36

Form 990 (2018)	NEW SCHOOLS I	FOR ALABAMA	46-3827127	Page 2
		n Service Accomplishments	Francis Abra Dart III	X
	Check if Schedule O co cribe the organization's miss	ontains a response or note to any	line in this Part III	
	HEDULE O	Sidii		
		nificant program services during the year	which were not listed on the	Yes X No
-	990 or 990-EZ? escribe these new services of	on Schedule O		res A No
		, or make significant changes in how it co	onducts, any program	
services?				Yes X No
	escribe these changes on So		ree largest program services, as measured by	
			the amount of grants and allocations to others,	
the total ex	penses, and revenue, if any	, for each program service reported		
4a (Code	) (Expenses \$	301,048 including grants of	\$ 150,000 ) (Revenue \$	
	EDULE O	,	, , , ,	•
4b (Code <sup>-</sup> N/A	) (Expenses \$	including grants of	\$ ) (Revenue \$	)
21, 22				
4c (Code	) (Expenses \$	including grants of	\$ ) (Revenue \$	)
N/A				
4d Other progr	ram services (Describe in Se	chedule O )		
(Expenses		including grants of \$	) (Revenue \$	)
	am service expenses 🕨	301,048		
ΔΔ				Form 990 (2018)

Rart IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"
	complete Schedule A

- 2 is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
- 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 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
- 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
- Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 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
- 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
- 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 IV
- Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? 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, Parts VI, VII, VIII, 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 VI
  - 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 VII
  - c 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
  - d 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 IX
  - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
  - Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
  - Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
  - 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 or more? If "Yes," complete Schedule F, Parts I and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
  - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II

	Yes	No
2	X	
3_		_X_
4		x
5		x
6		x
7		x
8		x
9		х
10		x
11a	Х	
11b		X
11c		x
11d	·	x
11e		X
11f		x
12a		<b>x</b> _
12b		x
13		Х
14a		<u> </u>
		-
14b		X
15		<u>x</u>
16		x
17		x
18		Х
19 20a		$\frac{\mathbf{x}}{\mathbf{x}}$
20b		
24	x	
21 For	m 990	(2018)
		•

P	artliva Checklist of Required Schedules (continued)			
	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			Į
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	L	
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part 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	1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," 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 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
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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		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		<u> X</u>
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	<u></u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			35
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<b> </b> -	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1		45
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	$\vdash$	<u> </u>
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	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			$\Box$
	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  Finter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1a 0			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.5		لكبي
	reportable gaming (gambling) winnings to prize winners?	<u>  1c</u>	m 990	12046
		FO		- (ZUIO)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 0 Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, X a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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 X organization solicit any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year d 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? е 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in 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. 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 13b the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O

46-3827127 Form 990 (2018) NEW SCHOOLS FOR ALABAMA Page 6 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 Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 11 1b b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? X 8b **b** 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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code ) No Yes 10a 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, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X - 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 X 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," X describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy? 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? 15a X a The organization's CEO, Executive Director, or top management official 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 X with a taxable entity during the year? 16a 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 16b organization's exempt status with respect to such arrangements?

Section C. Disclosure	Se	ecti	on '	C.	Dis	cl	os	ure
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- 17 List the states with which a copy of this Form 990 is required to be filed NONE
- Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website X Upon request Other (explain in Schedule O)

- 19 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
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

TYLER BARNETT

BIRMINGHAM

120 19TH ST. N

AL 35203

205-573-8886

DAA

Form 990 (2018)

10, 0.2					
Compensation of Officers, Directors,	Employees,	<b>Highest C</b>	ompensated	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. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	hours per (do week bo (list any off		x, unte icer a	Pos check ess pe nd a d	rson irecto	than one is both an ir/trustee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-MISC)		organization and related organizations
(1) TYLER BARNETT									
	40.00			İ				_	
EXECUTIVE DIRECTOR	0.00			X	_		100,831	0	0
(2) EMILY P. SCHULT									
	3.00								
BOARD CHAIR	0.00	-	_	X	_	-	0	0	0
(3) CAROL W. BUTLER	2 00								•
	3.00			<b>.</b>			0	0	o
VICE CHAIR (4) DAVE BORDEN	0.00			X		╁┈╁╴		0	<u> </u>
(4) DAVE BORDEN	3.00				ŀ				
TREASURER	0.00			x	ŀ		0	0	0
(5) JEREMIAH NEWELL	0.00	†				<del>   </del> -	-	<u> </u>	
(3) 0214212121 1121122	3.00			ŀ	ŀ				
SECRETARY	0.00			X			0	0	0
(6) KHADIJAH ABDULLA									
• •	3.00								
DIRECTOR	0.00			X			0	0	0
(7) NICK GAEDE							-		
	3.00								
DIRECTOR	0.00	<u>L</u> .	_	X			0	0	0
(8) MARIA KENNEDY									
	3.00			l					
DIRECTOR	0.00	<u> </u>	_	X	ļ. <u></u>		0	0	0
(9) MIHO KUBAGAWA	2 00				ŀ				
	3.00							_	o
DIRECTOR	0.00	<u> </u>	_	X		<del>                                     </del>	0	0	<u> </u>
(10) JAN MILLER	3.00								
DIDECMOD	0.00	ŀ		x			0	o	o
DIRECTOR (11) RICHARD PERRY	0.00	<del> </del>		^		$\vdash$	<del>                                     </del>	<u> </u>	<del>_</del>
(II)KICHARD PERRI	3.00								
DIRECTOR	0.00			x			0	О	0
21.00101	0.00	1	<u> </u>	4.5		ш.			000

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
	(A) Name and title	(B) (C)  Average hours per week box, unless person is both ar officer and a director/trustee)							(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	Former	(W-2/1099-MISC)		organization and related organizations
41-	0.1.4.4								100,831		
1b c <u>d</u>	Sub-total  Total from continuation shed  Total (add lines 1b and 1c)							<b>&gt;</b>	100,831		
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 of	Yes No
3 4	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organ	complete Schede 1a, is the sum	<i>dule</i> of re	J for porta	<i>suci</i> able	<i>h inc</i> com	lividi. pens	<i>ial</i> satio	n and other compensation	from the	3 X
5	individual  Did any person listed on line 1 for services rendered to the or	a receive or acc	rue (	comp	ens	atıor	fror	n an	y unrelated organization or		4 X 5 X
Section 1	ion B. Independent Contracto Complete this table for your five		ensa	ited i	nder	end	ent o	contr	ractors that received more t	than \$100.000 of	
	compensation from the organi								dar year ending with or with		ear (C) Compensation
	· · · · · · · · · · · · · · · · · · ·		-				_				
					•••						
_											
DAA	Total number of independent of received more than \$100,000	contractors (inclu of compensation	ding fror	but n the	not l	imite aniz	ed to ation	tho: ►	se listed above) who	0	Form <b>990</b> (2018)

	ert V	Check	<b>nent of Reve</b> f Schedule (	O cont	ains a	response	or note to any line	in this Part VIII		
		•					(A) Total rovenue	(B) Related or exempt function revenue	(C) Umelaled business revenue	(D) Revenue excluded from tax under sections 512-514
इड	1a	Federated car	npaigns	1a						
Program Service Revenue Contributions, Gifts, Grants	b	Membership d		1b						
A, o	c	Fundraising e		1c						
Sift ar	d	Related organ		1d			]			
S,E	e	Government grants		1e			]		<u> </u>	
io Sign	f	All other contribution	ns, gifts, grants,						]	
至		and similar amounts	not included above	1f		276,600				
EG.	g	Noncash contributio	ns included in lines 1a-	1f \$	ı					
<u>ဒီ င်</u>	h	Total. Add line	es 1a-1f			<u> </u>	276,600			
e						Busn Code		1		
Yen	2a									
8	ь									
Š	c									
Ser	d									
a	e									
g	f	All other progr	am service reve	nue						
<u>~</u>	g	Total. Add line	es 2a–2f			<u> </u>			<del></del>	
	3	Investment inc	come (including o	dividend	ds, intere	est,				
		and other simi	lar amounts)			•				
	4	Income from I	nvestment of tax	-exemp	t bond p	roceeds 🕨				
	5	Royalties								
			(ı) Real		(II) F	Personal				
	6a	Gross rents								
	b	Less rental exps					ļ	İ		
	C	Rental inc or (loss)							<del></del>	
	d	Net rental inco	me or (loss)			<u> </u>				<u> </u>
	/a	Gross amount from sales of assets	(i) Securities		(ii)	Other				
		other than inventory			_				ļ	
	b	Less cost or other								
		basis & sales exps							[	
	С	Gain or (loss)					<del></del>			
	d	Net gain or (lo		_		<u> </u>				
e	8a		om fundraising evei	nts						
eni		(not including \$								
₹ev			reported on line 1c)							
er		See Part IV, line		a						
Other Revenue		Less direct ex	•	ьĹ			<u> </u>		ļ. <del></del>	
-			(loss) from fund		events					
	9a		om gaming activitie	ľ						
	_	See Part IV, line		a						
		Less direct ex	•	ÞΓ						
			(loss) from gam	ing acti	vities	<u> </u>				
	10a		f inventory, less							
		returns and all		a _						
		Less cost of g		_b_	4					
	<u> </u>		(loss) from sale:	s of inv	entory	P 0.1		<u> </u>		
	44	Misc	cellaneous Revenue			Busn Code	<u> </u>			
	11a									
	b									
	C	All att :-				-				
	d	All other reven								
		Total revenue	es 11a–11d e. See instruction				276,600	0	0	0
1	14	- colar revenue	. aee msuucdof	3		_				

# Part IX | Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			olete column (A)	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		CAPOLISCO	gonorar orpanion	
•	and domestic governments. See Part IV, line 21	150,000	150,000		
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			}	
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				""
	trustees, and key employees	100,831	100,831		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			_	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,756	7,756		
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	4,293		4,293	
d		30,000	30,000		
е					
f	Investment management fees				<del></del>
g		6 474	1 000	F 474	
	(A) amount, list line 11g expenses on Schedule O)	6,474	1,000	5,474	
12	· · ·	67	67	1 411	
13	Office expenses	1,433	22	1,411	
14	Information technology				
15	Royalties	0 522		8,532	
16	Occupancy	8,532 8,381	8,381	8,332	<del></del>
17	Travel	6,361	8,381	-	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19		2,991	2,991		<u> </u>
20	Conferences, conventions, and meetings Interest	2,331	2,331		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	775		775	
24	Other expenses Itemize expenses not covered				İ
	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 O)				
а	· · · · · · · · · · · · · · · · · · ·				
b	Γ				
С					
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	321,533	301,048	20,485	0
26	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)				

Page **10** 

		Check if Schedule O contains a response or note to	o any line in this Part X			
		· ·		(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest bearing		148,663	1	111,091
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	<u></u> .
	5	Loans and other receivables from current and former offi	cers, directors,			
		trustees, key employees, and highest compensated emp				
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pers	ons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), a				
S.		sponsoring organizations of section 501(c)(9) voluntary e				
		organizations (see instructions) Complete Part II of Schi		6		
Assets	7	Notes and loans receivable, net			7	
Ä	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 1,602			
	b	Less accumulated depreciation	10b 1,602	2	10c	
	11	Investments—publicly traded securities			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			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34		148,663	16	111,091
	17	Accounts payable and accrued expenses			17	7,361
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability Complete Part IV of		21		
es	22	Loans and other payables to current and former officers,	directors,			
Liabilities		trustees, key employees, highest compensated employe	es, and			
jab		disqualified persons Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third	parties		23	
	24	Unsecured notes and loans payable to unrelated third pa			24	
	25	Other liabilities (including federal income tax, payables to				
		parties, and other liabilities not included on lines 17-24)	Complete Part X		_	
		of Schedule D		0	25	7,361
	26	Total liabilities. Add lines 17 through 25			26	7,361
s		Organizations that follow SFAS 117 (ASC 958), check	chere ▶ 📋 and			
or Fund Balances		complete lines 27 through 29, and lines 33 and 34.			27	
aa	27	Unrestricted net assets			28	
8	28	Temporarily restricted net assets			29	
Ĕ	29	Permanently restricted net assets	), check here ▶ 🕱 and		29	<u></u>
F		Organizations that do not follow SFAS 117 (ASC 958)	), check here ▶ X and			
ts C		complete lines 30 through 34.		<del></del>	30	<u> </u>
sse	30	Capital stock or trust principal, or current funds	· fund		31	<u> </u>
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment		148,663	-	103,730
Š	32	Retained earnings, endowment, accumulated income, or	other funds	148,663		103,730
	33	Total net assets or fund balances		148,663		111,091
	34	Total liabilities and net assets/fund balances		140,000	J4	Form 990 (2018)

3a

3b

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Schedule O

the Single Audit Act and OMB Circular A-133?

# **SCHEDULE A** (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 chantable trust

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

			NEW	SCHOOLS	FOI	R ALABAMA			46-382	1121		
Pa	art I	Reas	on for P	ublic Charity	Stat	us (All organizations	must co	mplete	this part ) See instruction	ns		
The	orga	nization is not	a private t	foundation becau	se it is	(For lines 1 through 12,	check onl	y one box	;)	1		
1		A church, co	nvention o	f churches, or as:	sociati	on of churches described	ın sectio	170(b)(	1)(A)(i).			
2		A school des	cribed in s	ection 170(b)(1)	(A)(ii).	(Attach Schedule E (Forr	n 990 or 9	90-EZ))		( ) /		
3		A hospital or	a coopera	itive hospital serv	ice org	janization described in se	ction 170	(b)(1)(A)(	iii).			
4	П	A medical re	search org	janization operate	d in c	onjunction with a hospital	described	ın sectio	on 170(b)(1)(A)(iii). Enter the h	iospital's name,		
		city, and stat	e							•		
5		An organizat	ion operate	ed for the benefit	of a c	ollege or university owned	or operat	ed by a g	overnmental unit described in			
	_			/). (Complete Par		•				•		
6		A federal, sta	ate, or loca	I government or	jovern	mental unit described in s	ection 17	'0(b)(1)(A	۱)(٧).			
7	X	-		rmally receives a			om a gov	ernmenta	I unit or from the general public	c .		
8						•	+ II )					
9												
3										90		
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.											
10		-	on that no	rmally receives (	1) mo	re than 33 1/3% of its sup	port from	contributi	ons, membership fees, and gro	oss		
	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											
		. ,	•		•	75 See section 509(a)(2)	•		•			
11	Ц	An organizati	ion organiz	ed and operated	exclu	sively to test for public saf	ety See s	ection 5	09(a)(4).			
12		•	•	•		•	•		ons of, or to carry out the purpo			
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g											
	_									•		
	а					i, supervised, or controlled regularly appoint or elect			rganization(s), typically by givi	ng		
			-			ete Part IV, Sections A a		or the ur	rectors or trustees of the			
	b		• •		-			its sunna	rted organization(s), by having			
									control or manage the support			
			_		_	IV, Sections A and C.			3			
	С					rting organization operateons) You must complete			n, and functionally integrated w	nth,		
	d		•			•			n with its supported organization	nn(e)		
	u								requirement and an attentiven			
					_	complete Part IV, Sectio	-		-			
	е	Check th	is box if the	e organization red	eived	a written determination fr	om the IR	S that it is	s a Type I, Type II, Type III			
		functiona	illy integrat	ted, or Type III no	n-fund	tionally integrated suppor	ting organ	ızatıon	2			
	f	Enter the nur	nber of su	pported organizat	ions							
	g	Provide the fo	ollowing in	formation about t	ne sup	ported organization(s)				<del>-</del>		
(1)		e of supported		(II) EIN		(III) Type of organization	(iv) is the o	•	(v) Amount of monetary	(vi) Amount of		
	org	anization				(described on lines 1–10 above (see instructions))		ir governing ment?	support (see instructions)	other support (see instructions)		
						above (see instructions)	Yes	No	instructions,	instructions)		
(A)					<del> </del>		† · · · · ·					
(~)												
(B)					<u> </u>							
,												
(C)												
<u></u>						<del></del>						
(D)												
(E)												
					_		ļ					
Γota!						,	, ·					
บเลเ	1		1	•	1		1			Ī		

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)

Sec	tion A. Public Support					<u></u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	161,955	75,883	3,500		478,100	719,438
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge	!					
4	Total. Add lines 1 through 3	161,955	75,883	3,500		478,100	719,438
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						719,438
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	161,955	75,883	3,500		478,100	719,438
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				2		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10					I	719,438
12	Gross receipts from related activities, etc	,				12	<del> </del>
13	First five years. If the Form 990 is for the	=	second, third, fou	rth, or fifth tax year	as a section 50	1(c)(3)	. —
0	organization, check this box and stop here						<b>•</b>
	tion C. Computation of Public Su	-1-1			<del></del>		
14	Public support percentage for 2018 (line 6			1 (f))		14	100.00%
15	Public support percentage from 2017 Sche			0	4/20/		<u></u> %
16a	33 1/3% support test—2018. If the organi				1/3% or more,	CNECK THIS	<b>▶</b> 🗓
L	box and stop here. The organization quali		• •		10 22 1/20/ or m	ara shock	
D	33 1/3% support test—2017. If the organithis box and stop here. The organization of				15 33 1/3% 01 11	iore, crieck	▶ □
17a					or 16h and line	a 1 <i>1</i> is	
1 / a	10% or more, and if the organization meet	ū		•	•		
	Part VI how the organization meets the "fa organization				-		▶ 🗆
b	10%-facts-and-circumstances test—201	•					
	15 is 10% or more, and if the organization			•	•		
	Explain in Part VI how the organization me	ets the Tacts-and-	circumstances" tes	st ine organization	i quaiilles as a p	ublicly	▶ □
10	supported organization	l not chook a have a	n lino 12 165 105	172 or 17h ch	k this hav and -	99	
18	Private foundation. If the organization did	I HOL CHECK A DOX O	ıı ııne 13, 168, 160	, i/a, or i/b, chec	A DIIS XOO SIID A	e <del>e</del>	▶ □
	instructions						

46-3827127 NEW SCHOOLS FOR ALABAMA Page 3 Schedule A (Form 990 or 990-EZ) 2018 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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) Section B. Total Support **(b)**⁄2015 (e) 2018 (f) Total Calendar year (or fiscal year beginning in) (a) 2014 (c) 2016 (d) 2017 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 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 Other income Do not include gain or 12 loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c/11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) % 15 16 % Public support percentage from 2017 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 % Investment income percentage from 2017 Schedule A, Part III, line 17 18 33 1/3% support tests-2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not/more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3\% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3\%, and line/18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2018

Page 4

Part IV **Supporting Organizations** 

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting	

Seci	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		162	NO
•	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by	Ì		
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN		;	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (III) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			- 1
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	<u>  </u>		
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		<del></del>
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		<del></del> 1
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			]
	supporting organizations)? If "Yes," answer 10b below	10a		

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings )

Schedu	ule A (Form 990 or 990-EZ) 2018 NEW SCHOOLS FOR ALABAMA	46-3827127		Page 5
Par	t IV   Supporting Organizations (continued)			
	•	_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ļ	-	
	below, the governing body of a supported organization?	11a	<u> </u>	<u>ļ                                    </u>
b	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part	! VI. 11c	<u> </u>	
Sect	ion B. Type I Supporting Organizations			<del></del>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities of the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supporte	d	_	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	<b>_</b>	ļ
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	t l		
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	<u> </u>	_	
	supervised, or controlled the supporting organization	2		<u> </u>
Secti	ion C. Type II Supporting Organizations		. <b></b>	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			ŀ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	İ		l
	or management of the supporting organization was vested in the same persons that controlled or managed	<u> </u>	-	
	the supported organization(s)	1	$\perp$	<u> </u>
Secti	ion D. All Type III Supporting Organizations			
		_	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the pri	or tax		
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of	the	-	<u> </u>
	organization's governing documents in effect on the date of notification, to the extent not previously provided	17 1	$\bot$	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	l I		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI i	10W		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	<u> </u>	_	ļl
	supported organizations played in this regard	3		
Secti	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions)		
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government	t entity (see instructions)		
2 /	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ř .	İ	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,		į.	
	how the organization was responsive to those supported organizations, and how the organization determine	d		
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	e		
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	i		{
	reasons for the organization's position that its supported organization(s) would have engaged in these			l
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	1	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of e	<u> </u>	1	
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	1		<b>-</b>

Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting	Organizati	ions	rage o
1 Check'here if the organization satisfied the Integral Part Test as a qualifying trust			See
instructions. All other Type III non-functionally integrated supporting organization			
Section A - Adjusted Net Income	io mast somp.	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		<u> </u>
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integ	rated Type III	supporting organization	(see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Par	IV   Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organiza	tions (continuea)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
4	Amounts paid to acquire exempt-use assets		<u>.</u>	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6	- <u>-</u> .		
8	Distributions to attentive supported organizations to which the organizations	ition is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6	· · · <u>-</u> · ·		
10	Line 8 amount divided by line 9 amount	•		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in <b>Part VI</b> ) See instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017	·		, , , , , , , , , , , , , , , , , , , ,
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from			
	Section D, line 7 \$			
а	Applied to underdistributions of prior years		****	
b	Applied to 2018 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

DAA

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Name of the organization

Employer identification number

NEW S	CHOOLS FOR ALABAMA		46-3827127
श्वारी	Organizations Maintaining Donor Adv Complete if the organization answered "	rised Funds or Other Similar Funds Yes" on Form 990, Part IV, line 6	or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1 Total ni	umber at end of year		
2 Aggreg	ate value of contributions to (during year)		
3 Aggreg	ate value of grants from (during year)		
4 Aggreg	ate value at end of year		
5 Did the	organization inform all donors and donor advisors in	writing that the assets held in donor advised	
funds a	ire the organization's property, subject to the organiza	ation's exclusive legal control?	☐ Yes ☐ N
6 Did the	organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	
only for	charitable purposes and not for the benefit of the do	nor or donor advisor, or for any other purpose	
	ing impermissible private benefit?		Yes N
Part II	Conservation Easements. Complete if the organization answered "	Yes" on Form 990, Part IV, line 7	
Pre	e(s) of conservation easements held by the organizateservation of land for public use (e.g., recreation or edutection of natural habitat		
Pre	eservation of open space		
	ete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	conservation
easeme	ent on the last day of the tax year		Held at the End of the Tax Y
a Total nu	umber of conservation easements		2a
b Total ad	creage restricted by conservation easements		2b
c Numbe	r of conservation easements on a certified historic str	ructure included in (a)	2c
d Numbe	r of conservation easements included in (c) acquired	after 7/25/06, and not on a	
	structure listed in the National Register		2d
3 Numbe	r of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the
tax yea	r <b>▶</b>		
4 Numbe	r of states where property subject to conservation eas	sement is located ▶	
5 Does th	ne organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	ns, and enforcement of the conservation easements i		∐ Yes ∐ N
6 Staff an	nd volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion easements during the year
7 Amount ▶\$	t of expenses incurred in monitoring, inspecting, hand	fling of violations, and enforcing conservation e	asements during the year
8 Does ea	ach conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)	)(B)(i)
	ction 170(h)(4)(B)(ii)?	,	Yes N
	XIII, describe how the organization reports conservati	ion easements in its revenue and expense state	ement, and
balance	e sheet, and include, if applicable, the text of the footr	note to the organization's financial statements t	hat describes the
organiz	ation's accounting for conservation easements		<u></u>
Parti	Organizations Maintaining Collections Complete if the organization answered "		ner Similar Assets.
1a If the or	rganization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statement	and balance sheet
	of art, historical treasures, or other similar assets held		
	service, provide, in Part XIII, the text of the footnote to	•	
•	rganization elected, as permitted under SFAS 116 (A		
	of art, historical treasures, or other similar assets held		
	service, provide the following amounts relating to thes		
•	venue included on Form 990, Part VIII, line 1		<b>▶</b> \$
• •	sets included in Form 990, Part X		<b>▶</b> \$
	rganization received or held works of art, historical tre	asures, or other similar assets for financial gain	n, provide the
	g amounts required to be reported under SFAS 116 (		
	ie included on Form 990, Part VIII, line 1	, <del>-</del>	<b>▶</b> \$ .
	included in Form 990. Part X		• •

	art III Organizations Maintaining				reasures.	or Othe	r Simil	ar Asset	s (continue	d)
3										<u> </u>
а	Public exhibition	d□	Loan or	exchange pro	arams					
b	Scholarly research	<b>=</b>	Other		J					
c	Preservation for future generations									
4	Provide a description of the organization's col	lections and explain	n how th	ey further the	organization	's exempt	purpose	ın Part		
•	XIII				J	•	, ,			
5	During the year, did the organization solicit or	receive donations	of art. hi	storical treasu	res, or other	sımılar				
•	assets to be sold to raise funds rather than to								Yes	☐ No
Pa	art IV   Escrow and Custodial Arra			<u> </u>						
	Complete if the organization 990, Part X, line 21		" on Fo	orm 990, Pa	art IV, line	9, or rep	orted a	n amoun	t on Form	
1a	Is the organization an agent, trustee, custodia	in or other intermed	lary for	contributions of	or other asse	ts not				
	included on Form 990, Part X?		•						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able						
									Amount	
С	Beginning balance							1c		
d	Additions during the year							1d		
е	Distributions during the year							1e		
f	Ending balance						[	1f		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for	escrow or cus	todial accou	nt liability?			Yes	No
b	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanatio	on has been p	rovided on P	art XIII				$\square$
Pa	rt V Endowment Funds.									
	Complete if the organization	answered "Yes	<u>" on Fo</u>	orm 990, Pa	rt IV, line	10				
		(a) Current year	(b)	Prior year	(c) Two ye	ars back	(d) Thr	ee years back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, column (a))	held as					
а	Board designated or quasi-endowment	%								
b	Permanent endowment ▶ %									
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%								
3a	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held and	administere	d for the			_	
	organization by								Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	owment t	funds						
Pa	rt VI Land, Buildings, and Equip	oment.								
	Complete if the organization	answered "Yes"	<u>" on Fo</u>	rm 990, Pa	rt IV, line	11a See	Form	<u>990, Par</u>	t X, line 10	
	Description of property	(a) Cost or other t	basis	(b) Cost or o	other basis	(c) A	Accumulated	i	(d) Book valu	ie
	<u>-</u>	(investment)		(oth	er)	de	preciation			
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
е	Other				1,602		1	, 602		
Total	I. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Pari	t X, colu	mn (B), line 10	Oc )			<b>•</b>		

46-3827127 Schedule D (Form 990) 2018 NEW SCHOOLS FOR ALABAMA Page 3 Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12 (b) Book value (c) Method of valuation (a) Description of security or category Cost or end-of-year market value (including name of security) (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col (B) line 12 ) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15 (b) Book value (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25 (b) Book value (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)(7) (8)

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

(9)

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

Sche	dule D (Form 990) 2018 NEW SCHOOLS FOR ALABAMA		46-382712	7	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statemer	nts W	Vith Revenue per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Pa				
1	Total revenue, gains, and other support per audited financial statements			1	!
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants .	2c			
d	Other (Describe in Part XIII )	2d_			
е	Add lines 2a through 2d			_2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII )	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	Reconciliation of Expenses per Audited Financial Stateme			etur	n.
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV,	line 12a.		
1	Total expenses and losses per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	1	ļ	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Rart XIII Supplemental Information.

b Other (Describe in Part XIII )

c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

4c

5

Page 5

# **SCHEDULE 1** (Form 990)

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

OMB No 1545-0047 2018

> ▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Open to Public Inspection **Employer Identification number** 46-3827127 **%** □

X Yes

Name of the organization

Department of the Treasury Internal Revenue Service

		NEW SCHOOLS FOR ALABAMA
بح	ī	General Information on Grants and Assistance
-	Does	loes the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and
	the se	ie selection criteria used to award the grants or assistance?
7	Descr	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990.	to Domestic Organ	izations a	and Domestic Go	vernments. Com	plete if the orga	Inization answ	ered "Yes" on Form 990.
Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	t that received more	than \$5,00	00 Part II can be	duplicated if additi	onal space is n	eeded	
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CITIZENS OF THE WORLD 5371 WILSHIRE BLVD							SCH. I SUPP. INFO
LOS ANGELES CA 90036	45-3532127		150,000				
(2)							
(3)							
u Q							
(4)							
(5)							
(9)							
(2)							
(6)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	rnment organizations liste	ed in the line	1 table				•

Schedule I (Form 990) (2018)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2018) NEW SCHOOLS FOR ALABAMA

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

	rait III call be duplicated II additional space is lieeded	ilial space is liceded				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	•
-						
~						
က						
4						
u						
n						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I line 2. Part III. column (b) and any other additional information	ide the information rec	ourred in Part I line	2 Part III column (b)	and any other additional	nformation

# SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

# 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.

2018

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

NEW SCHOOLS FOR ALABAMA

46-3827127

Employer identification number

FORM 990 - ORGANIZATION'S MISSION

ALABAMA IS CURRENTLY ONE OF EIGHT STATES IN THE COUNTRY THAT DOES NOT HAVE PUBLIC CHARTER SCHOOLS. NEW SCHOOLS OF ALABAMA IS A GROWING GROUP OF CONCERNED PARENTS, EDUCATORS, CITIZENS, AND POLICY MAKERS WHO BELIEVE THAT THE STATE OF ALABAMA NEES PUBLIC CHARTER SCHOOLS IN ORDER TO MAKE SURE THAT EVERY STUDENT IN THE STATE HAS ACCESS TO A HIGH QUALITY SCHOOL OPTION. THE ORGANIZATION BELIEVES THAT PUBLIC CHARTER SCHOOLS SHOULD BE ONE PIECE IN THE OVERALL REFORM STRATEGY TO PROVIDE ALL ALABAMA STUDENTS WITH AN THE ORGANIZATION IS COMMITTED TO MAKING SURE THAT EXCELLENT EDUCATION. ALABAMA CITIZENS HAVE ACCESS TO ACCURATE INFORMATION ABOUT PUBLIC CHARTER SCHOOLS THROUGH A COMPREHENSIVE EDUCATION AND MARKETING CAMPAIGN. THE ORGANIZATION WILL USE THIS EDUCATION CAMPAIGN TO ORGANIZE AND PROMOTE FACTS ABOUT PUBLIC CHARTER SCHOOLS AS A STRATEGY TO BRING PUBLIC CHARTER SCHOOLS TO THE FOREFRONT OF THE CONVERSATION ABOUT EDUCATION IN ALABAMA.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

NEW SCHOOLS OF ALABAMA'S THEORY OF CHANGE COMES FROM THE EXPERIENCE OF

OTHER STATES: ONCE AN INDIVIDUAL LEARNS WHAT A PUBLIC CHARTER SCHOOL IS,

HE/SHE OVERWHEMINGLY SUPPORTS PUBLIC CHARTER SCHOOLS. BECAUSE OF THIS, A

COMPREHENSIVE EDUCATION CAMPAIGN FOCUSED ON THE FACTS ABOUT PUBLIC CHARTER

SCHOOLS IS INTEGRAL TO BRINGING THIS INNOVATIVE EDUCATIONAL TOOL TO

ALABAMA. THROUGH TOWN HALLS, PUBLIC FORUMS, PANEL DISCUSSIONS, OP-EDS, AND

SMALL GROUP PUBLIC CHARTER SCHOOL VISITS, THE ORGANIZATION HAS EMBARKED ON

A STATWIDE COMPREHENSIVE EDUCATION AND MARKETING CAMPAIGN ABOUT PUBLIC

CHARTER SCHOOLS. OUR EDUCATION EFFORT IS BROAD WITH A LARGE TARGET

Employer identification number

46-3827127

AUDIENCE AND SPECIFIC MESSAGING, INCLUCING PARENTS, EDUCATORS, AND COMMUNITY LEADERS. IN ADDITION, THE ORGANIZATION SERVES AS A CONVENER FOR THE EFFORTS OF NINE ORGANIZATIONS THAT ARE ALSO COMMITTED TO BRINGING PUBLIC CHARTER SCHOOLS TO ALABAMA. WE PARTNER WITH THESE ORGANIZATIONS TO MAKE SURE WE ARE INCLUDING AS MANY COMMUNITIES AS POSSIBLE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE RETURN IS PREPARED BY AN INDEPENDENT CPA. UPON COMPLETION OF THE
PREPERATION AND PRIOR TO THE FILING OF THE RETURN, THE RETURN IS PROVIDED
TO THE PROGRAM DIRECTOR. THE PROGRAM DIRECTO IS RESPONSIBLE FOR REVIEWING
THE RETURN AND FORWARDING THE RETURN TO THE DIRECTORS. THE DIRECTORS AND
PROGRAM DIRECTOR WILL DETERMINE IF ANY CHANGES OR ADJUSTMENTS NEED TO BE
MADE. ANY CHANGES OR ADJUSTMENTS WILL BE PROVIDED TO AND DISCUSSED WITH
THE INDEPENDENT CPA. ONCE ALL CHANGES HAVE BEEN MADE AND THE DIRECTORS
HAVE COMPLETED A FINAL REVIEW, THE RETURN WILL BE FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE

PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX
EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED. THE PERIODIC REVIEWS

SHALL, AT A MINIMUM, INCLUDE THE FOLLOWING SUBJECTS: (A) WHETHER

COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON COMPETENT

SURVEY INFORMATION, AND THE RESULT OF ARM'S LENGTH BARGAINING, AND (B)

WHETHER PARTNERSHIPS, JOINT VENTURES, AND ARRANGEMENTS WITH MANAGEMENT

ORGANIZATIONS CONFORM TO THE ORGANIZATION'S WRITTEN POLICIES, ARE PROPERLY

RECORDED, REFLECT REASONABLE INVESTMENT OR PAYMENTS FOR GOODS AND SERVICES,

FURTHER CHARITABLE PURPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE

Name of the organization

Employer identification number

46-3827127

# NEW SCHOOLS FOR ALABAMA

PRIVATE BENEFIT OR IN AN EXCESS BENEFIT TRANSACTION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

... .

Schedule R (Form 990) 2018 Open to Public Section 512(b)(13) controlled entity? OMB No 1545-0047 (f) Direct controlling entity 2018 Inspection Employer identification number Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year 46-3827127 (f)
Direct controlling
entity (e) End-of-year assets N/A Public chanty status (if section 501(c)(3)) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section Go to www.irs.gov/Form990 for instructions and the latest information. 501C (c) Legal domicile (state or foreign country) Legal domicile (state or foreign country) Ä ▶ Attach to Form 990. (b) Primary activity ADVOCATE F Primary activity 46-5646549 For Paperwork Reduction Act Notice, see the Instructions for Form 990. NEW SCHOOLS FOR ALABAMA (a) Name, address, and EIN (if applicable) of disregarded entity ALABAMIANS FOR PUBLIC CHARTER SCHOO (a) Name, address, and EIN of related organization 35203 AL 209 20TH ST N BOX 128 BIRMINGHAM Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) Part Part II Ξ Ξ € € <u>@</u> 8  $\widehat{\mathbb{S}}$ € 3 3

×

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year 46-3827127 Schedule R (Form 990) 2018 NEW SCHOOLS FOR ALABAMA Partill

Page 2

Schedule R (Form 990) 2018 (k) Percenta je ownersh p ž 1 (i) Section 512(b)(13) controlled entity? Yes (J) General or managing Yes No partner? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Percentage ownership Ξ amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets (h)
Disproportionate
alloc ? Yes 9 (g) Share of end-of-year assets Share of total income (f) Share of total income Type of entity (C corp, S corp, or trust) (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d)
Direct controlling
entity (c) Legal domicile foreign country) (state or (c) Legal domicile (state or foreign country) Primary activity (b) Primary activity (a)Name, address, and EIN of related organization Name, address, and EIN of related organization Partiv ₹ Ξ ব ₹ lΞ া ල **₹** 18

# Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				X	Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ted organizations listed II	n Parts II–IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	×
c Gift, grant, or capital contribution from related organization(s)				15	×
d Loans or loan guarantees to or for related organization(s)				1d	×
e Loans or loan guarantees by related organization(s)				<b>1e</b>	×
f Dividends from related organization(s)				#	×
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				ŧ	×
i Exchange of assets with related organization(s)				<b>-</b>	×
j Lease of facilities, equipment, or other assets to related organization(s)				; <del>-</del>	×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×
1 Performance of services or membership or fundraising solicitations for related organization(s)				=	×
m Performance of services or membership or fundraising solicitations by related organization(s)				£	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1-	×
o Sharing of paid employees with related organization(s)				5	×
					Ø
p Reimbursement paid to related organization(s) for expenses				- 1	×
				-	×
				2	
r Other transfer of cash or property to related organization(s)				<u>,</u>	×
s Other transfer of cash or property from related organization(s)				<u>s</u>	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	line, including covered re	lationships and transacti	on thresholds		
(a)	(a)	(3)	(p)		
Name of related organization	Transaction	Amount involved	Method of determining amount involved	unt involved	
	type (a–s)				
(1)					
(2)					
(3)					
(4)					
(5)					
(9)				:	
			Schedule R (Form 990) 2018	R (Form 9	90) 2018

Schedule R (Form 990) 2018 NEW SCHOOLS FOR ALABAMA

Unrelated Organizations Taxable as a Partnership. Complete of the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets orgross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

കൂപ	1	1	1	.	42 5	1	I	1	l	l		18
(k) Percentage ownership												Schedule R (Form 990) 2018
(J) General or managing partner?	S											Form
Gene	Yes											le R (
(s) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)												Schedu
rtionate	<u>S</u>											
(h) Disproportionate allocations?	Yes											
(g) Share of end-of-year assets												
(f) Share of total income												
artners on )(3) titons?	02						_					
(e) Are all partners section 501(c)(3) organizations?	Yes			ļ <u> </u>								
(d) Predominant income (related, unrelated, excluded from tax under												
(c) Legal domicile (state or foreign	/famoo											
(b) Primary activity												
(a) Name, address, and EIN of entity	(1)	(5)	(3)	(4)	(5)	(9)	(4)	(8)	(6)	(10)	(11)	
	1	1	1	1		-	1	_	_	5	E	

Part VII

Supplemental Information.

Provide additional information for responses to questions on Schedule R. See Instructions