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Department of the Treasury

A For the 2013 calendar year, or tax year beginning

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

and ending

► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

В	Check If applicable	C Name of organization			D Employer identification number										
~	Addre		TATO												
K	Chang		ELTER, INC.		-		0064								
<u>}</u> =	lchang lnitial						9964								
⊱	initial retum	Number and street (or P.O. box if mail is not del	•	Room/suite	E Telephone nu										
⊨	Terminated Amen	1				4-96	2-6697								
누	freturn	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$			058.							
L	Application pendi				H(a) Is this a gro										
		F Name and address of principal officer:DAN	for subordir		··· 	X No									
		same as C above			H(b) Are all subordin			Ll No							
				or 527	-, ·		(see instruct	ions)							
		e: NWW. NOLAWOMENSHELTER.O			H(c) Group exen										
			sociation Other	L Year	of formation: 200	7 M St	ate of legal don	nicile: LA							
Р	art I	Summary													
ě	1	Bnefly describe the organization's mission or most	significant activities: HOME.	LESS S	HELTER FO	R WO	MEN ANI)							
Governance	1	CHILDREN Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets.													
듄	2	· · · · · · · · · · · · · · · · · · ·													
Š	3	Number of voting members of the governing body				3		<u>13</u>							
ಶ	14	Number of independent voting members of the gov				4		13							
Activities &	5	Total number of individuals employed in calendar y				5		8							
Ĭ	6	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, co			, وناهسسسرسی	6		14							
Act	7 a	Total unrelated business revenue from Part VIII, со	lumn (C), line 12	ئۆ!!!!!		7a		93.							
	b	Net unrelated business taxable income from Form	990-T, line 34	····		7b		0.							
	1				Prior Year	· <u> </u>	Current Ye								
학	8	Contributions and grants (Part VIII, line 1h)			317,17		<u>595</u> ,	965.							
Revenue	9	Program service revenue (Part VIII, line 2g)			· ·····	0.		0.							
ev.	10	Investment income (Part VIII, column (A), lines 3, 4,				0.		<u>93.</u>							
щ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c				2.		<u> </u>							
	_	Total revenue - add lines 8 through 11 (must equal			317,74		596	058.							
	13	Grants and similar amounts paid (Part IX, column (,			0.		0.								
		Benefits paid to or for members (Part IX, column (A	0.												
es	15	Salaries, other compensation, employee benefits (F	<u> 152,84</u>		188	<u>,622.</u>									
Expenses	16a	Professional fundraising fees (Part IX, column (A), I		0.	0.										
ğ	b	Total fundraising expenses (Part IX, column (D), line	≥ 25) ► <u>16,8</u>	<u>33. </u>	tes to the s		Sel ,	<u> </u>							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		110,88			<u>,930.</u>							
	18	Total expenses. Add lines 13-17 (must equal Part 🛭	X, column (A), line 25)		263,72			<u>552.</u>							
	19	Revenue less expenses. Subtract line 18 from line	<u> 12 </u>		54,02	5.	<u>263</u> ,	<u>.506.</u>							
Sor	3			Be	ginning of Current Y		End of Ye								
356	20	Total assets (Part X, line 16)			104,03			333.							
Net Assets	21	Total liabilities (Part X, line 26)			82,44			827.							
칉	22	Net assets or fund balances Subtract line 21 from	line 20	<u></u>	21,59	4.	<u> </u>	<u>506.</u>							
	art II	Signature Block	·												
		Ities of perjury, I declare that I have examined this return,				of my kn	owledge and be	elief, it is							
true	e, correc	t, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nch preparer	has any knowledge.										
		The said of the sa													
Sig	jn	Signature of officer			Date	5/15	114								
He	re		IDENT				<u>'' / </u>								
		Type or print name and title			5-2		DTIN								
		Print/Type preparer's name	Preparer's signature	1	Date Cned	*	PTIN								
Pai						employed									
	рагег	Firm's name	Firm's EIN	_											
Use	Only	Firm's address	1_												
			Phone no.			_ -									
_		RS discuss this return with the preparer shown abo					Yes	No_							
332	001 10-2	2-13 LHA For Paperwork Reduction Act Notice	e, see the separate instruction	ons.			Form 99	0 (2013)							

	1990 (2013) NEW ORLEANS WOMEN'S SHELTER, INC. 26-0859964 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission.
	HOMELESS SHELTER FOR WOMEN AND CHILDREN
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	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 measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	· · · · · · · · · · · · · · · · · · ·
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$) (Revenue \$)
	OPERATION OF HOMELESS SHELTER WITH CAPACITY OF 20 WOMEN AND CHILDREN;
	SERVED 53 WOMEN AND CHILDREN IN 2013
4b	(Code) (Expenses \$ 64,921. including grants of \$) (Revenue \$)
	PROVIDED CASE MANAGEMENT AND TRANSITIONAL AID SERVICES TO ENABLE WOMEN
	AT ATTAIN INDEPENDENT LIVING; 92% SUCCESS RATE IN 2013
	AT ATTAIN INDEPENDENT DIVING, 720 DOCCEDO INTE IN 2013
4c	(Code) (Expenses \$
	PROVIDED PROGRAMMING, INCLUDING PARENTING CLASSES, ASSISTANCE IN
	FINDING AND SECURING EMPLOYMENT, CULTURAL ENRICHMENT, AND EDUCATIONAL
	ASSISTANCE
	120000
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 277, 294.
	Form 990 (2013)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	if "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_	Ĺ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	1	х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	,,,		, - 1
٠,	as applicable.	` ' :	. ", , '	1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	, ,	', , ,	<i>'</i>
a	Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1.0		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	'	x
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
لم ما	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			
u		11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
f	the organization's separate of consolidated limitation stationers for the tax year model a footness that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		-21
12a		40-		x
	Schedule D, Parts XI and XII	12a		
D	·	40h		х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	- 	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41-		v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
	or for foreign Individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X
19	Did the organization report more, than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	' <u>. </u>		4
	complete Schedule G, Part III	19		<u>X</u>
20a		20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

			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	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease]		ļ
	any tax-exempt bonds?	24c		-
d	Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	l	1	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X.
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	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	, ,	, ,	1,31,
	instructions for applicable filing thresholds, conditions, and exceptions):		7 . 7	1 - 17 1 s
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
С	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	ļ
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		İ '	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			}
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	L

Part V	Statements F	Regarding Oth	er 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	4 ·		, ,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	od .	[]	1 ,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	۳ ا	1	;
	(gambling) winnings to prize winners?	10	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	,	,	- 17
	filed for the calendar year ending with or within the year covered by this return	8 .	. '	١
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1 1	
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 O	3b		
4a	At any time during the calendar year, did the organization have an Interest in, or a signature or other authority over, a		!	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►	r '		, ,
	See instructions for filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	1',	- 31-1	
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	L	_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1		'
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1. '.		*
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? <u>7a</u>		<u> </u>
þ		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	}		
	to file Form 8282?	7c		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year	16.6	'	" <u>"</u> " "
е		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
h		7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did 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.	' . '	115	
a	Did the organization make any taxable distributions under section 4966?	9a_		
. b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		7
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		de
	,	1′, ;		' '
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	7		
	and the life of the second of	3 ,	, -[ν, , , , , , , , , , , , , , , , , , ,
	Gross income from members or snareholders	┪.	- '.' ,	, N -
D	amounts due or received from them.)	1, .	1,	i Kiri
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	, ,	**
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12.0		1 30
13	Section 501(c)(29) qualified nonprofit health insurance Issuers.	-, · · ·		الميارات المارات
	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.	1 -1	١, ١	- 1'
b	<u>-</u>		٠, ١	, ` .
_	organization is licensed to issue qualified health plans	\.\`.\	31	117
С	Enter the amount of reserves on hand		ا , ر	, II
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990 (2013)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. 177

	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	 	<u> </u>		لكيا				
Sec	tion A. Governing Body and Management	_								
		ı	1	r	Yes	No				
٦a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	13							
	If there are material differences in voting rights among members of the governing body, or if the governing		1	 '						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		}	٠٠,		1.5				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13			ľ ·				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other	-	:	١				
	officer, director, trustee, or key employee?			2	X					
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	as filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X				
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap									
• -	more members of the governing body?			7a		x				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s									
-	persons other than the governing body?			7b		x				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			,	' ';	5.7				
а	The governing body?			8a	X	ĺ ,				
h	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea									
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re									
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
~	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	X					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	•		1,	,	, ",				
				12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually Interests that could give rise			12b	X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y									
•	in Schedule O how this was done			12c	X	ļ				
13	Did the organization have a written whistleblower policy?			13	X					
14	Did the organization have a written document retention and destruction policy?			14		X				
15	Did the process for determining compensation of the following persons include a review and approve			1 1	14 T	1				
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		•		;	[,목님,				
а	The organization's CEO, Executive Director, or top management official			15a	X	,				
ь	Other officers or key employees of the organization			15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	••		"	,	, 7.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	vith a	` `		1 2.7				
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			7	٠, ١					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				, , , i					
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶LA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	ion 501(c)(3)s only) :	availab	le					
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain	ın Sci	hedule O)							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, co	nflict	of interest policy, an	d finar	cial					
	statements available to the public during the tax year.									
20	State the name, physical address, and telephone number of the person who possesses the books ar	nd rec	ords of the organiza	tion: 🕨						
	DAWN FLETCHER - 504-962-6697									
	2020 SOUTH LIBERTY STREET, NEW ORLEANS, LA 70113									
						-				

332006 10-29-13

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) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below Inne)	ledividual trustee or director	Insbitutional trustee	Officer	Key employes	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) DAN SILVERMAN	2.00							0	0	0	
PRESIDENT & CHAIR	2 00	X	_	X	├		├-	0.	0.	0.	
(2) CINDY LANDRY	2.00	X		x				0.	0.	0	
TREASURER	2.00	Δ		Δ		H	-	<u></u>		0.	
(3) JONIQUE MARTIN HALL	2.00	x		x	l	ł		0.	0.	0.	
SECRETARY	2.00	<u>~</u>	-	<u> </u>	┝┈	 	 	<u> </u>			
(4) AMY DYE	2.00	x						0.	0.	0.	
BOARD MEMBER (5) NANCY FREEMAN	2.00	22			_	-	\vdash				
BOARD MEMBER	2.00	x					1	0.	0.	0.	
(6) DEENA GERBER	2.00	-	\vdash			 					
BOARD MEMBER		\mathbf{x}						0.	0.	0,	
(7) HON, PAULETTE IRONS	2.00										
BOARD MEMBER		x			ļ	1		0.	0.	0.	
(8) RABBI ROBERT LOEWY	2.00										
BOARD MEMBER		X			l	<u></u>		0.	0.	0.	
(9) LYNN PEARLMUTTER	2.00					Γ					
BOARD MEMBER		X	L.					0.	0.	0.	
(10) JACKIE SILVERMAN	2.00				1	ļ					
BOARD MEMBER		X	_			<u> </u>	<u> </u>	0.	0.	0.	
(11) JAMEETA YOUNGBLOOD	2.00		Ì		1	l	1				
BOARD MEMBER		X		L.	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.	
(12) QUINTESHA LEE	2.00							_			
BOARD MEMBER		X				<u> </u>	-	0.	0.	0.	
(13) DEBBIE REES	2.00									•	
BOARD MEMBER	10 00	X	 			├-		0.	0.	0.	
(14) DAWN FLETCHER	40.00	}	'					F0 702	0.	•	
EXECUTIVE DIRECTOR			X		-	-		50,703.		0.	
		-									
		-									
	<u> </u>		L		<u> </u>	L	<u> </u>	L		5. 000 (0040)	

Form 990 (2013)

Form 990 (2013) NEW ORLE Part VII Section A. Officers, Directors, True									26-08	<u>59964</u>	Page
Part VII Section A. Officers, Directors, Tru (A)	stees, Key Em (B)	ploy	/ees		<u>d Hi</u> C)	ghe	st C	1			(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated nount of other
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key emplayee	Highest compensated employee	Formeт	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C) fr org an	npensation rom the ganization d related anizations
				_							
		-									
		1	_	-	ļ 					_	
		_	_	-		_	_				
		-									
		_					-			_	
		<u> </u>	_							- 	
		<u> </u>	-							_	
1b Sub-total			 	<u>L</u>	<u> </u>			50,703.		0.	0
c Total from continuation sheets to Part V	'II, Section A					,		50,703.		0.	0
Total number of individuals (including but compensation from the organization									0,000 of reportable	1	
3 Did the organization list any former officer										3	Yes No
 line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the sand related organizations greater than \$15 	um of reportab	le co	omp	ensa	atior	n and	d oti	her compensation from			X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion 1	from	any	unr/			idual for services	5	X
Section B. Independent Contractors	ipiete ochedui	<u> </u>	01 30	<u> </u>	pers	SON		<u> </u>		<u> </u>	
1 Complete this table for your five highest co	-	-								ensation f	from
the organization. Report compensation for	the calendar y	ear	<u>endi</u>	ng v	vith	or w	ıthir T		year.		
(A) Name and business	address	N	INC	<u> </u>	•			(B) Description of s	ervices	Compe	
		_					_				
					-	_					
				_							

Form **990** (2013)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

			Check if Schedule O cont		- The country is	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts, Grants Amounts		b	Federated campaigns Membership dues Fundraising events		b		-/-	lera"	
Contributions, Gifts, Grants and Other Similar Amounts		e	Related organizations Government grants (contribut All other contributions, gifts, gran	ts, and	168,622.	1			
Contribu			Similar amounts not included about Noncash contributions included in lines Total. Add lines 1a-1f			595,965.		311 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.6 //
	2	а			Business Code	3 1 7 1 1 1 1 1 1 1			10 m
Program Service Revenue		b d							
Progre		e f	All other program service reve						
	3	g	Total. Add lines 2a-2f Investment income (including	dıvıdends,	interest, and	93.		93.	
:	4 5		other similar amounts)	x-exempt b	ond proceeds	33.		93.	
	6	а	Gross rents	(i) Rea				The state of the s	4r 2800 r 31 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		b b	Less, rental expenses Rental income or (loss) Net rental income or (loss)				H Park Park Park Park Park Park Park Park		(2.3 - 1% to 1.7% to 1
			Gross amount from sales of assets other than inventory	(i) Securi	itles (ii) Other			P. R.	
			Less: cost or other basis and sales expenses Gain or (loss)	 					100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
e e		ď	Net gain or (loss)		<u></u>		Significant Company of the Company o	71 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	14 A
Other Revenu			including \$ contributions reported on line Part IV, line 18	•					The state of the following of the state of t
Other			Part IV, line 18		b				Lie de la
			Gross income from gaming ac Part IV, line 19		a		Contraction		
			Net income or (loss) from gam Gross sales of inventory, less and allowances	returns			The second of th	Jan A. John	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			Less: cost of goods sold Net income or (loss) from sale	s of invento	b		to the same of the		2 1 4 4
	11		Miscellaneous Revenu		Business Cod	e ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		, -1, - , ! -	Support Support
		b							
		d e				F06 050		1	
33200 10-29	9	_	Total revenue. See instructions.	<u> </u>	<u>, , , </u>	596,058.	0.	93.	Form 990 (2013)

Sect	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon		(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and			13 5	11
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in			- / 713	
	the United States. See Part IV, line 22				. 4
3	Grants and other assistance to governments,			11/2 1/34	
Ū	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	•			
4	_			1 13 13 13	
5	Benefits paid to or for members Compensation of current officers, directors,			1 1	
5	trustees, and key employees	50,702.	46,899.	2,535.	1 160
_		50,104.	40,033.	4,333.	1,268.
6	Compensation not included above, to disqualified	•			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	110 150	115 530	2 744	
7	Other salaries and wages	119,476.	115,732.	3,744.	
8	Pension plan accruals and contributions (Include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	8,939.	8,046.		223.
10	Payroll taxes	9,505.	9,031.	427.	47.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		C14 110 11 11 11 11 11 11 11 11 11 11 11 11	- 14 m - m - m	
f	Investment management fees				
-	column (A) amount, list line 11g expenses on Sch 0.)	10,952.	50.	2,725.	8,177.
12	Advertising and promotion	1,178.	1,178.		
13	Office expenses	9,878.	8,889.	741.	248.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			 	
20	Internal	1,750.		1,750.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,401.	4,181.	220.	
23	insurance	13,607.	12,246.	1,272.	89.
24	Other expenses. Itemize expenses not covered	And the state of the			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	above. (List miscellaneous expenses in line 24e. If line		The state of the s		
	24e amount exceeds 10% of line 25, column (A)				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
_	amount, list line 24e expenses on Schedule 0.) SHELTER EXPENSES	45,676.	42,158.	3,518.	
	NOWS PROGRAM CONSUMABLE	35,822.	35,822.	3,310.	
b c	GRANT EXPENSES	20,562.	6,987.	6,794.	6,781.
	VEHICLE EXPENSES	65.	62.	3.	0,701.
d	All other expenses	39.	<u> </u>	39.	
	Total functional expenses. Add lines 1 through 24e	332,552.	291,281.	24,438.	16,833.
<u>25</u>	Joint costs. Complete this line only if the organization	334,334.	<u> </u>		
26	•				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here				
	Check here If following SOP 98-2 (ASC 958-720)		L	<u> </u>	Form 990 (2013)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 100,102 197,333. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 0 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 901 basis, Complete Part VI of Schedule D 10a 3,936 1,000. b Less: accumulated depreciation 10b 100 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 15 104,038 288.333 16 16 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses 17 17 18 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 80,272 23.030. 23 23 Secured mortgages and notes payable to unrelated third parties 2,172. 1,797. Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 27 28 Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here > X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 0 31 Paid-in or capital surplus, or land, building, or equipment fund 31 263,506. 0. 32 Retained earnings, endowment, accumulated income, or other funds 32 21,594 <u>263,5</u>06. 33 33 Total net assets or fund balances

288,333. Form **990** (2013)

104.038

Total liabilities and net assets/fund balances

	990 (2013) NEW ORLEANS WOMEN'S SHELTER, INC.	26-085	9964	Page	e 12
<u>Par</u>	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	 		<u>[</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>596</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	332	, 55	52.
3	Revenue less expenses. Subtract line 2 from line 1	3	263	, 50)6.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21	,59	<u>)4.</u>
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.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	285	,10	00.
Par	t XII Financial Statements and Reporting	···			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u> .	<u> </u> [
			`	/es	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				7,-
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	1 1	` .	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		\mathbf{x}_{-}
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		, I	_ , ·
	separate basis, consolidated basis, or both			- (i	, 1
	Separate basis Consolidated basis Both consolidated and separate basis				1.4
ь	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 basis,	Spirate 1		,,,,,
	consolidated basis, or both:			````	
	Separate basis Consolidated basis Both consolidated and separate basis		1 14		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
•	review, or compilation of its financial statements and selection of an independent accountant?		2c	.	•
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11117
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Signature of the second				اد ا فم
	Act and OMB Circular A-133?		3a	.	X
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audrt			
~	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	***************************************	3b]	
			Form 9	90 (2	2013)

SCHEDULE A

Department of the Treasury

Internal Ravanue 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

2013

Open to Public Inspection

Name of the organization Employer identification number NEW ORLEANS WOMEN'S SHELTER 26-0859964 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(II). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III · Non-functionally integrated b Type II c ____ Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (II) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the organization in col. (iii) Type of organization (iv) Is the organization (v) Did you notify the (vii) Amount of monetary (i) Name of supported (ii) EIN in col. (i) listed in your organization in col. (described on lines 1-9 organization (i) organized in the support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes No

332021

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or If the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	260,959.	240,141.	165,434.	317,177.	595,965.	1579676.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities				-					
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	260,959.	240,141.	165,434.	317,177.	595,965.	1579676.			
5	The portion of total contributions	1977		7 4 7 7	galveria to					
	by each person (other than a	A	T.							
	governmental unit or publicly		18 18 18 18 18 18 18 18 18 18 18 18 18 1	17.477						
	supported organization) included									
	on line 1 that exceeds 2% of the			- 11 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1						
	amount shown on line 11,					y might designed and				
	column (f)	[, 15					458,550.			
6	Public support. Subtract line 5 from line 4,	#25.3x 12	4 ,	كالمراج والعاجوري	12 14 1 1 2 2 2	, -	1121126.			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
	Amounts from line 4	260,959.	240,141.	165,434.	317,177.	595,965.	1579676.			
8	Gross income from Interest,				_					
	dividends, payments received on									
	securities loans, rents, royalties				!					
	and income from similar sources	151.	111.	94.		93.	449.			
9	Net income from unrelated business									
Ū	activities, whether or not the									
	business is regularly carried on	,								
10	Other income. Do not include gain									
	or loss from the sale of capital					[
	assets (Explain in Part IV.)	2,218.	1,724.		572.		4,514.			
11		111,1251,452		21、原料取得2000年		4 1 24 1 111	1584639.			
	Gross receipts from related activities,					12				
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ex year as a sectio	n 501(c)(3)				
	organization, check this box and stor						▶ X			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2013 (I	line 6, column (f) d	ivided by line 11, o	column (f))		14	%			
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%			
						nore, check this bo	x and			
	16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
b	b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
							▶□			
17a	and stop here. The organization qualifies as a publicly supported organization									
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization									
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
h	b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the									
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization						<u></u> ▶□			
	· · · · · · · · · · · · · · · · · · ·	s.g ongon u				dule A (Form 990				

Schedule A (Form 990 or 990 EZ) 2013 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)

Sec	ction A. Public Support						· · · · · ·	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
	Gifts, grants, contributions, and					104 5335		
	membership fees received (Do not			1				
	include any "unusual grants.")		L					
2	Gross receipts from admissions,							
	merchandise sold or services per-		ĺ					
	formed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose			Į				
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513			1				
4	Tax revenues levied for the organ-							
•	ızatıon's benefit and either paid to		,	j			j	
	or expended on its behalf							
5	The value of services or facilities							
•	furnished by a governmental unit to			}	1			
	the organization without charge				1			
6	Total, Add lines 1 through 5				1			
	Amounts included on lines 1, 2, and							
, ,	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
,	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6)	The Manager of the	1 25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 W	17 5 12 13 14 15	3 1 3 5 1 7 2 5 1 1		
	ction B. Total Support						'	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
	Amounts from line 6							
10a	Gross income from interest,			_				
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources]				
b	Unrelated business taxable Income							
	(less section 511 taxes) from businesses					ı		
	acquired after June 30, 1975							
c	Add lines 10a and 10b		<u> </u>					
	Net income from unrelated business				Ţ			
	activities not included in line 10b,			1				
	whether or not the business is regularly carried on							
12	Other income. Do not include gain	····						
	or loss from the sale of capital			_	1			
13	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12)							
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	ation,	
	check this box and stop here.						▶□	
Sec	ction C. Computation of Publi	ic Support Pe	rcentage					
	Public support percentage for 2013 (I			column (f))		15	%	
	Public support percentage from 2012			,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		16	%	
	ction D. Computation of Inves							
	Investment income percentage for 20					17	%	
						18	%	
	Investment income percentage from 2012 Schedule A, Part III, line 17							
.50	more than 33 1/3%, check this box a						▶□	
۲	b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, che							
20	Private foundation, if the organization							
		o o u	<u></u>	,	•		0 or 990-FZ) 2013	

Schedule A	<u>(Form 990 or 990</u>)-EZ) <u>2013 NEW</u>	ORLEANS	WOMEN'S	SHELTER, ilred by Part II, line	INC.	26-0859964 Page
Part IV	• •				•	10, Part II, line 17a o	or 17b; and Part III, line 12
	Also complete t	his part for any a	dditional informa	tion. (See Instruc	tions).		·
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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

Name of the organization

Inspection

Vam	ne of the organization NEW ODIERNIC MOMEN'C CURT DED INC	Employer identification number					
Dar	NEW ORLEANS WOMEN'S SHELTER, INC. rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds	26-0859964					
- aı		or Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds	(L) Friedrich and albertage					
		(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							
6	are the organization's property, subject to the organization's exclusive legal control?						
6	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose of	-					
Par	impermissible private benefit? rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Pa						
	Purpose(s) of conservation easements held by the organization (check all that apply).	arciv, inte 7.					
1		orically important land area					
	Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of an historically important land area Preservation of a certified historic structure						
	Preservation of open space	ied Historic structure					
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of	of a conservation easement on the last					
_	day of the tax year.	a donot valor datoment or the last					
	day of the tax year.	Heid at the End of the Tax Year					
а	Total number of conservation easements						
	Total acreage restricted by conservation easements						
c	and the state of t	···					
_	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	· · · · 					
_	listed in the National Register	I I					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the						
	year►						
4	Number of states where property subject to conservation easement is located						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it holds?	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements du	ring the year ➤					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during to	the year > \$					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h	n)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense	statement, and balance sheet, and					
	include, if applicable, the text of the footnote to the organization's financial statements that describes the	he organization's accounting for					
	conservation easements						
Par	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Ot	ner Similar Assets.					
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.						
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement						
	historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	ce of public service, provide, in Part XIII,					
	the text of the footnote to its financial statements that describes these items.						
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement						
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of pub	lic 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						
2	If the organization received or held works of art, historical treasures, or other similar assets for financial	gain, provid o					
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	▶ ¢					
		. .					
þ	Assets included in Form 990, Part X	> \$					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

		EANS WOMEN	I'S SHELT	ER,	INC.	<u> </u>)859 <u>96</u>	<u>4 P</u>	age 2
Pai	rt III Organizations Maintaining (Collections of A	rt, Historica	l Trea	sures, or Oth	er Similar As	sets/contin	ued)	
3	Using the organization's acquisition, access								
	(check all that apply)	•	•		<u> </u>	3			_
а	Public exhibition	,	d Loan o	exchar	nge programs				
b	Scholarly research				.go programo				
c	Preservation for future generations	•		~ <u>-</u>					
_	Provide a description of the organization's c	allootions and avala	in have thave front	hay tha .					
4							art XIII.		
5	During the year, did the organization solicit of							г	٦.
D-:	to be sold to raise funds rather than to be m	aintained as part of	tne organization	's colle	ction?		Yes		<u>No</u>
rai	rt IV Escrow and Custodial Arran		ete if the organi	zation a	nswered "Yes" to	o Form 990, Part I	√, line 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod							_	_
	оп Form 990, Part X?						Yes	L	_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:			F			
							Amount	:	
С	Beginning balance	*************				1c			_
ď	Additions during the year					1d			
e	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on F						Yes	\top	No
	If "Yes," explain the arrangement in Part XIII							\vdash	7
	rt V Endowment Funds. Complete								
1 (1)	Litadiment i dilas. Complete								L I
		(a) Current year	(b) Prior yea	r (c) Two years back	(d) Three years bar	K (e) rour	years	раск
	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs		1						
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur		e (line 1a, colur	nn (a)) h	eld as:	•			
a	Board designated or quasi-endowment	-	%	(~,,					
	Permanent endowment	%							
b									
С	Temporarily restricted endowment	%							
_	The percentages in lines 2a, 2b, and 2c short								
За	Are there endowment funds not in the posse	ession of the organiz	ation that are no	eid and	administered for	tne organization	Г		
	pà.							Yes	No
	(i) unrelated organizations						3 <u>a(i)</u>		
	(II) related organizations					,	3a(ii)		<u> </u>
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	e organization's ende	owment funds.						
Par	rt VI Land, Buildings, and Equipn	nent.							
	Complete if the organization answere	d "Yes" to Form 990), Part IV, line 11	a. See	Form 990, Part X	, line 10.			
	Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value								
	boompaon of property	basis (investi	, , ,	asis (oth	, , ,	epreciation	(4) 500.		•
<u> </u>	Lond			\					
	D. deline -				<u> </u>				
	Buildings								
	Leasehold improvements								
d	Equipment								
	Other				901.	901.	1	L,0	
	Add lines to through to (Column (d) must s	week Corm COO Dard	V == (/D) /	00 10/0		► 1	1	l ni	በበ

Schedule D (Form 990) 2013

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

Schedule D (Form 990) 2013

▶

332053 09-25-13

(8)

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

SCHEDULE O '

Department of the Treasury Internal Revenue Service

(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

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

Open to Public Inspection

Name of the organization NEW ORLEANS WOMEN'S SHELTER, INC.	Employer identification number 26-0859964
Explanation: FORM 990, PART VI, SECTION A, LINE 2: JACKIE	SILVERMAN AND
DAN SILVERMAN ARE MARRIED.	
Explanation: FORM 990, PART VI, SECTION B, LINE 11: A CO	
IS REVIEWED AND APPROVED BY THE ENTIRE BOARD PRIOR TO FIL IRS.	ING WITH THE
Explanation: FORM 990, PART VI, SECTION B, LINE 12C: A D	ISCLOSURE
STATEMENT IS SUBMITTED ANNUALLY BY ALL EMPLOYEES AND BOAR	D MEMBERS TO
DISCLOSE ANY SITUATIONS THAT MAY GIVE RISE TO A CONFLICT	OF INTEREST.
THE BOARD SHALL TAKE SUCH ACTIONS AS MAY BE REASONABLY NE	CESSARY TO
PROTECT THE BEST INTEREST OF THE ORGANIZATION.	
Explanation: FORM 990, PART VI, SECTION B, LINE 15: THE	FINANCE
COMMITTEE REVIEWS THE COMPENSATION OF THE PROGRAM DIRECTO	R ANNUALLY.
THE COMMITTEE OBTAINS COMPARABLE COMPENSATION INFORMATION	FROM SIMILAR
ORGANIZATIONS. THE COMMITTEE MAKES A RECOMMENDATION FOR	THE ENTIRE
BOARD OF DIRECTORS TO APPROVE. THE DELIBERATION AND DECIS	IONS ARE
DOCUMENTED.	
Explanation: FORM 990, PART VI, SECTION C, LINE 19: THE	ORGANIZATION'S
FORM 990 AND FORM 1023 ARE AVAILABLE UPON REQUEST.	