruction	ons.			Form 990 (2013)

	1000 (2010)	45-384	3085	Page 2
Pai	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			X
1	Briefly describe the organization's mission:			
	NEW SCHOOLS FOR BATON ROUGE'S GOAL IS TO PROVIDE 12,000			
	CURRENTLY LIVING IN THE ACHIEVEMENT ZONE WITH ACCESS TO	NEW, E	XCELLI	<u>ENT</u>
	SCHOOLS BY 2017.			
2	Did the organization undertake any significant program services during the year which were not listed on			
	the prior Form 990 or 990-EZ?		L Yes	X No
_	If "Yes," describe these new services on Schedule O.			Г о п
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		L Yes	X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services, as n Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others			
	revenue, if any, for each program service reported.	s, the total e	xpenses, a	iiiu
4a	(Code) (Expenses \$ 724,321 • including grants of \$ 690,532 •) (Revenue	•		
	EXCELLENCE FUND	-		′
	SUPPORT EDUCATIONAL IMPROVEMENTS IN THE BATON ROUGE AREA	THROU	GH THI	Ξ
	FOLLOWING AREAS:			
	1) SCHOOLS: SUPPORT THE LAUNCH OF HIGH-PERFORMING SCHOOLS	IN TH	E	_
	ACHIEVEMENT ZONE.			
	ALWANA CARTEST PUTTE A RODUCE MENCHER AND CONOCI LEADER	D D T D T	T T110	
	2) HUMAN CAPITAL: BUILD A ROBUST TEACHER AND SCHOOL LEADER	K PIPE	LINE.	
	3) REFORM ECOSYSTEM: SEEK SUPPORT ORGANIZATIONS IN RESPON	CE NEE	DC	
	IDENTIFIED BY NSBR-FUNDED SCHOOLS.	SE NEE	סע	
4b	446 475 5 112			· · · · · · · · · · · · · · · · · · ·
40	(Code (Expenses 440, 475 including grants of (Code (Co	•		
	TO CREATE EXCELLENT SCHOOLS FOR 12,000 STUDENTS, NEW SCHO	OOLS F	OR BAT	ON
	ROUGE WILL:			
				_
	1) ATTRACT HIGH-PERFORMING SCHOOLS WITH STRONG TRACK RECO	RDS OF	SUCCI	<u>ess</u>
	TO THE ACHIEVEMENT ZONE.			
	OLDUDANA ODGANIZATIONA MULT DOODNA MULT DUGODATONAL MENA		175	
	2) EXPAND ORGANIZATIONS THAT PRODUCE THE EXCEPTIONAL TEAC	HERS A	<u> </u>	_
	PRINCIPALS REQUIRED TO FUEL TRANSFORMATIONAL CHANGE.			
	3) SUPPORT AN ECOSYSTEM OF REFORM-ORIENTED ORGANIZATIONS	NEEDED	FOR	
4c	(Code) (Expenses \$			1
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			 -	
				
4d	Other program services (Describe in Schedule O.)			
. •	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,170,796.			
			O(0040

Form 990 (2013) NEW SCHOOLS

Part IV Checklist of Required Schedules

Is the organization described in section 501(s)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A schedule B, Schedule of Contributors? Dut 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 II Section 501(a)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f)) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(a)(4), 501(a)(5), or 501(a)(6) organization that receives membership dues, assessments, or asmilar amounts as defined in Revenue Procedure 88-19? If "Yes," complete Schedule C, Part III Dut the organization or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Dut the organization maintain collections of works of art, instorical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Dut the organization instorical maintain collections of works of art, instorical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV Dut the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Dut the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part XI Dut the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part XI Dut the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part XI Dut the organization report an amount for other lashifities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part XI Dut the organization repo				Yes	No
If "yes," complete Schedule A Schedule A Schedule of Contributions	ч	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	$\overline{}$		1
2 Is the organization required to complete Schedule 8, Schedule 6 Contributors? 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 Section 801 (c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501 (h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501 (c)(4), 501 (c)(5), or 501 (c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which denors have the right to provide advised on the distribution or investment of amounts in such funds or accounts if "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including essements to preserve open space. The environment, historic land areas, or historic activitures? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrive 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 Did the organization report an amount for fland, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part X The organization report an amount for fined, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part X Did the organization report an amount for threat sessits in Part X, line 107 If "Yes," complete Schedule D, Part X Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X Did the organization report an amount for other assets in	•		1	Х	
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 II Section 501(p)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(p) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(p)(3) organization engage in lobbying activities, or have a section 501(p) election in effect during the tax year? If "Yes," complete Schedule C, Part III So Did the organization required 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 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 II Did the organization report and 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 imanagement, eredit report, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part IV If the organization service to through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV If the organization report an amount for investments - other accurities in Part X, line 10? If "Yes," complete Schedule D, Part IV If the organization report an amount for investments - other accurities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X Did the organization or laptor an amount for investments - other accurities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16?	2		$\overline{}$		
public office? If "Yes," complete Schedule C, Part I Section 501(in) election in effect during the tax year? If "Yes," complete Schedule C, Part II Libe organization as action 501(in) election in effect during the tax year? If "Yes," complete Schedule C, Part II Libe organization that as adefined in Revenue Proceedure 98-19? If "Yes," complete Schedule C, Part III provide as action 501(in) election or investment and in Revenue Proceedure 98-19? If "Yes," complete Schedule C, Part III provide advised in Revenue Proceedure 98-19? If "Yes," complete Schedule C, Part III libe organization creave or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic articuters? If "Yes," complete Schedule C, Part III and the organization maintain and areas, or historic articuters? If "Yes," complete Schedule D, Part III and the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III and the organization interest in Part X, ine 21, for escrive or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit concelleng, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV III III the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII III the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII III III III III III III III III I					
4 Section 691 (6)(8) organizations. Did the organization engage in lobbying activities, or have a section 501 (h) election in effect during the tax year? If "Yes," complete Schedule C, Part III 5 Is the organization a section 601 (c)(4), 501 (c)(5), or 501 (c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-18? If "Yes," complete Schedule C, Part III 6 Did the organization make any obons of wised 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 C, Part III 7 Did the organization defined in Revenue Procedure 98-18? If "Yes," complete Schedule C, Part III 8 Did the organization defined in Part X, inc. 15 In this concil treasures, or other similar assets? If "Yes," complete Schedule D, Part III 9 Did the organization and in Part X, inc. 21, for serow or custodial account flability; 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 10 Did the organization service of any of the following questions is "Yes," then complete Schedule D, Part VII 11 If the organization's aniswer to any of the following questions is "Yes," then complete Schedule D, Part XII 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part XII 12 Did the organization report an amount for other assets in Part X, line 10? If "Yes," complete Schedule D, Part XII 13 Did the organization report an amount for other assets in Part X, line 10 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII 14 Did the organization shallow an amount for other assets in Part X, line 10 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII 15	•		3		х
dump the tax year? If "Yes," complete Schedule C, Part II Is the organization a section \$50(e)(4), 501(e)(5), or \$51(e)(6), or \$61(e)(6), or	4		<u> </u>		
5 is the organization a section \$01(c)(4), 501(c)(5), or \$01(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III 7 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 for which donors have the right to provide advice on the distribution or investment of amounts in such 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 II 10 bid the organization maintain collections of works of art, historical treasures, or other similar assasts? if "Yes," complete Schedule D, Part III 10 bid 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? 11 If the organization report an amount for 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? 12 If the organization report an amount for liability or provide schedule D, Part V in the organization report an amount for investments or year as a spiceable. 13 Did the organization report an amount for investments - program related in Part X, line 107 if "Yes," complete Schedule D, Part X in the Organization report an amount for investments - program related in Part X, line 110 the organization report an amount for other assests in Part X, line 110 the organization report an amount for other assests in Part X, line 110 the organization report an amount for other assests in Part X, line 110 the organization assested and anount for investments - program related in Pa	•		4		х
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6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I Pide to reprovide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Pide to reprovide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Pide to reprove on both or some of the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Pide to vorke of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III Pide to vorke of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part IV Pide," complete Schedule D, Part IV Pide," complete Schedule D, Part IV Pide, "complete Schedule D, Part V Pide," complete Schedule D, Part V Pide, "complete Schedule D, Part V Pide," complete Schedule D, Part V Pide the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V Pide the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part V Pide the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part V Pide the organization report an amount for other liabilities in Part X, line 15 If the state of the Part X, line 167 If "Yes," complete Schedule D, Part V Pide Part X, line 167 If "Yes," complete Schedule D, Part V Pide Part X, line 167 If "Yes," complete Schedule D, Part V Pide Part X, line 167 If "Yes," complete Schedule D, Part X Pide Part X, line 167 If "Yes," complete Schedule D, Part X Pide Part X, line 167 If "Yes," complete Schedule D, Part X Pide Part X, line 167 If "Yes," complete Schedule D, Part X Pide Part X, line 167 If "Yes," complete Schedule D, Part X Pide Part X, line 167 If Yes, complete Schedule D, Part X Pide Part X, line 167 If Yes, complete Schedule D, Pa			5		X
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 7 No. 1 No. 2 No.	6				
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 V Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V III If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part VIII If the organization report an amount for lind, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 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 VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X III X I	•		7		Х
Schedule D, Part III 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 Did the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V, III, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII b) Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - crops are related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization in amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization is apparate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional b) Was the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the fundred States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, colum	8				
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-indowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V 12 If the organization report an amount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part V 12 In Did the organization report an amount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11 In Did the organization report an amount for investments or program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V 11 In Part X, line 16? If "Yes," complete Schedule D, Part X In Part X, line 16? If "Yes," complete Schedule D, Part X In Part X, line 16? If "Yes," complete Schedule D, Part X In Part X, line 16? If "Yes," complete Schedule D, Part X In Part X, line 16? If "Yes," complete Schedule D, Part X In Part X, line 15? If "Yes," complete Schedule D, Part X In Part X, line 15? If "Yes," complete Schedule D, Part X In Part X, line 15? If "Yes," complete Schedule D, Part X In Part X, line 15? If "Yes," complete Schedule D, Part X In X In Part X, line 15? If "Yes," complete Schedule D, Part X In X In Part X, line 15? If "Yes," complete Schedule D, Part X In X I	•		8		Х
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	00-	·			
			_		Λ_
	0	it is to line Zoa, did the organization attach a copy of its audited financial statements to this return?		agn /	2013

		343085	Р	age
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	25a)	Х
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 I	25b	}	Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer	·,		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	$\sqcup \sqcup$	Х
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 1	1	

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Х Form **990** (2013)

X

X

35b

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Page 5

Form	990 (2013) NEW SCHOOLS FOR BATON ROUGE	<u>45-3843</u>	<u>085</u>	<u> </u>	age
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V				
-,				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	<u>'</u>		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming			
	(gambling) winnings to prize winners?		1c		
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?	2b_	<u> </u>	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions 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 se	rvices provided to the payor?	7a		X
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 w	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		L
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h_		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	id the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8_		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1 1	l		
а	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	1		
11	Section 501(c)(12) organizations. Enter:	1	i		
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	1		
12a	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	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				ĺ
	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O	14b		

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 14 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 14 **1**b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X a The governing body? Х 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? 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 Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? 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 Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply-___ Another's website X Upon request ___ Other (explain in Schedule O) Own website Describe in 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: FAULK & WINKLER, LLC - 225-927-6811 70806 JEFFERSON HIGHWAY, BATON ROUGE, 6811

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

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

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

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated
Mario and Title	hours per	(do	not c	heck ss pe	more	than	one h an	compensation	compensation	amount of
	week	offi	cer an	d a d	recto	or/trus	tee)	from	from related	other
	(list any	ector]		1		the	organizations	compensation
	hours for	or dir	88			afed		organization	(W-2/1099-MISC)	from the
	related	ustre	#Inst		8	lg.		(W-2/1099-MISC)		organization and related
	organizations below	tral t	tona		l g	ag ag	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) JENNIFER EPLETT REILLY	2.00	_	T							
CHAIRMAN		Х		Х						
(2) S. DENNIS BLUNT	2.00									
BOARD MEMBER		X							, , , , , , , , , , , , , , , , , , ,	
(3) PRESTON J CASTILLE, JR	2.00									
BOARD MEMBER		X			<u> </u>	<u> </u>				
(4) LANE GRIGSBY	2.00									
BOARD MEMBER		X								
(5) GWEN HAMILTON	2.00									
BOARD MEMBER		X				<u> </u>	_			
(6) BRIAN HAYMON	2.00	ļ					}			
BOARD MEMBER		X				<u> </u>				
(7) REV. RAYMOND A JETSON	2.00									
BOARD MEMBER		X	L_	<u> </u>	ļ	 	<u> </u>		<u></u>	
(8) ADAM KNAPP	2.00									
BOARD MEMBER		X		L		 				
(9) DONNA M SAURAGE	2.00									
BOARD MEMBER		X				_				
(10) H. NORMAN SAURAGE, III	2.00									
BOARD MEMBER		X				ļ				
(11) STEVEN SCHEURICH	2.00									Ti.
BOARD MEMBER		X						<u> </u>		
(12) JOHN SPAIN	2.00	,,								
BOARD MEMBER	3 00	Х	<u> </u>							
(13) MARY ANN STERNBERG	2.00	,,								u.
BOARD MEMBER	2 00	X			-	-		ļ		
(14) REV. LEE WESLEY	2.00	Ų,								
BOARD MEMBER	10 00	Х		_						
(15) CHRISTOPHER MEYER	40.00			Х						
CEO	40.00			^		 	<u> </u>			
(16) CATHERINE PONZIAK	40.00	}		х	ĺ					
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		1								
	L							<u> </u>		

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	compensated Employee	s (continued)	·		
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	٠			ition			Reportable	Reportable	6	stimate	ed
		hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	a	mount	of
		week	offi	cer ar	nd a d	Irecto	or/trus	tee)	from	from related		other	
		(list any	E G	}		}			the	organizations	II.	npensa	ation
		hours for	or di				gg		organization	(W-2/1099-MISC	·	from th	
		related	Individual trustee or director	Institutional frustæ		۱.,	Highest compensated employee		(W-2/1099-MISC)		- 1	ganızat	
		organizations below	ᆵ	l g		Key employee	5 8				I	nd relat	
		line)	g Ag	景	Officer) eil	P S S	Former			org	ganızatı	ons
			<u> </u>	Ĕ	5	<u>। क</u>	± ₽	15	 	· 			
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									· · · · · · · · · · · · · · · · · · ·		_		
				-									
1 b	Sub-total	<u></u>			L								
	Total from continuation sheets to Part VI	I. Section A						•					
	Total (add lines 1b and 1c)	,,						>					
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	hove	a) wł	no re	eceived more than \$100.	000 of reportable			
_	compensation from the organization	ot minios to th					-,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or of operation			
	Componential from the organization											Yes	No
3	Did the organization list any former officer,	director or tri	iste	e ke	v er	nnlo	vee	ori	highest compensated en	nnlovee on			
	line 1a? If "Yes," complete Schedule J for s		300	o, ice	., .,	np.c	,, 00,	, 0, ,	mgmoot componeated on	inproyec on	3		Х
	For any individual listed on line 1a, is the su					***		4 . 4 1	har aamaanaatian fram t	ho organization	3		- 11
4	and related organizations greater than \$150	' <u>-</u>								ne organization	4		Х
_	-			•						dual fau a amuana	-		
5	Did any person listed on line 1a receive or a							eiai	ed organization or individ	Juai for services		1 1	Х
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scriedui	9 J I	or si	<u>icn</u>	pers	son				5		
			d = == =						hat received more than 6	C100 000 of comp		fra	
1	Complete this table for your five highest co										ensation	trom	
	the organization. Report compensation for	tne calendar y	ear	enai	ng v	vitn	or w	ımır		ear.			
	(A) Name and business	address	NIC	INC	7				(B) Description of se	ervices	Comp	C) ensatio	n
	Traine and Saliness		TA	7141	<u>-</u>			\dashv		7,7,000			
								+					
								- [
								\dashv					
								\dashv					
											· · · · · · · · · · · · · · · · · · ·		
	Total number of independent contractors (i	ncluding but a	ot li	mite	d to	tho	مو اند	.ted	l above) who received m	ore than	<u></u>		······
	\$100,000 of compensation from the organi		J. III		ن ان 			J. GU		J. J. Mail			

		Check if Schedule O cont			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
and Other Similar Amounts	1 a b c d e f	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran	ts, and	390,532. 757,899.				
2 2	g	Similar amounts not included abor Noncash contributions included in lines			4,148,431.			
8	<u>n</u>	Total. Add lines 1a-1f		Business Code	1/110/101			
	2 a							
9	b							
ent	C							
) Se	d						_	
Revenue	е							-
			enue	•				
-		Total. Add lines 2a-2f						
	3	Investment income (including	aividenas, intere	st, and	28.			28.
		other similar amounts) Income from investment of ta	v.ovomat bond a	-		_		
	4		x-exempt bond p	loceeds -			**	
	5	Royalties	(ı) Real	(II) Personal	4-117			
	6 a	Gross rents	(i) Hear	(ii) i cidoriai	:			
ļ	-	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(II) Other				
ļ		assets other than inventory						
- 1	b	Less: cost or other basis						
		and sales expenses						
	С	: Gaın or (loss)						
	d	• • •		<u> </u>				
une	8 a	Gross income from fundraisin including \$	ng events (not of					
Other Revenu		contributions reported on line	1c). See					
ב		Part IV, line 18	а					
Ĕ	b	Less direct expenses	b					
ر		: Net income or (loss) from fun		<u> </u>				
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19	a	-				
		Less: direct expenses	b			}		1
		Net income or (loss) from gar						<u> </u>
	10 a	Gross sales of inventory, less						
		and allowances Less: cost of goods sold	a b					
		Net income or (loss) from sale						
-	<u>c</u>	Miscellaneous Reven		Business Code				
-	11 a						· 	
	u a							
	c							
	d							
	e	Total. Add lines 11a-11d		>				. 28.
				_	4,148,459.	0.	0	. 20

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (D) Fundraising (A) Total expenses (C)
Management and general expenses Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and 1 695,643. 695,643. organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 243,742. 243,742 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 166,263. 129,963. 4,162. 32,138.7 Other salaries and wages Pension plan accruals and contributions (include 4,905 3,293 554. 1,058. section 401(k) and 403(b) employer contributions) 20,740. 3,987. 25,015. 288. Other employee benefits 26,973. 24,432 2,352. 189. 10 Payroll taxes 11 Fees for services (non-employees): Management Legal 10,860. 10,860 Accounting C Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 37,378. 1,840. 35,538. column (A) amount, list line 11g expenses on Sch O) 502. 502. Advertising and promotion 12 3,257. 3,257. 13 Office expenses 162. 162. 14 Information technology 15 Royalties 15,740. 15,740. 16 Occupancy 11,174. 11,174 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 847. 847. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 4,228. 4,228. Depreciation, depletion, and amortization 22 7,135. 7,135. 23 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0) 5,424 MEALS AND ENTERTAINMENT 5,424. MEALS AND ENTERTAINMENT 94. 94 C d 8,198. 8,198. All other expenses 1,267,540. 1,170,796. 60,908. 35,836. Total functional expenses. Add lines 1 through 24e 25 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)

Par	τX	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	-		40,495.	1	1,894,068.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			992,288.	4	1,993,096.
	5	Loans and other receivables from current and fo	ormer o	fficers, directors,			17111
		trustees, key employees, and highest compensations					
	į	Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
	•	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
S		employees' beneficiary organizations (see instr).				6	- <u> </u>
Assets	7	Notes and loans receivable, net		<u>[</u>		7	
¥	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	· · · · · · · · · · · · · · · · · · ·
	10a	Land, buildings, and equipment cost or other					
		basis. Complete Part VI of Schedule D	10a	156,841. 4,228.			
	ь	Less: accumulated depreciation	10b	4,228.	4,959.		152,613.
	11	Investments - publicly traded securities		Ĺ		11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		_		14	
	15	Other assets. See Part IV, line 11		ļ	1 007 740	15	4 0 2 0 7 7 7
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	1,037,742.	16	4,039,777. 128,288.
	17	Accounts payable and accrued expenses		-	7,172.	17	120,200.
	18	Grants payable		<u> </u>		18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			<u></u>	20_	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and forme					
ij		key employees, highest compensated employee	es, and	disqualified persons.		22	1
Liabilities		Complete Part II of Schedule L	_41 41			23	
	23	Secured mortgages and notes payable to unreli		i i		24	
	24	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, pa					
	25	parties, and other liabilities not included on lines					
		Schedule D	3 11-24) Complete Fait X OI		25	
	26	Total liabilities. Add lines 17 through 25		Ţ	7,172.	26	128,288.
		Organizations that follow SFAS 117 (ASC 958	3), ched	k here X and			
s		complete lines 27 through 29, and lines 33 ar					
ည	27	Unrestricted net assets			1,030,570.	27	2,094,662.
alaı	28	Temporarily restricted net assets		Ī		28	1,816,827.
Ø P	29	Permanently restricted net assets				29	
ڃ		Organizations that do not follow SFAS 117 (A	NSC 95	8), check here ▶ 🔲 「			
P		and complete lines 30 through 34.					
ts	30	Capital stock or trust principal, or current funds	3			30	
SSE	31	Paid-in or capital surplus, or land, building, or ed		nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			1,030,570.	33	3,911,489.
	34	Total liabilities and net assets/fund balances			1,037,742.	34_	4,039,777.
							Form 990 (2013)

orm	n 990 (2013) NEW SCHOOLS FOR BATON ROUGE	45-38	43085	Pa	ge 12
Pa	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	4,14	3,4	<u>59.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,26		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,880		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,03	0,5	70.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	Ī			
	column (B))	10	3,91	1,4	89.
Pa	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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			·
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Nan	ne or t	ne organizati				wan					ridentificat		mber
D-	A F	Bassas		HOOLS FOR BAT							5-3843	1085	
	rt E			rity Status (All organiz					tructions.				
	organ			because it is: (For lines	-								
1	片			es, or association of chur			ection 1/U	(b)(1)(A)(i)) .				
2	片			70(b)(1)(A)(ii). (Attach Sc			4700 \((4)	(A) (***)					
3	\vdash		•	ital service organization					(1) (4) (A) (
4			-	operated in conjunction	with a nos	spital desci	ibea in se	ection 170	(D)(T)(A)(I	III). Enter	the nospital	rs nam	e,
-	\Box	city, and stat		hanefit of a college on w			aratad by						
5	ш			benefit of a college or un	niversity o	wued or of	perated by	a governi	nentai un	it describ	oed in		
£			(b)(1)(A)(iv). (Comp	nent or governmental uni	ıt dasarıba	d in co etic	- 170/b\/-	11/41/64					
7	X								r from the	a acacral	aublia dasa	mbod u	_
•	رخف		(b)(1)(A)(vi). (Comple	ceives a substantial part	Or its supp	ont monna	governine	intal unit C	n nom the	e general	public desc	IIDEG II	'
8				section 170(b)(1)(A)(vi).	(Complete	Part II \							
9	\equiv	-		ceives: (1) more than 33	•	-	rom contri	hutions n	nembersb	ın fees a	ind arass re	ceints f	from
·		-	' ,	inctions - subject to certa						•	•	•	
			· · · · · · · · · · · · · · · · · · ·	taxable income (less sec	=						-		
			509(a)(2). (Complet	•		-,			, g.			,	•
10				perated exclusively to te	st for pub	lic safety. S	See sect io	n 509(a)(4	1).				
11		-	•	perated exclusively for the	•	-			•	ry out the	purposes o	of one c	or
		more publicly	supported organiz	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se	ction 509	(a)(3). Ch	eck the box	that	
		describes the	e type of supporting	organization and compl	lete lines 1	1e through	11h.						
		a Type I	। ь 🗔 т	ype II c 🔲 T	ype III - Fu	nctionally i	ntegrated	c	і 🔙 Тур	oe III - No	n-functional	ly integ	ratec
е		By checking	this box, I certify th	at the organization is not	controlled	d directly o	r indirectly	by one o	r more dis	qualified	persons oth	ner thar	n
		foundation m	nanagers and other	than one or more publicly	y supporte	ed organiza	itions des	cribed in s	ection 50	9(a)(1) or	section 509)(a)(2).	
f		If the organiz	ation received a wri	tten determination from t	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting o	rganization, check t	his box									
9				organization accepted ar									
		(i) A perso	n who directly or inc	directly controls, either al	lone or tog	ether with	persons c	lescribed	n (II) and ((III) below	,	Yes	No
		_		supported organization?							11g(i)	-	
		•	-	n described in (i) above?							11g(ii)		
			•	a person described in (i)							11g(iii)	Щ.	
h		Provide the f	ollowing information	about the supported or	ganization	(s).							
					<u> </u>				(m) I				
(i)		of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your	organizat	i notify the	(vi) is organizati	on in col	(vii) Amount		etary
	orga	inization		above or IRC section		document?		support?	(i) organiz U S		sup	port	
				(see instructions))	Yes	No	Yes	No	Yes	No			
				· · · · · · · · · · · · · · · · · · ·		 							
					}				ļ [
					† · · · · ·								
		•					*						
					<u></u>								
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					 			<u> </u>		-			
Γota	ıl												

Schedule A (Form 990 or 990-EZ) 2013 NEW SCHOOLS FOR BATON ROUGE 45-3843085 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checke fails to qualify under the test:				on railed to quality i	under Fart III II the	organization
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and		1				
membership fees received. (Do not						
include any "unusual grants.")				1628857.	4148431.	5777288
2 Tax revenues levied for the organ-						
ization's benefit and either paid to			ì			
or expended on its behalf						
3 The value of services or facilities			1			
furnished by a governmental unit to						
the organization without charge			 	1.600055		
4 Total. Add lines 1 through 3				1628857.	4148431.	5777288
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)	·		111-11	1		1872418
6 Public support. Subtract line 5 from line 4			<u> </u>			3904870
Section B. Total Support	4 1 0000	#1.0010	() 0011	1,0040	410040	
alendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012 1628857.	(e) 2013 4148431.	(f) Total 5777288
7 Amounts from line 4				1020037.	4140431.	3///288
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties				93.	28.	121
and income from similar sources				93.		121
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on Other income. Do not include gain						 _
or loss from the sale of capital						
•						
assets (Explain in Part IV) 11 Total support. Add lines 7 through 10	· · · · · · · · · · · · · · · · · · ·		<u> </u>	 		5777409
12 Gross receipts from related activities,	eto /goo instructi	L	£	.1	12	3111409
13 First five years. If the Form 990 is for	•	•	ed fourth or fifth:	tay yaar aa a aastia		
organization, check this box and stop	•	s inst, second, tim	a, lourth, or man	tax year as a section	1 50 1 (0)(3)	$\triangleright X$
Section C. Computation of Publ		rcentage				
4 Public support percentage for 2013 (column (fl)		14	
15 Public support percentage from 2012			00.011111 (1))	ľ	15	9
6a 33 1/3% support test - 2013. If the c		•	n line 13, and line	ا 14 اھ 33 1/3% or m		
stop here. The organization qualifies				14 13 33 170 70 01 11	iore, check this bo.	∧ allu ▶□
b 33 1/3% support test - 2012. If the c				d line 15 is 33 1/3%	or more, check th	is boy
and stop here. The organization qual				a mie 10 i3 00 1/370	or more, check (II	I3 500∧
7a 10% -facts-and-circumstances tes	•	• • •		ne 13 162 or 16b a	and line 14 in 1094	or more
and if the organization meets the "fac						
meets the "facts-and-circumstances"					civillow the organi	ızatıon ▶
b 10% -facts-and-circumstances tes	-	•		•	7a and line 15 is 1	- L 10% or
more, and if the organization meets the						

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 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						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and		1	ŀ			
	membership fees received. (Do not		1	Ĭ			
	include any "unusual grants.")						
2	Gross receipts from admissions,		' = '				
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-]				
	ization'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 through 5						
7 a	Amounts included on lines 1, 2, and				_		
	3 received from disqualified persons				<u></u>		
ŧ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that		1	}		}	
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support (Subtractline 7c from line 6)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	a Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources			_			
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(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)		1				
	First five years. If the Form 990 is for	r the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here	· ·	· .				▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2013 (ine 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2012					16	%
	ction D. Computation of Inve						
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from	·		.,,		18	%
	33 1/3% support tests - 2013. If the			on line 14, and line	e 15 is more than	33 1/3%, and line 1	
	more than 33 1/3%, check this box a	_					▶ □
Ŀ	33 1/3% support tests - 2012. If the						and
	line 18 is not more than 33 1/3%, che						. —
20	Private foundation. If the organization						▶□

Schedule .																			085	
Part IV	٠.										s required		rt II, lir	ne 10; Pa	art II, lin	e 17a c	or 17b; a	nd Part I	II, line 12	
FORM	990) , _	LIN	E A	·									_						
EXPLA	<u>ran</u>	OI	N:	THE	ORG	SANI	ZAT	ION	HAS	ELI	ECTED	то	СН	ANGE	ITS	FIS	CAL	YEAR	END	
FROM	DEC	EM	BER	31	TO_	SEP	TEM	BER	30.	то	ACCO	MODA	ATE	THIS	S СН	ANGI	E,_TH	IE CU	RREN'	Γ
YEAR	IS	A	SHO	RT	YEAR	R DA'	TED	JAI	NUAR	Y 1,	, 201	3 T) SI	EPTE1	MBER	30,	201	3. T	HE N	EXT
FILIN	G Y	ΈA	R W	ILL	BE	DAT	ED (OCT	OBER	1,	2013	то	SEI	PTEMI	3ER	30,	2014			
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SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 45-3843085

Par	rt I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 advisors in w	writing that the assets held in donor advised	I funde
3			Yes No
6	are the organization's property, subject to the organization's education of the organization inform all grantees, donors, and donor ad		
U	for charitable purposes and not for the benefit of the donor or	-	•
	impermissible private benefit?	donor advisor, or for any other purpose co	Yes No
Par		anization answered "Yes" to Form 990 Par	· - · · ·
			t iv, mie 7.
1	Purpose(s) of conservation easements held by the organization		rically important land area
	Preservation of land for public use (e.g., recreation or ed	Preservation of a certifie	
	Protection of natural habitat	Freservation of a certifie	ed historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification of the Assurance	led conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Hold at the End of the Tax Year
_	Total number of concentation accoments		Held at the End of the Tax Year
a	Total number of conservation easements		2b
b	Total acreage restricted by conservation easements	intime included in (a)	2c
C	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	inter 6/17/06, and not on a historic structure	?
_	listed in the National Register	and automorphism of arrangement by the	<u> </u>
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization during the tax
	year -	annuat in Innated	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		Yes No
^	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(n)	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes the	e organization's accounting for
Dar	conservation easements. rt III Organizations Maintaining Collections of	Art Historical Treasures or Oth	or Similar Assots
FOI	Complete if the organization answered "Yes" to Form 9		er Oliffilai Assets.
10	If the organization elected, as permitted under SFAS 116 (AS		nt and halance sheet works of art
ıa	historical treasures, or other similar assets held for public exh	•	
	the text of the footnote to its financial statements that describ	· · · · · · · · · · · · · · · · · · ·	e of public service, provide, in Fart XIII,
.	If the organization elected, as permitted under SFAS 116 (AS		nd halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	•	
		dealion, or research in furtherance of public	o service, provide the following amounts
	relating to these items:		▶ ¢
	(i) Revenues included in Form 990, Part VIII, line 1		*
•	(ii) Assets included in Form 990, Part X	source or other similar assets for fire and a	\$
2	If the organization received or held works of art, historical trea		airi, provide
	the following amounts required to be reported under SFAS 11	TO (ASC 958) relating to these Items	> *
	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		► \$

Sche	dule D (Form 990) 2013 NEW SCH	OOLS FOR B	ATON	ROUGE	<u></u>			<u> 15–38</u>	43085	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Other	Simila	ar Asse	ts (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	at are a sig	nificant u	use of its	collection	tems
•	(check all that apply):									
а	Public exhibition	d	· 🖳	Loan or exc	hange progr	ams				
b	Scholarly research	e		Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how tl	hey further t	he organizati	ion's exem	pt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, h	istorical trea	sures, or oth	er sımılar a	assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	inization's co	ollection?				Yes	No
Par	Escrow and Custodial Arran reported an amount on Form 990, Par	-	ete if the	e organizatio	n answered	"Yes" to F	orm 990,	Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	ssets not in	ncluded	· 		
	on Form 990, Part X?								Yes	No No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
		·							Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	212						Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanation	on has been	provided in	Part XIII				
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 10				
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (c	i) Three ye	ears back	(e) Four y	ears back_
1a	Beginning of year balance	- <u>-</u> -								
b	Contributions									
С	Net investment earnings, gains, and losses						···			
d	Grants or scholarships								_	
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses				_					
9	End of year balance				L					
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1	g, column (a	a)) held as.					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
c	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	ind administe	ered for the	organiz	ation		
	by:									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
þ	If "Yes" to 3a(II), are the related organizations	· ·							3b	
4	Describe in Part XIII the intended uses of the		owment	funds.	· <u>-</u> -					
Par	t VI Land, Buildings, and Equipm				, pa .					
	Complete if the organization answere							 -1	_	
	Description of property	(a) Cost or o			or other		umulate	d	(d) Book	/alue
		basis (investr	nent)	Dasis	(other)	depr	eciation			
	Land									
	Buildings	-	-	-	5 061				O.F.	061
	Leasehold improvements				5,061. 1,780.	 -	4 22	0		,061.
	Equipment			 	1,/00.	<u> </u>	4,22	20.	6/	,552.
	Other			(C)	10(-)	<u> </u>		_ -	150	612
Total	l. Add lines 1a through 1e. (Column (d) must e	iqual F <u>orm 990, Part</u>	X, colui	<u>ฑก (B), line 1</u>	IU(C).)				102	,613.

(a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value					
(1) Financial derivatives				-			
2) Closely-held equity interests							
3) Other							
(A)							
(B)							
(C)			<u>.</u>				
(D)							
(E)							
(F)							
(G)							
(H)			-n				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				·			
Part VIII Investments - Program Related.							
Complete if the organization answered "Yes"		ne 11c. See Form 990,	Part X, line 13.				
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or er	nd-of-year market value			
(1)							
(2)							
(3)							
(4)			 -				
(5)							
(6)		-					
(7)	·						
(8)							
(9)							
			······································				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13) ► Part IX Other Assets.							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes"		ne 11d. See Form 990,	Part X, line 15.	(h) Pook value			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes"	to Form 990, Part IV, I Description	ne 11d. See Form 990,	Part X, line 15.	(b) Book value			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) I		ne 11d. See Form 990,	Part X, line 15.	(b) Book value			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2)		ne 11d. See Form 990,	, Part X, line 15.	(b) Book value			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3)		ne 11d. See Form 990,	Part X, line 15.	(b) Book value			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4)		ne 11d. See Form 990,	Part X, line 15.	(b) Book value			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5)		ne 11d. See Form 990,	Part X, line 15.	(b) Book value			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6)		ne 11d. See Form 990,	Part X, line 15.	(b) Book value			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7)		ne 11d. See Form 990,	Part X, line 15.	(b) Book value			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8)		ne 11d. See Form 990,	Part X, line 15.	(b) Book value			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part iX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	ne 11d. See Form 990,					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	ne 11d. See Form 990,	Part X, line 15.				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ► Part iX Other Assets. Complete if the organization answered "Yes" (a) ! (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description e 15)						
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description e 15)	ne 11e or 11f See For					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	Description e 15)						
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶ Part iX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description e 15)	ne 11e or 11f See For					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	Description e 15)	ne 11e or 11f See For					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	Description e 15)	ne 11e or 11f See For					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description e 15)	ne 11e or 11f See For					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description e 15)	ne 11e or 11f See For					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶ Part iX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description e 15)	ne 11e or 11f See For					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶ Part iX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description e 15)	ne 11e or 11f See For					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description e 15)	ne 11e or 11f See For					

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

ocn	edule D (Form 990) 2013 NEW SCHOOLS FOR BATON	ROUGE	45-3	843085 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial St	atements With Reven	ue per Return	
	Complete if the organization answered "Yes" to Form 990, Part IV, II		-	
1	Total revenue, gains, and other support per audited financial statements		1	4,148,459.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d		2d		
e			2e	0.
3	Subtract line 2e from line 1		3	4,148,459.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b		4b		
c		<u> </u>	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2.)	5	4,148,459.
-	rt XII Reconciliation of Expenses per Audited Financial S			
تــت	Complete if the organization answered "Yes" to Form 990, Part IV, ii			
1	Total expenses and losses per audited financial statements	······································	1	1,267,540.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d		2d		
		20	2e	0.
е 3	Subtract line 2e from line 1		3	1,267,540.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		-	1/20//3101
		4a		
a		4b		
b	Other (Describe in Part XIII.)	40		
_	Add been de and de	' 		0.
_	Add lines 4a and 4b Total expenses, Add lines 3 and 4a. (This must equal Form 990, Part I. lines	18)	4c	0. 1.267.540.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.		5	0. 1,267,540.
Provinces Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT X, LINE 2:	4; Part IV, lines 1b and 2b, F any additional information.	Part V, line 4; Part)	K, line 2, Part XI,
Provinces PA EX	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT X, LINE 2: PLANATION: MANAGEMENT BELIEVES IT HAS	4; Part IV, lines 1b and 2b, fany additional information.	5 Part V, line 4; Part) CERTAIN TA	X, line 2, Part XI,
Provinces PA EX	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT X, LINE 2: PLANATION: MANAGEMENT BELIEVES IT HAS ISSITIONS AND ACCORDINGLY HAS NOT RECOGN	4; Part IV, lines 1b and 2b, fany additional information.	5 Part V, line 4; Part) CERTAIN TA	X, line 2, Part XI,
Provinces Provinces PA EX	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide RT X, LINE 2: PLANATION: MANAGEMENT BELIEVES IT HAS	4; Part IV, lines 1b and 2b, fany additional information.	5 Part V, line 4; Part) CERTAIN TA	X, line 2, Part XI,
Provinces Provinces PA EX	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT X, LINE 2: PLANATION: MANAGEMENT BELIEVES IT HAS ISSITIONS AND ACCORDINGLY HAS NOT RECOGN	4; Part IV, lines 1b and 2b, fany additional information.	5 Part V, line 4; Part) CERTAIN TA	X, line 2, Part XI,
Provinces Provinces PA EX	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT X, LINE 2: PLANATION: MANAGEMENT BELIEVES IT HAS ISSITIONS AND ACCORDINGLY HAS NOT RECOGN	4; Part IV, lines 1b and 2b, fany additional information.	5 Part V, line 4; Part) CERTAIN TA	X, line 2, Part XI,
Provinces Provinces PA EX	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT X, LINE 2: PLANATION: MANAGEMENT BELIEVES IT HAS ISSITIONS AND ACCORDINGLY HAS NOT RECOGN	4; Part IV, lines 1b and 2b, fany additional information.	5 Part V, line 4; Part) CERTAIN TA	X, line 2, Part XI,
Provinces Provinces PA EX	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT X, LINE 2: PLANATION: MANAGEMENT BELIEVES IT HAS ISSITIONS AND ACCORDINGLY HAS NOT RECOGN	4; Part IV, lines 1b and 2b, fany additional information.	5 Part V, line 4; Part) CERTAIN TA	X, line 2, Part XI,
Provinces Provinces PA EX	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT X, LINE 2: PLANATION: MANAGEMENT BELIEVES IT HAS ISSITIONS AND ACCORDINGLY HAS NOT RECOGN	4; Part IV, lines 1b and 2b, fany additional information.	5 Part V, line 4; Part) CERTAIN TA	X, line 2, Part XI,
Provinces Provinces PA EX	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT X, LINE 2: PLANATION: MANAGEMENT BELIEVES IT HAS ISSITIONS AND ACCORDINGLY HAS NOT RECOGN	4; Part IV, lines 1b and 2b, fany additional information.	5 Part V, line 4; Part) CERTAIN TA	X, line 2, Part XI,
Provinces Provinces PA EX	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT X, LINE 2: PLANATION: MANAGEMENT BELIEVES IT HAS ISSITIONS AND ACCORDINGLY HAS NOT RECOGN	4; Part IV, lines 1b and 2b, fany additional information.	5 Part V, line 4; Part) CERTAIN TA	X, line 2, Part XI,

Schedule D (Form 990) 2013

332054 09-25-13

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

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

► Attach to Form 990.

Open to Public OMB No 1,545-0047 2013 Inspection

ž **Employer identification number** 45-3843085 X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Information about Schedule | (Form 990) and its instructions is at www.irs.gov/form990. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. NEW SCHOOLS FOR BATON ROUGE General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization ₽arti Part

SUPPORT OF THE INITIAL SUPPORT OF THE INITIAL SUPPORT CHARTER SCHOOL SUPPORT OF THE INITIAL FLOW-THROUGH GRANT TO (h) Purpose of grant DEVELOPMENT INITIATE, LAUNCH PHASE OF THE CAUNCH PHASE OF THE LAUNCH PHASE OF THE or assistance ACHIEVEMENT ZONE ACHIEVEMENT ZONE CHIEVEMENT ZONE (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 。 ö ö Ö (e) Amount of non-cash assistance recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 370,000 (d) Amount of 100,000 200,000 20,531 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 501(C)(3) 35-2194153 22-2882549 13-3541913 (p) EIN 1 (a) Name and address of organization TEACH FOR AMERICA SOUTH LOUISIANA BUILDING EXCELLENT SCHOOLS, INC. 501 GOVERNMENT STREET SUITE 100 1515 POYDRAS ST., STE. 1880 or government LIFE PREPATORY ACADEMY 111 NORTH THIRD STREET BATON ROUGE, LA 70806 NEW ORLEANS, LA 70112 CITY YEAR BATON ROUGE BATON ROUGE, LA 70801 BOSTON, MA 02109 31 MILK STREET

Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

332102 10-29-13

Page 2

45-3843085

NEW SCHOOLS FOR BATON ROUGE

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury

Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Intèrnal Revenue Service **Employer identification number** Name of the organization NEW SCHOOLS FOR BATON ROUGE 45-3843085 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ACHIEVEMENT ZONE WITH ACCESS TO NEW, EXCELLENT SCHOOLS BY 2017. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: SCHOOLS TO SUCCEED. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: FORM 990 IS PROVIDED TO THE BOARD FOR REVIEW PRIOR TO SUBMISSION TO THE INTERAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: EXPLANATION: EACH TRANSACTION IS EVALUATED TO ENSURE THAT THERE IS NO CONFLICT OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15: EXPLANATION: THE BOARD REVIEWS AND ADJUSTS SALARIES ANNUALLY. THE BOARD USES SALARY COMPENSATION STUDIES, BENCHMARKING, AND OTHER FACTORS IN SETTING ANNUAL COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: THE ORGANIZATION MAKES GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AN FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Depreciation and Amortization (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

Business or activity to which this form relates

990

OMB No 1545-0172

Attachment Sequence No 179 Identifying number

	SCHOOLS FOR BATON			FORM 9				45-3843085
Pai	Election To Expense Certain Propert	y Under Section 17	9 Note: If you have	any listed pr	operty, c	complete Part	V before yo	ou complete Part I.
	faximum amount (see instructions)		<u>-</u>				1	500,000.
	otal cost of section 179 property place	d in service (see	instructions)				2	
	hreshold cost of section 179 property						3	2,000,000.
	Reduction in limitation. Subtract line 3 fi						4	
	ollar limitation for tax year Subtract line 4 from line			ately see instruc	tions		5	· · · · · · · · · · · · · · · · · · ·
6	(a) Description of pro			st (business use	1	(c) Elected	d cost	, , , , , , , , , , , , , , , , , , ,
			1			 -		
								
		h			7			
	isted property. Enter the amount from			01 7			8	
	otal elected cost of section 179 proper		in column (c), lines	s 6 and 7				
	entative deduction. Enter the smaller						9	
	Carryover of disallowed deduction from				_		10	
	Business income limitation. Enter the sr				ine 5		11	
	Section 179 expense deduction. Add lin			than line 11	C I		12	
<u>13 (</u>	Carryover of disallowed deduction to 20	14. Add lines 9 a	nd 10, less line 12		13			
Note	: Do not use Part II or Part III below for							
	t II Special Depreciation Allowar						1	
14 5	Special depreciation allowance for quali	fied property (oth	er than listed prop	erty) placed i	n service	e during		
t	he tax year						14	
15 F	Property subject to section 168(f)(1) ele	ction					15	
16 (Other depreciation (including ACRS)						16	4,228.
Pa	rt III MACRS Depreciation (Do no	t include listed pr	operty.) (See instru	ctions.)				
			Section	A				
17	MACRS deductions for assets placed in	service in tax ye	ars beginning befo	re 2013			17	
	you are electing to group any assets placed in serv				heck here			
	Section B - Assets	Placed in Servic	e During 2013 Tax	Year Using	the Ger	neral Depreci	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreci (business/investmer only - see instructi	ntuse (^(a)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
<u>.ос</u>	5-year property	1						
_ <u>c</u>	7-year property	1	. ,					-,-,-
d	10-year property	1		-				
	15-year property	1 1						
-e f	20-year property	1						
	25-year property	†			25 yrs.		S/L	
g_	20 year property	/			7.5 yrs.	ММ	S/L	
h	Residential rental property	/			7 5 yrs.	MM	S/L	
					7 3 yrs. 39 yrs.	MM	S/L	
i	Nonresidential real property	/			os yrs.	MM	S/L	
	Section C - Assets P	least in Service	During 2012 Tax 1	Voor Using t	ha Altar			tem.
		laced in Service	During 2013 Tax	Teal Using t	ile Aitei	Tative Depre		
<u>20a</u>	Class life	-					S/L	
b	12-year	ļ			12 yrs.	+	S/L	
c	40-year	/		1	10 yrs.	MM	S/L	<u> </u>
	rt IV Summary (See instructions.)						 1	
	Listed property. Enter amount from line						21	
	Fotal. Add amounts from line 12, lines Enter here and on the appropriate lines						22	4,228.
23	For assets shown above and placed in	service during the			23			

NEW SCHOOLS FOR BATON ROUGE

For	m 4562 (2013)	NEW	<u>SCHOOI</u>	S FO	R BA	TON	ROUG	E					3843		Page 2
P	Listed Propert amusement.)	ty (Include at	itomobiles, c	ertaın oth	er vehic	iles, cert	taın com	puters	s, and prop	perty use	ed for er	ntertainn	nent, rec	reation,	or
	Note: For any	vehicle for wi	hich you are u	sing the	standard	d mileag	e rate o	r dedu	cting lease	expens	e, comp	lete oni	ly24a, 24	1b, colun	nns (a)
	through (c) of S	Section A, all	of Sectio <u>n B</u> ,	and Sec	tion C if	applica	ble.								
			on and Other			$\overline{}$			_					7	7
<u>248</u>	Do you have evidence to s			ent use cla	aimed?	<u> </u>	es L	_ No	24b lf "Y	<u> </u>				」Yes	No_
	(a)	(b) Date	(c) Business/	,	(d)	Base	(e) sis for depr	eciation	(f)		g)	1	(h)		(i) cted
	Type of property (list vehicles first)	placed in	investmen	h i	Cost or her basis	l /bu	siness/inve	estment	Recovery		thod/ ention		eciation uction		n 179
		service	use percenta	ye			use only		<u> </u>		1	-		, co	st
25	Special depreciation alle	owance for q	ualified listed	property	placed	ın servi	ce durin	g the t	ax year an	d		Ì			
	used more than 50% in										25			<u>,, </u>	
<u>26</u>	Property used more that	in 50% in a c	ualified busin	ess use:											
		<u> </u>	<u> </u>	%								 			
		<u> </u>		%											
		L		%						_		<u> </u>		_	
<u>27</u>	Property used 50% or l	ess in a qual	fied business	use:											
_	<u> </u>		.,	%						S/L·		<u> </u>			
				%		_				S/L·					
_		<u> </u>		%		l				S/L·		ļ			
28	Add amounts in column	(h), lines 25	through 27.	Enter here	e and on	line 21,	, page 1				28		·		
<u>29</u>	Add amounts in column	(i), line 26. E	nter here and	on line	7, page ⁻	1							29		
			:	Section E	3 - Infor	mation	on Use	of Vet	nicles						
Co	mplete this section for ve	hicles used	by a sole prop	orietor, p	artner, o	r other '	more th	an 5%	owner," o	or related	d person	ı. If you _l	provided	l vehicles	3
to y	our employees, first ans	wer the ques	stions in Sect	on C to s	see if yo	u meet a	an excep	otion to	o completi	ng this s	ection f	or those	vehicles	3	
				(4	a)	(b)		(c)	(4	d)	(e)	(f)
30	Total business/investment	miles driven d	uring the	Vet	nicle	Vet	hicle	<u> </u>	ehicle	Veh	ıı <u>cle</u>	Vet	nicle	Veh	ıcle
	year (do not include comi	muting miles)						<u> </u>				<u> </u>			
31	Total commuting miles	driven during	the year												
32	Total other personal (no	ncommuting	ı) mıles												
	driven			<u> </u>											
33	Total miles driven during	g the year.													
	Add lines 30 through 32	2						<u> </u>							
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?											<u> </u>		<u></u> '	
35	Was the vehicle used p	rimarily by a	more												
	than 5% owner or relate	ed person?										<u> </u>			
36	Is another vehicle availa	able for perso	onal						ļ	1			ł		
	use?				<u> </u>			<u> </u>			L				
	·	Section C	- Questions	for Emp	loyers V	Vho Pro	vide Ve	hicles	for Use b	y Their E	Employe	ees			
Ans	swer these questions to	determine if	you meet an o	exception	n to com	pleting	Section	B for v	ehicles us	ed by er	nployee	s who a	re not m	ore than	5%
ow	ners or related persons.													_	
37	Do you maintain a writte	en policy sta	tement that p	rohibits a	all persoi	nal use d	of vehicl	es, ınc	luding cor	nmuting	, by you	r		Yes	No
	employees?														ļ
38	Do you maintain a writte	en policy sta	tement that p	rohibits p	personal	use of v	vehicles,	, excep	ot commut	ıng, by y	our				
	employees? See the ins	structions for	vehicles use	d by corp	orate of	fficers, c	directors	, or 1%	6 or more	owners					
39	Do you treat all use of v	ehicles by ei	mployees as _l	oersonal	use?										
40	Do you provide more th	an five vehic	les to your er	nployees	, obtain	ınformat	tion fron	n your	employee	s about					
	the use of the vehicles,	and retain th	ne information	received	1?										<u> </u>
41	Do you meet the require	ements conc	erning qualific	ed autom	obile de	monstra	ation use	37							<u> </u>
	Note: If your answer to	37, 38, 39 <u>, 4</u>	0, or 41 is "Ye	es," do ne	ot comp	<u>lete Sec</u>	tion B fo	or the o	covered ve	hicles.					
P	art VI Amortization														
	(a)	of coate) ₀₂ ,	(b)		(c) Amortizal	ble		(d) Code	1	(e)	nton	Δ.	(f)	
	Description o			e amortization begins	<u> </u>	amoun	t		section		Amortiza penod or pe		fo	nortization or this year	
<u>42</u>	Amortization of costs th	nat begins du	iring your 201	3 tax yea	ar:										
	:														
					<u> </u>										
43	Amortization of costs th	nat began be	fore your 201	3 tax yea	ar							43			
44	Total. Add amounts in	column (f). S	ee the instruc	tions for	where to	o report						44			