Department of the Treasury 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.

Open to Public

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

Inspection

OMB No. 1545-0047

A Fo	r the 2	2017 calendar year, or tax year beginning and e	ending		
		C Name of organization		D Employer identification	ation number
B Ch ap	eck II plicable:	Trains of digameters			
	Address change	SOCIAL ENTREPRENEURS OF NEW ORLEANS			
	Name	Doing business as PROPELLER A FORCE FOR SOCIA	AL INN	26-32	23585
	change Initial		Room/suite	E Telephone number	
-	return Final	4035 WASHINGTON AVE		504-3	45-9836
	return/ termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,003,950.
	ated Amende			H(a) Is this a group ret	
	Ireturn			for subordinates?	
	Applica- Ition pending	F Name and address of principal officer:ANDREA CHEN		H(b) Are all subordinates inc	
		SAME AS C ABOVE	or 527	If "No " attach a l	ist. (see instructions)
1 Ta	ax-exer	inpli status, [22] con(c)(c)	ال ال	H(c) Group exemption	
J W	ebsite	: WWW.GOPROPELLER.ORG	I Voor		State of legal domicile: LA
		rganization. A Corporation 1720t 7.00000000000000000000000000000000000	L Teal	Of Iornation. 2005 W	Oldito Of regal or
Pa	rt I	Summary	DT.D T.Z	TINCH AND SCA	ALE EARLY
ø	1 B	riefly describe the organization's mission or most significant activities: TO HI	MITNIT TO	T'S SOCTAL AN	ID.
anc	Ē	TAGE VENTURES THAT ARE TACKLING OUR COM	MOMITI	than 25% of its not as	ente
Į.	2 0	theck this box if the organization discontinued its operations or dispose	sea or mon	3	12
ŏ	3 N	lumber of voting members of the governing body (Part VI, line 1a)		4	12
α Ω	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)			20
es	5 T	otal number of individuals employed in calendar year 2017 (Part V, line 2a)		***************************************	70
Viti.	6 T	otal number of volunteers (estimate if necessary)			37,845.
Activities & Governance	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
1	b N	let unrelated business taxable income from Form 990-T, line 34		7b	Current Year
				Prior Year	1,908,891.
ø		Contributions and grants (Part VIII, line 1h)		1,502,193.	0.
Revenue		Program service revenue (Part VIII, line 2g)		377.	606.
e	10 l	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		73,119.	82,587.
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1,992,084.
	12	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	441743400	1,575,689.	94,125.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		176,094.	94,125.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	989,390.
Ś		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		751,241.	969,390.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0 .	0.
bel	b -	Fotal fundraising expenses (Part IX, column (D), line 25)	34.	222 524	COF 001
ũ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		383,531.	635,881.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,310,866.	1,719,396.
	19	Revenue less expenses. Subtract line 18 from line 12		264,823.	272,688.
Or			В	eginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		1,275,900.	1,567,968.
ASS	21	Total liabilities (Part X, line 26)		38,822.	58,202.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		1,237,078.	1,509,766.
P	art II	Signature Block			
Und	er nena	Ities of perjury, I declare that I have examined this return, including accompanying schedul	les and state	ments, and to the best of m	y knowledge and beliet, it is
true	correc	t, and complete. Declaration of prepaler (other than officer) is based on all information of w	vhich prepar	er has any knowledge.	/
		holy Cut		1/20	7/1,8
Sig	n	Signature of officer	, /	Date 6	/20/10
He	- 4	ANDREA CHEN, EXECUTIVE DIRECTOR	un	Ca.	120/18
		Type or print name and title		In In I	TI DTIN
		Print/Type preparer's name Preparer's signature	11	Date Check	PTIN
Pai	d	KATHLEEN R. HEBERT MUMNIM	W	6116118 self-employ	
	parer	Firm's name KRH CONSULTING, LLC		Firm's EIN ▶	26-2577730
	Only	Firm's address 420 36TH STREET		9466	
		NEW ORLEANS, LA 70124		Phone no. 5 0	4-373-5696
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

2

Par	Checklist of Required Schedules			
			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		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			37
	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,			37
	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			v
	Schedule D. Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		77	
	Part VI	11a	X	+
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	-
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Δ.
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	444		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	- 20
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	x	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	A	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a	A	1
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		×
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	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				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14h		2
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		-
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	45		2
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		2
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		+
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		2
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	+-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	X	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	- 22	+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		2
	complete Schedule G, Part III	19	000	1/20

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

26

27

28a

28c

29

31

34

35b

37

SOCIAL ENTREPRENEURS OF NEW ORLEANS 26-3223585 Form 990 (2017) Part IV Checklist of Required Schedules (continued) Yes No X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 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 X Schedule K. If "No", go to line 25a 24a

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27

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

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): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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

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

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 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

Form 990 (2017)

Form 990 (2	2017)	SOCIAL	ENTRE	PRENE	JRS	OF	NEW	ORLEANS
Part V	Statements	Regarding C	ther IRS	Filings	and	Tax (Compli	iance

	Check if Schedule O contains a response or note to any line in this Part V		*****	
	·		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	64		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return2a	20		
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)			
За	and the state of t			X
	15 15 15 15 15 15 15 15 15 15 15 15 15 1	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes." to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	-	
7	Organizations that may receive deductible contributions under section 170(c).			**
а			-	X
b		7b		-
С		_		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е		7e	-	-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
g		7g		+
h		C? 7h	-	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	1	—
9	Sponsoring organizations maintaining donor advised funds.	9a		
а	Did the sponsoring organization make any taxable distributions under section 4966?			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	10h			
b				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	for the second of the second o			
b	amounts due or received from them.)			
120	and the second s	12a		
12a	to the state of th			
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		
а	Note. See the instructions for additional information the organization must report on Schedule O.			
b	and the state of t			
J	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	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		
		For	n 990	(2017

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		***************************************	********	******	IXI
Sect	ion A. Governing Body and Management					
		13			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		L2		
	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.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		L2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
_	officer, director, trustee, or key employee?			. 2		X
3	Did the organization delegate control over management duties customarily performed by or under t	he direc	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	990 wa	s filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		. 5		X
6	Did the organization have members or stockholders?					X
	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	one or			
7 4	more members of the governing body?			. 7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
Ь	persons other than the governing body?			. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					
_	The governing body?			8a	X	
a	Each committee with authority to act on behalf of the governing body?				X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
9	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					
000	tion B. I onoto (mis occion B requeste montation about personal or				Yes	No
100	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such					
D	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	re filing the form	~ 1		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	.,	J			
b			~~*******	12a	X	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes." d	escribe			
С	in Schedule O how this was done			120	X	
40	Did the organization have a written whistleblower policy?					
13	Did the organization have a written whisheblower policy? Did the organization have a written document retention and destruction policy?					
14	Did the process for determining compensation of the following persons include a review and appro			***		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		паоронаон			
	The organization's CEO, Executive Director, or top management official			15a	X	
a						
b	Other officers or key employees of the organization		********************			
4-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ament :	with a			
16a	-			16a		X
_	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation					
b						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org			16b		
Car	exempt status with respect to such arrangements?			100		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE					
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 (or 1024 if applicable), 990, and 990	LT (Sec	tion 501(c)(3)s on	lv) avails	ble	
18		. , ,000		.,, aranc		
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain	in in Sa	hedule (1)			
				and fina	ncial	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	OHILL	or interest policy,	and iiila	iiolai	
	statements available to the public during the tax year.	anaka c	nd records:			
20	State the name, address, and telephone number of the person who possesses the organization's to an approximately a	JOUKS A	nu records.			
	ANDREA CHEN - 504-322-3282 4035 WASHINGTON AVE, NEW ORLEANS, LA 70125					
	4035 WASHINGTON AVE, NEW ORLEANS, LA 70125				000	

732006 11-28-17

Form **990** (2017)

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 (A) Name and Title	(B) Average hours per week	(do not che box, unless			(C) Position heck more than one ss person is both an d a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) AVA ROGERS	1.00	х						0.	0.	0
MEMBER (2) STEPHANIE BARKSDALE	1.00							0.	0.	0
MEMBER (3) WILLIAM PEREZ	1.00	X								
VICE CHAIR (4) LINDA USDIN	1.00	X						0.	0.	0
CHAIRMAN		X						0.	0 •	0
(5) JAMAR MCKNEELY TREASURER	1.00	x						0.	0.	0
(6) ALVERTHA PENNY MEMBER	1.00	X						0.	0.	0
(7) KATHRYN WALMSLEY MEMBER	1.00	x						0.	0 *	0
(8) ELLA DELIO MEMBER	1.00	X						0.	0 .	0
(9) NEIL GIBBONS MEMBER	1.00	X						0 .	0.	0
(10) KEVIN WILKINS MEMBER	1.00	X						0.	0.	0
(11) CALVIN MACKIE MEMBER	1.00	x						0.	0.	0
(12) JONAS CHARTOCK MEMBER	1.00	x						0 :	0.	0
(13) PAULA ESTRADA DE MARTIN MEMBER	1.00	X						0.	0.	0
(14) ANDREA CHEN EXECUTIVE DIRECTOR	50.00			х				149,042.	0.	0
		-				-				
				40						

Form 990 (2017)

Parl	VII Section A. Officers, Directors, Tru	stees, Key Emp (B)	oloy	ees,	and (C	iHi	ghes	t C	ompensated Employee (D)	(E)		(F	-)	
	(A) Name and title	Average hours per		not c	Pos heck	ition more	than o		Reportable compensation	Reportable compensation		Estin amou	nated unt of	
		week (list any hours for related organizations below			id a d	irecto	Highest compensated employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		compe	n the izatio elate	n d
		line)	Individual trustee or director	Institutional trustee	Officer	Key er	Highe	Former			+			
_														
			H	-	-									
											4		_	
					-	-	-	-			+			
			T											
			╁	+	-	+	-				1			
											_			
1h	Sub-total							>	149,042.		0.			0.
С	Total from continuation sheets to Part	VII, Section A							149,042.		0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including bu	t not limited to t	hos	e list	ted a	abov	ve) w	ho i						
2	compensation from the organization												/es	No No
	Did the organization list any former offic	or director ort	ruct	00 1	'OV 6	mn	love	a or	r highest compensated 6	employee on	ſ		res	NO
3	line 1a? If "Yes." complete Schedule J fo	r such individua	d .									3		X
4	For any individual listed on line 1a, is the	sum of reporta	ble o	com	pens	satio	on ar	nd o	ther compensation from	the organization		4		X
5	and related organizations greater than \$ Did any person listed on line 1a receive or	150,000? If "Ye: or accrue comp	s," c ensa	omp ation	olete i fror	Sci n ar	neau 1y ur	<i>ie J</i> irela	ated organization or indiv	vidual for services		7		
	rendered to the organization? If "Yes," c	omplete Schedu	ıle J	for	suct	n pe	rson					5		X
	ction B. Independent Contractors Complete this table for your five highest	compensated i	ndei	nenc	lent	con	trac	tors	that received more than	\$100,000 of comp	ensa	tion fro	om	
1	the organization. Report compensation t	or the calendar	yea	r en	ding	with	h or	with	in the organization's tax	year.				
	(A) Name and busine	ess address							(B) Description of	services	Co	(C) ompen		n
LO	UISIANA PUBLIC HEALTH		JТЕ	Ξ,	15	15	5		HEALTH & FOO	OD				
PO	YDRAS ST. #1200, NEW	ORLEANS,	. I	A	70	11	12		EVALUATION 8	RESEARC		104	.,6	<u>58</u>
_														
				_	_		_							
_	Total number of independent contractor	s (including but	not	limi	ted 1	to th	nose	liste	ed above) who received	more than				
_	\$100,000 of compensation from the org						1				_	Form 9	an /	2017
												rorm 🕏	, JU (ZU I /

	C VII	Check if Schedule O conta		or note to any lin	e in this Part VIII			
		Check if Schedule O Conta	anis a response	of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					
ira Du	b	Membership dues	1b					
, E		Fundraising events						
ar A		Related organizations	CONTRACTOR OF THE PARTY OF THE					
mi.e		Government grants (contribut		377,720.				
200		All other contributions, gifts, gran		· · · · · · · · · · · · · · · · · · ·				
her		similar amounts not included above		,531,171.				
<u>=</u> 0	a							
Contributions, Gifts, Grants and Other Similar Amounts	h	Noncash contributions included in lines Total. Add lines 1a-1f	***********************		1,908,891.			
				Business Code				
ω	2 a							
<u> </u>	b							
Z Z	С							
i e a	d							
Program Service Revenue	e							
준	f	All other program service reve						
		Total. Add lines 2a-2f		(i)				
	3	Investment income (including						
		other similar amounts)			606.			606.
	4	Income from investment of tax						
- 9	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		1055				
		Gross amount from sales of	(i) Securities					
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraisin						
ŭ		including \$	-					
eve		contributions reported on line						
r K		Part IV, line 18		a 49,711.				
Other Revenue	b	Less: direct expenses	2.5cm (111.10000011001	11,866.				
0		: Net income or (loss) from fund			37,845.		37,845.	
		Gross income from gaming ac						
		Part IV, line 19		a				
	b	Less: direct expenses						
		: Net income or (loss) from garr						
		Gross sales of inventory, less						
		and allowances		a				
	b	Less: cost of goods sold						
		Net income or (loss) from sale		11.5				
		Miscellaneous Revenu	ie	Business Code				
	11 a	1						
	b							
	С							
	d	All other revenue		00000	44,742.	44,742.		
	е	Total. Add lines 11a-11d			44,742.			
	12	Total revenue. See instructions.	***************************************		1,992,084.	44,742.	37,845.	606.

Form 990 (2017) SOCIAL ENTREP
Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respons	se or note to any line in t	this Part IX(B)	(C)	(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to domestic organizations	04.405	04 105		
	and domestic governments. See Part IV, line 21	94,125.	94,125.		
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		1		
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	trustees, and key employees	150,000.	125,441.	11,207.	13,352
6	Compensation not included above, to disqualified	130,0001	123/1111		
О	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	714,067.	620,195.	72,720.	21,152
8	Pension plan accruals and contributions (include	,,			
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	61,775.	35,068.	23,151.	3,556
10	Payroll taxes	63,548.	47,312.	11,839.	4,397
11	Fees for services (non-employees):				
	Management				
	Legal	1,409.		1,409.	
	Accounting	9,029.		9,029.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	240,284.	211,125.	26,019.	3,140
12	Advertising and promotion	29,831.	29,522.	309.	
13	Office expenses	15,049.		12,562.	2,487
14	Information technology				
15	Royalties				
16	Occupancy	32,277.	10,620.	21,657.	
17	Travel	5,868.	5,674.		194
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,927.		2,903.	24
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	44 450		44 672	
23	Insurance	11,673.		11,673.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	050 455	050 145		320
	SUPPLIES	252,477.	252,145.	13,475.	332
b	OTHER ADDRESS AND	13,475.		7,771.	
С	EMPLOYEE APPRECIATION	7,771.			
d	PROFESSIONAL DEVELOPMEN	7,395.		7,395. 6,416.	
	All other expenses	6,416.	1,431,227.	239,535.	48,634
25	Total functional expenses. Add lines 1 through 24e	1,719,396.	1,431,441.	433,333.	40,034
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 1,292,989. 987,724. 1 Cash - non-interest-bearing 1 125,493. Savings and temporary cash investments 2 191,949. 145,000. 3 Pledges and grants receivable, net 3 44,981. 12,130. 4 Accounts receivable, net _____ 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 5,553. 19,902. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 18,147. basis. Complete Part VI of Schedule D ______ 10a 18,147. 0. 10c b Less: accumulated depreciation 10b 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 15 567,968. 1,275,900. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 58,202 38,822. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue _____ 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 25 58,202. 38,822. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 475,600. 354,016. 27 Unrestricted net assets 27 1,034,166. 883,062. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 1,509,766. 1,237,078. 33 Total net assets or fund balances 33 1.567.968. 1,275,900. 34 Total liabilities and net assets/fund balances Form 990 (2017)

-orm	990 (2017) SOCIAL ENTREPRENEURS OF NEW ORLEANS	40-344	2202	га	16 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		1,99		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,71		
3	Revenue less expenses. Subtract line 2 from line 1	3			88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,23	7,0	<u>78.</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,		72 - 12 - 13		
	column (B))	10	1,50	9,7	66.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	**************			부
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	
			Form	990	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ATTERDED ENTRIPE OF NEW ORLEANS Employer identification number 26-3223585

	SOCIA	L ENTREPRE	NEURS OF NEW	nlote this	Dart / Soc	instructions	
Part I	Reason for Public Cl	narity Status (All	organizations must com	ibiete this	hairi) See	mondono.	
The organ	ization is not a private foundat	ion because it is: (Fo	r lines 1 through 12, ch	eck only o	ne DOX.)	A VC)	
1	A church convention of chur-	ches, or association	of churches described i	n section	170(D)(1)(A)(I).	
2 🔲	A school described in section	n 170(b)(1)(A)(ii). (At	tach Schedule E (Form 9	990 or 990	-EZ).)		
3 🔲	10 a fact	ital applica argan	ization described in sec	tion 1/UKB	RTRAJUII).		o bospital's name
4	A hospital or a cooperative no A medical research organizat	ion operated in conju	unction with a hospital d	lescribed i	n section	170(b)(1)(A)(III). Enter tr	le nospitar s name,
	to the state of						
5	An organization operated for	the benefit of a colle	ge or university owned	or operate	d by a gov	ernmental unit describe	a in
5	section 170(b)(1)(A)(iv). (Co	mplete Part II.)					
	and the subsections	remont or governme	ntal unit described in se	ection 170	(b)(1)(A)(v	').	
6	An organization that normally	receives a substant	ial part of its support fro	m a gove	nmental u	init or from the general p	oublic described in
7 📖	section 170(b)(1)(A)(vi). (Col	molete Part II.)	·				
	Ait. to set described	Lin section 170(h)(1	(A)(vi), (Complete Part	II.)			
8	An agricultural research orga	nit section from	section 170(b)(1)(A)(i)) operated	l in conjun	ction with a land-grant o	college
9	or university or a non-land-gr	ent college of agricul	ture (see instructions). I	nter the n	ame, city,	and state of the college	OF
		ant college of agricu	iture (acc mondonerie).				
	university: An organization that normall	. (4)	han 22 1/20/ of its supr	ort from c	ontributio	ns. membership fees, ar	nd gross receipts from
10 X	An organization that normall activities related to its exem	y receives: (1) more t	nan 33 1/3% of its supp	and (2) no	more than	33 1/3% of its support	from gross investment
	activities related to its exemp	pt functions - subject	to certain exceptions,	4110 (Z) 110 businss	noe acaui	red by the organization a	after June 30, 1975.
	income and unrelated busing	ess taxable income (less section 511 tax) fro	m pusines	ses acquii	led by the organization	,
	See section 509(a)(2). (Com	nplete Part III.)		0	tio - EO	0(0)(4)	
11	An organization organized a	nd operated exclusiv	ely to test for public sat	ety. See s	ection 50	ea of arta carry out the	numoses of one or
12	An organization organized a An organization organized a	nd operated exclusiv	ely for the benefit of, to	perform tr	ne function	is or, or to carry out the	heck the hox in
	mara publicly supported ord	anizations described	l in section 509(a)(1) or	section 5	09(a)(2). 3	see section sos(a)(s).	HECK THE BOX III
	lines 10e through 12d that o	lescribes the type of	supporting organization	and com	piete iines	12e, 12i, and 12g.	
a	T I A supporting orga	nization operated, St.	pervised, or controlled	by its supp	опеа огу	ariization(s), typicany by	giving
355	the supported organizatio	n(s) the power to reg	ularly appoint or elect a	majority o	f the direc	tors or trustees of the s	прроціпа
	arganization Valueust c	omplete Part IV. Se	ctions A and B.				
b [Time II A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by har	ving
D	control or management of	f the supporting orga	nization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported
	organization(s) Vou must	complete Part IV.	Sections A and C.				
	Type III functionally inte	grated. A supporting	organization operated	in connect	ion with, a	and functionally integrate	ed with,
C	ite aupported organization	n(s) (see instructions). You must complete F	Part IV, Se	ctions A,	D, and E.	
	Type III non-functionally	integrated A SUDD	orting organization oper	ated in co	nection v	vith its supported organi	zation(s)
d L	that is not functionally int	ograted. The organiz	ation generally must saf	isfv a disti	ibution re	quirement and an attent	iveness
	requirement (see instruct	ional Vou must con	plete Part IV Sections	A and D.	and Part	٧.	
Г	Check this box if the orga	ons). You must con	witten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
e L	Check this box if the orga	anization received a	nelly integrated support	ing organi	ration.	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	functionally integrated, or	r Type III non-tunctio	nally integrated support	ing organiz	ation.		
f Er	nter the number of supported o	organizations	······································				
g Pi	rovide the following information	about the supporte (ii) EIN	(iii) Type of organization	(iv) is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	(i) Name of supported	(II) EIN	(described on lines 1-10	in your govern	No No	support (see instructions)	support (see instructions
	organization		above (see instructions))	Yes	140		
-							
Takal							
Total							

Part II 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		#L-54		4		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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.						
Sec	tion B. Total Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	the organization	's first, second, thi	ird, fourth, or fifth t	ax year as a section	on 501(c)(3)	
_	organization, check this box and stor						▶∟
_	ction C. Computation of Publ					T T	
	Public support percentage for 2017 (I					14	%
	Public support percentage from 2016					15	%
16a	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 10	6a, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2017

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

(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

500	ction A. Public Support	elow, please comp	iete Part II.)				
		(-) 0012	(b) 2014	(a) 2015	(4) 2016	(e) 2017	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(1) 10tai
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	COC 4E1	207 002	4 244 256	1 500 100	1 000 001	E 262 EA4
	include any "unusual grants.")	626,451.	387,993.	1,341,976.	1,502,193.	1,908,891.	5,767,504.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	21,269.	41,190.	15,305.	72,068.	49,711.	199,543.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to			~ I			
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	647,720.	429,183.	1,357,281.	1,574,261.	1,958,602.	5,967,047.
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				1,000.	4,000.	5,000.
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		3,966.				3,966.
	amount on line 13 for the year		3,966.		1,000.	4,000.	8,966.
	Add lines 7a and 7b		3,900.		1,000.	=,000:	5.958.081.
	Public support. (Subtract line 7c from line 6.)						3,930,001.
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	647,720.	429,183.	1,357,281.	1.574.261.	1 958 602.	5,967,047.
	Gross income from interest,	047,7200	423,1031	1,557,201.	1,3/1,201,	1 930 002.	0,501,0211
100	dividends, payments received on securities loans, rents, royalties, and income from similar sources		50.	66.	377.	606.	1,099.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b		50.	66.	377.	606.	1,099.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	5,590.	4,258.	7,979.	15,100.	44,742.	77,669.
13	Total support. (Add lines 9, 10c, 11, and 12.)	653,310.	433,491.	1,365,326.	1,589,738.	2,003,950.	6,045,815.
14	First five years. If the Form 990 is for	the organization's	s first, second, third	, fourth, or fifth tax	k year as a section	n 501(c)(3) organiz	ation,
				******************	(4714124114111411141141141141		▶∟
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2017 (I	ine 8, column (f) d	ivided by line 13, co	olumn (f))		15	98.55 %
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	99.18 %
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	17 (line 10c, colur	nn (f) divided by line	13, column (f))		17	.02 %
18	Investment income percentage from 2					18	.01 %
	33 1/3% support tests - 2017. If the					3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						
Ŀ	33 1/3% support tests - 2016. If the	-	_				
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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.)

			The second secon	
Section	A.	All	Supporting	Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (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.
- **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.
- c 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.
- 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.
- 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.
- c 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.
- 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
 - 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.
- c 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.
- 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.
 - b 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c_		
5a		
5b 5c		
6		
7		
8	-	
9a		
9b		
9c		
10a		
10k	- 1	

Schedule A (Form 990 or 990-EZ) 2017	SOCTAL	ENTREPRENEURS	OF	NEW	ORLEANS
Schedule A (Form 990 of 930 LZ) ZOTT	200222				

MIL	IV Supporting Organizations (continued)		1	-
	Supporting Organizations (see)		Yes	No_
4 1	Has the organization accepted a gift or contribution from any of the following persons?			
1 H	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a A	pelow, the governing body of a supported organization?	11a		-
	A family member of a person described in (a) above?	11b		
b A	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		
c /	ion B. Type I Supporting Organizations			_
ecti	on B. Type I Supporting Organizations		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
1	Did the directors, trustees, or membership of one of more supported organization's directors or trustees at all times during the regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
r	regularly appoint or elect at least a majority of the organization of all office and the supervised, or tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
t	tax year? If "No," describe in Part willow the supported digameters, or the supported organization, controlled the organization's activities. If the organization had more than one supported organization,			
C	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
(describe how the powers to appoint and/or remove directors of tradices were already and the tax year.	1		
(organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
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			
l	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
	supervised, or controlled the supporting organization.			
Sect	tion C. Type II Supporting Organizations		Yes	No
	the directors			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s).			
Sect	tion D. All Type III Supporting Organizations		Yes	No
			103	110
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 prior 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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	-	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI now			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	-	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
0	cignificant 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			
	supported organizations played in this regard.	3		
Soc	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction)	tions).		
1_	- this self-field the Activities Test, Complete line 2 below.			
а	The organization satisfied the recent of accomplete line 3 helpw			
	The appropriation is the perent of each of its supported probable audious. Complete interesting a bolow.		ns).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (so	ee instructio	, agr	6.6
b	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (so	ee instructio	Yes	No
b c 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (so Activities Test. Answer (a) and (b) below.	ee instructio	Yes	NO
b	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (so Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ee instructio	Yes	No
b c 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (so Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ee instruction	Yes	NO
b c 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (so Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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,	ee instructio	Yes	NO
b c 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (so Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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, how the organization was responsive to those supported organizations, and how the organization determined	ee instructio	Yes	No
b c 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (so Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
b c 2	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (so Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		Yes	No
b c 2 a	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (so Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		Yes	No
b c 2 a	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (so Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these		Yes	No
b c 2 a	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (so Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		Yes	No
b c 2 a	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (so Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.		Yes	No
b c 2 a	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (so Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2a 2b	Yes	No
b c 2 a b	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (so Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. 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? Provide details in Part VI.		Yes	NC
b c 2 a b	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (so Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2a 2b	Yes	No

26-3223585 Page 6 Schedule A (Form 990 or 990-EZ) 2017 SOCIAL ENTREPRENEURS OF NEW ORLEANS Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 10 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 Subtract line 2 from line 1d 3 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) Multiply line 5 by .035 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017

4

5

4

5

6

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2017

c Remainder, Subtract lines 4a and 4b from 4.

Part VI. See instructions.

and 4c.

Breakdown of line 7:
 a Excess from 2013
 b Excess from 2014
 c Excess from 2015
 d Excess from 2016
 e Excess from 2017

than zero, explain in Part VI. See instructions.

Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater

Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2018. Add lines 3j

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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 26-3223585 SOCIAL ENTREPRENEURS OF NEW ORLEANS

Parl			ds or Ac	coun	ts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	5.		> E ele	s and other accounts
		(a) Donor advised funds	(b)) Funas	s and other accounts
1	Total number at end of year		-		
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)		_		
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor ad	lvised fund	ls	
	are the organization's property, subject to the organization's ex	clusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor adv	risors in writing that grant funds can	be used o	nly	
	for charitable purposes and not for the benefit of the donor or o	donor advisor, or for any other purpo	se conferr	ing	Yes No
	impermissible private benefit?		5 D 1 V	r	Yes No
Par			U, Part IV,	line /.	
1	Purpose(s) of conservation easements held by the organization	(check all that apply).			the dame
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a h			
	Protection of natural habitat	Preservation of a c	certified his	storic st	ructure
	Preservation of open space			The section of the second	for the last
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the fo	rm of a co	nservat	ion easement on the last
	day of the tax year.				Held at the End of the Tax Year
	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
C	Number of conservation easements on a certified historic struc	cture included in (a)		2c	
d	Number of conservation easements included in (c) acquired af				
	listed in the National Register			2d	during the toy
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by	tne organ	ization	during the tax
	year >				
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, nandling	Oī		Yes No
	violations, and enforcement of the conservation easements it I	nolds?			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing t	Oliseivalio	JII case	ments during the year
		f intelligence and enforcing coppor	on ation of	comon	te during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conse	givation ca	30111011	3 during the your
	\$	- History and a section	170/b)/ <i>/</i> 1/E	9/6)	
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	17 O(11)(4)(L	ייייי	Yes No
	and section 170(h)(4)(B)(ii)?	a accompate in its revenue and expe	neo etator	nent a	000000
9	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization and include in the organization reports conservation include, if applicable, the text of the footnote to the organization reports conservation includes in the conservation in the conservation in the conservation includes in the conservation in the	n easements in its revenue and expe	nee the or	nont, a nanizati	on's accounting for
		DITS IIIIaiiciai Stateineins that desciii	Jos ulo oli	jainzan	0)1 0 d000d11g
Day	conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures, o	Other	Simila	ar Assets.
Pai	Complete if the organization answered "Yes" on Form 9	990 Part IV. line 8.			
	If the organization elected, as permitted under SFAS 116 (ASC		atement a	nd bala	nce sheet works of art,
1a	historical treasures, or other similar assets held for public exhi	hition education or research in furth	nerance of	public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ			p	, , , , , , , , , , , , , , , , , , , ,
	If the organization elected, as permitted under SFAS 116 (ASC	C 058) to report in its revenue stater	nent and b	alance	sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, ed	ucation or research in furtherance of	f public se	rvice. p	rovide the following amounts
		deation, or research in landing and a	. pabilo co	. т.оо, р	3
	relating to these items: (i) Revenue included on Form 990, Part VIII, line 1			> 9	S
	(ii) Assets included in Form 990, Part X			. • .	
_	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea	sures or other similar assets for fina	ncial gain	provide	•
2	the following amounts required to be reported under SFAS 11		guni,	p. 2 7 64	-
	Revenue included on Form 990, Part VIII, line 1	5 v 100 500) relating to these items.		> 5	6
a	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions				Schedule D (Form 990) 2017
ЦΠА	For Paperwork Reduction Activotice, see the mistructions	101 1 01111 0001			

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 SOCIAL ENTRI Part VII Investments - Other Securities.	EPRENEURS OF			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990,	Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end-o	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes"		e 11d. See Form 990	, Part X, line 15.	(b) Book value
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See For	rm 990, Part X, line 25.	
1 (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
100 41				
(3)				

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

Schedule D (Form 990) 2017

(5)(6)(7) (8) (9)

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Name of the organization

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

Inspection Employer identification number

ame of the organization	L ENTREPRENEURS OF I	VEW ORL	EANS	26-3223	585
Part I Fundraising Activition	ies. Complete if the organization answ	ered "Yes" on	Form 990, Part IV, I		
 Indicate whether the organization a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a writt 	raised funds through any of the follow e Solicita f Solicita g Special een or oral agreement with any individua 0, Part VII) or entity in connection with individuals or entities (fundraisers) purs	ation of non-go ation of govern al fundraising of al (including of professional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, orYes	
(i) Name and address of individual or entity (fundraiser)		(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
List all states in which the orgar or licensing.	nization is registered or licensed to solic	cit contribution	ns or has been notific	ed it is exempt from	registration
+					

Schedule G (Form 990 or 990-EZ) 2017

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

Schedule G (Form 990 or 990-EZ) 2017 SOCIAL ENTREPRENEURS OF NEW ORLEANS Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GRADUATION NONE (add col. (a) through AND FUNDRAIS col. (c)) (total number) (event type) (event type) Revenue 49,711. 49,711. 1 Gross receipts 2 Less: Contributions 49,711. 49,711. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Expenses Rent/facility costs Direct | Food and beverages 8 Entertainment 11,866. 11,866. Other direct expenses 11,866. 10 Direct expense summary. Add lines 4 through 9 in column (d) 37,845 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses % % Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: No a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: No b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2017

732082 09-13-17

-		<u>3223585</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:	2 V	
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
• •			
	Name		
	Address >		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$		
	: If "Yes," enter name and address of the third party:		
`	7.11 155, 6116, 114.116 4.12 4.25 6.5 6.116 4.11 2.11.27		
	Name		
	Address -		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	becomption of convioce provided		
	Director/officer Employee Independent contractor		
47	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
č	Is the organization required under state law to make chartable distributions nom the gaming proceeds to	Yes	No
	retain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Ľ	AND THE THE STATE OF THE PROPERTY OF THE PROPE		
D.	organization's own exempt activities during the tax year \$	lines O Ob 1	0b 15b
Pe	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	lines 9, 90, 10	00, 130,
_	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
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Chedule G	G (F	Supple	mental I	nforr	nation (continued)									
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SCHEDULE I (Form 990)

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

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

Attach to Form 990.

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

2017 Open to Public

Inspection

Schedule I (Form 990) (2017)

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number SOCIAL ENTREPRENEURS OF NEW ORLEANS 26-3223585 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) BLUEFIN DATA LLC 16175 FELICIANA AVE PAYMENT FOR A PITCH PRAIRIEVILLE, LA 70769 20-5754594 10 000 0 COMPETITION NEW ORLEANS STARTUP FUND TO MANAGE EQUITY 1100 POYDRAS ST #3475 INVESTMENT FOR SOCIAL NEW ORLEANS, LA 70163 27-1126668 501(C)(3) 50,000 0 ENTERPRENEURS DANCING GROUNDS 3705 ST CLAUDE AVE PAYMENT FOR A DEMO DAY NEW ORLEANS, LA 70117 45-5084235 501(C)(3) 5,625 0 COMPETITION TRAINING GROUNDS 1597 CUTTYSARK CV PAYMENT FOR A PITCH SLIDELL, LA 70458 81-3353953 501(C)(3) 5,500 0 COMPETITION Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3. Enter total number of other organizations listed in the line 1 table

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

chedule	I (Form 990) (2017) SOCIAL ENTRE	26-3223585	Page 2				
Part III	Grants and Other Assistance to Domestic Individer Part III can be duplicated if additional space is need	duals. Complete if the	organization answ	rered "Yes" on Form 9	990, Part IV, line 22.		
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
Part IV	Supplemental Information, Provide the information	on required in Part I, lin	e 2; Part III, colum	nn (b); and any other a	additional information.		

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732102 11-01-17

Schedule I (Form 990) (2017)

SCHEDULE L

Department of the Treasury

Transactions With Interested Persons

(Form 990 or 990-EZ) Decomplete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ 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 **Employer identification number** Name of the organization 26-3223585 SOCIAL ENTREPRENEURS OF NEW ORLEANS Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (c) Description of transaction (a) Name of disqualified person person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (d) Loan to or (e) Original (g) in (i) Written (c) Purpose (f) Balance due (b) Relationship (a) Name of by board or from the agreement? interested person with organization of loan principal amount default? committee? organization? Yes From Yes No To Yes No Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (e) Purpose of (a) Name of interested person (c) Amount of (d) Type of (b) Relationship between assistance assistance interested person and assistance the organization

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

Schedule L (Form 990 or 990-EZ) 2017

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

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.

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

2017 Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

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Inspection
Employer identification number

SOCIAL ENTREPRENEURS OF NEW ORLEANS	26-3223585
FORM 990, PART I, DOING BUSINESS AS:	
PROPELLER A FORCE FOR SOCIAL INNOVATION	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION M	MISSION:
ENVIRONMENTAL CHALLENGES	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION	MISSION:
COMPETITIONS AND PROVIDE CASH PRIZES.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISE	HMENTS:
AS A PART OF OUR ACCELERATOR PROGRAM PROPELLER HOSTS UP	P TO 4
"PITCHNOLA" COMPETITIONS A YEAR TO BUILD EARLY-STAGE PI	PELINE. LOCAL
ENTREPRENEURS HAVE THE OPPORTUNITY TO WIN CASH PRIZES (AWARDED BY A
PANEL OF JUDGES AND AN AUDIENCE VOTE) AND ALSO RECEIVE	HELP PRIOR TO
THE EVENT TO HONE THEIR MARKETING, PUBLIC SPEAKING AND	BUDGETING
SKILLS.	
DIRECT ASSISTANCE TO ENTREPRENEURS THROUGH SUB-GRANTING	IS THE FINAL
COMPONENT OF THE ACCELERATOR PROGRAM AND PROVIDES SMALL	AMOUNTS OF
FUNDING TO SELECT ENTREPRENEURS. IN ADDITION, THROUGH F	PARTNERSHIPS WITH
THE FOUNDATION FOR LOUISIANA AND THE NEW ORLEANS STARTU	JP FUND,
PROPELLER ENTREPRENEURS HAVE ACCESS TO DEBT AND EQUITY	INVESTMENT.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
OTHER PROGRAMS: PROPELLER OFFERS WORKSHOPS, PRESENTATION	ONS AND
COORDINATES OTHER EVENTS TO HELP SUPPORT AND FOSTER THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	E PROFESSIONAL Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization SOCIAL ENTREPRENEURS OF NEW ORLEANS	Employer identification number 26-3223585
DEVELOPMENT OF OUR COMMUNITY MEMBERS. THESE EVENTS ARE OF	TEN OPEN TO
THE PUBLIC AND OFFER TRAININGS IN COMPUTER LITERACY, BUSI	NESS
DEVELOPMENT, MARKETING, FINANCIAL MANAGEMENT AND DESIGN.	
FORM 990, PART VI, SECTION B, LINE 11B:	
WE EMAILED THE 990 TO ALL BOARD MEMBERS PRIOR TO SUBMISSI	ON.
FORM 990, PART VI, SECTION B, LINE 12C:	
REVIEWED ITEMS AND PARTIES ASSOCIATED IF NECESSARY.	
FORM 990, PART VI, SECTION B, LINE 15:	
SENO'S BOARD REVIEWED THE COMPENSATION PACKAGE OF THE EXE	ECUTIVE DIRECTOR
AND OBSERVED PACKAGES OF HER CONTEMPORARIES TO DISCERN WH	HETHER THE PACKAGE
WAS FAIR AND EQUITABLE TO ALL PARTIES.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT SERVICE EXPENSE:	
PROGRAM SERVICE EXPENSES	211,125
MANAGEMENT AND GENERAL EXPENSES	26,019
FUNDRAISING EXPENSES	3,140
TOTAL EXPENSES	240,284
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	240,284

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

2017 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 26-3223585 SOCIAL ENTREPRENEURS OF NEW ORLEANS Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (d) (e) (f) (b) (a) Direct controlling Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets of disregarded entity entity foreign country) 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 Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Primary activity Legal domicile (state or Exempt Code Public charity Direct controlling Name, address, and EIN controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No

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

Part III 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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)					
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total Share of income end-of-year assets	Share of total Share of	Disproportionate allocations?	amount in box 20 of Schedule		amount in box 20 of Schedule		amount in box 20 of Schedule		managing partner?	
¥		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No						
HUB NOLA LLC (DBA PROPELLER INCUBATOR) - 45-2858038, 4035 WASHINGTON AVENUE, NEW																
ORLEANS, LA 70125	REAL ESTATE	LA						X	N/A	X	50.00%					
	-															
	-															

Part IV 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	i) otion o(13) rolled ity?
		country)		Of trusty		433013		Yes	No
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Page 3

X

Yes No

1a

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a con	itrolled entity			1a		X
b Gift, grant, or capital contribution to related organization(s)				1b		X
c Gift, grant, or capital contribution from related organization(s)				1c		X
d Loans or loan guarantees to or for related organization(s)				1d		X
e Loans or loan guarantees by related organization(s)				1e		X
e Loans of loan guarantoos by forated organization(s)	***************************************		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
f Dividends from related organization(s)	W-44, 5 or 3 or 5 or 5 or 5 or 5 or 5 or 5 or			1f		_X_
				1g		X
				1h		X
				1i		X
				1j		X
, 2000 07 100111100, 0401011011, 0701011011011011011011011011011011011011	***************************************					
k Lease of facilities, equipment, or other assets from related organization	n(s)		VII	1k	X	
				11		X
				1m		X
, -				1n	X	
				10		X
O Chairing of paid on polyoco with rotation of gamestion (c)	33.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.					
Reimbursement paid to related organization(s) for expenses				1p		X
				1q		X
Troiling and by routed by garmanovito, to superiore in the	***************************************	ABINI MARAKAN A SANSAN MANAN MAN				
r Other transfer of cash or property to related organization(s)		37 A 100 B 30 100 B		1r		X
				1s		X
2 If the answer to any of the above is "Yes." see the instructions for info	rmation on who must complete to	nis line, including covered rela	tionships and transaction thresholds.			
(a)			(d)			
(4)				olved		
·	type (a-s)					
(1)						
1.7						
(2)						
A-7						
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(6)						
732163 NP-11-17	44		Schedule	R (For	m 990) 2017

Page 4

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

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 or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Are all partners set 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(h) Disproptional allocatio	or- e ns?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner Yes N	(k) Percentag ownership
								1 1	