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Form **990**

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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization **Arts Council of New Orleans**
Doing Business As
Number and street (or P O box if mail is not delivered to street address) **818 Howard Avenue** Room/suite **Suite 300**
City or town, state or country, and ZIP + 4 **New Orleans, LA 70113**

D Employer identification number **72 0778258**
E Telephone number **(504) 523-1465**
G Gross receipts $ **2075274**

F Name and address of principal officer: **Mary Len Costa, same as C above**

H(a) Is this a group return for affiliates? ☐ Yes ☑ No
H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **www.artscouncilofneworleans.org**

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation **1975** M State of legal domicile **La**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **The Arts Council provides cultural planning, advocacy, economic development, arts education, arts marketing, public art, and grant and service initiatives focused on its vision of New Orleans as a flourishing international center for arts and culture.**

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of employees (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2081560	1941250
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34100	8378
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	98232	125646
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2213892	2075274
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	808406	715828
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	504140	532398
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	996296	638158
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2308842	1886384
19	Revenue less expenses. Subtract line 18 from line 12	(94950)	188890

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1744187	1994294
21	Total liabilities (Part X, line 26)	1198515	1206480
22	Net assets or fund balances. Subtract line 21 from line 20	545672	787814

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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer Mary Len Costa Date Nov 12, 2010

Mary Len Costa, Interim President/CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ▶ | Phone no ▶ ( )

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

SCANNED DEC 2 1 2010

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
The Arts Council provides cultural planning, advocacy, economic development, arts education, arts marketing, public art, and grant and service initiatives focused on its vision of New Orleans as a flourishing international center for arts and culture.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☑ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☑ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:) (Expenses $ 480191 including grants of $ 391348) (Revenue $ 0)
DECENTRALIZED ARTS FUND
The Arts Council acts as the Regional Distributing Agency for the Louisiana Division of the Arts' Decentralized Arts Fund. It serves Orleans, Jefferson and Plaquemines Parishes. Funds are provided on a per capita basis using the mos census figures. Funds allocated to each parish are to be used for arts activities that take place in that parish or have primary impact on the residents of that parish. Decentralized Arts Fund dollars support arts activities through nonprofit arts organizations, other nonprofit organizations, governmental agencies and individual artists driven projects. The Arts Council awards grants in operating support, project assistance and technical assistance categories to bring the arts into the lives of the region's citizens. Types of activities that receive support include traditional theatre performances, artist residencies in schools and community centers, dance or music performances, visual arts workshops, media programming and literary programming. Awarded 85 grants to 79 organizations.

4b (Code:) (Expenses $ 351469 including grants of $ 310000) (Revenue $ 0)
COMMUNITY ARTS GRANTS PROGRAM
The Arts Council of New Orleans has administered the Community Arts Grants Program under contract with the City of New Orleans since 1983. These grants provide much-needed operational support for Orleans-based arts and cultural organizations and support for arts projects that have community impact. All funded activities take place in Orleans Parish and have primary impact on its residents. Community Arts Grants support established organizations and programs as well as emerging ones. Annually, grant review panels recommend funding for Operating Support grants and Project Assistance grants. Awarded 44 grants to 44 organizations.

4c (Code:) (Expenses $ 163694 including grants of $ 0) (Revenue $ 0)
NEW ORLEANS FUN GUIDE
New Orleans Fun Guide is a centralized, online interactive directory of local arts groups, venues, and artists of all disciplines. It is also a daily updated cultural events calendar. A free service provided by the Arts Council of New Orleans, this site advances New Orleans local arts community and offers a way for individuals to discover, participate in and enjoy our creative culture.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 399885 including grants of $ 24480) (Revenue $ 0)

4e Total program service expenses ▶ 1395239

Part IV 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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
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		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		✓
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
9	Did the organization report an amount in Part X, line 21; 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		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	✓	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	✓	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.*	12	✓	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No: 12A — ✓ No)			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		✓
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		✓
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		✓
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✓
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		✓

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II.*	21	✓	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	✓	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		✓
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		✓
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S Information Returns. Enter -0- if not applicable	1a	20		
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		✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country: ▶ ..... See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
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?	6a			✓
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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			

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.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	19		
b	Enter the number of voting members that are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		✓
6	Does the organization have members or stockholders?		6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	✓	
b	Each committee with authority to act on behalf of the governing body?		8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9a		✓

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		✓
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		✓
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c		✓
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ none

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Mary Len Costa, 818 Howard Avenue, Suite 300, New Orleans,La. 70113. telephone 504-523-1465

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Marianne Cohn Vice Chair	0.5	✓		✓				0	0	0
Jonathan Ferrara director	0.5	✓						0	0	0
Virginia Boulet director	0.5	✓						0	0	0
Lucy Chun director	0.5	✓						0	0	0
Robert Vosbein Treasurer	.05	✓		✓				0	0	0
William H. Hines chairman	1.0	✓		✓				0.	0	0
Dana Hansel director	0.5	✓						0	0	0
Beth Lambert director	0.5	✓						0	0	0
Thomas B. Lemann Secretary	0.5	✓		✓				0	0	0
Irvin Mayfield director	0.5	✓						0	0	0
Paul Richard director	0.5	✓						0	0	0
Beverly Matheney director	0.5	✓						0	0	0
Dr. R. Ranney Mize director	0.5	✓						0	0	0
Thomas F. Reese director	0.5	✓						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Pamela Reynolds Ryan ex officio	0.5	✓		✓				0	0	0
Bubby Valentino director	0.5	✓						0	0	0
Roger Wilson director	0.5	✓						0	0	0
Holly Way director	0.5	✓						0	0	0
Denise Williams director	0.5	✓						0	0	0
Mary Len Costa Interim President/CEO	45	✓		✓		✓		$80,000	0	0
1b Total ▶								$80,000	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ **0**

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		✓
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		✓
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
none		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b	35265			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	975308			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	930677			
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a–1f		1941250			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8378			8378
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less. rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less. cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ ..... of contributions reported on line 1c). See Part IV, line 18 a					
	b Less. direct expenses b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less. direct expenses. b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a arts market booth rentals	900099	125646	125646		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		125646			
	12 **Total revenue.** See instructions.		2075274	125646		8378

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	715828	715828		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	80000	7096	70910	1994
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	361544	284914	50796	25834
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	57349	32021	21625	3703
10 Payroll taxes	33505	20891	10701	1913
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	16000		16000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	71724	28742	42982	
12 Advertising and promotion	20162	18742	590	830
13 Office expenses	114938	65783	44781	4374
14 Information technology	47899	24879	15816	7204
15 Royalties				
16 Occupancy	41813	10021	31792	
17 Travel	18485	12175	4387	1923
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5084	3492	1422	170
20 Interest	849		849	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1800	433	1367	
23 Insurance	23142	11913	11229	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a **allocation of indirect expenses**	0	102053	(111381)	9328
b **artist fees**	52897	48697	4200	
c **loss on equipment writeoff**	211122		211122	
d **misc**	12243	7559	4512	172
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	1886384	1395239	433700	57445
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	100	1	100
	2	Savings and temporary cash investments	935293	2	1414474
	3	Pledges and grants receivable, net	149398	3	83360
	4	Accounts receivable, net	544	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 156077			
	b	Less: accumulated depreciation — 10b: (115203)	246260	10c	40874
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	385515	12	428419
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	27067	15	27067
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1744187	16	1994294
Liabilities	17	Accounts payable and accrued expenses	344847	17	1014379
	18	Grants payable	355810	18	192101
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	497858	24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	1198515	26	1206480
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	(119864)	27	179554
	28	Temporarily restricted net assets	281941	28	323260
	29	Permanently restricted net assets	383595	29	285000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	545672	33	787814
	34	Total liabilities and net assets/fund balances	1744187	34	1994294

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		✓
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
Arts Council of New Orleans	72 : 0778258

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: .....

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i) (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
11g(ii) (ii) A family member of a person described in (i) above?		
11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1651084	1604096	1956494	2081560	1443894	8737128
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1651084	1604096	1956494	2081560	1443894	8737128
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)						1256850
6 **Public support.** Subtract line 5 from line 4.						7480278

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1651084	1604096	1956494	2081560	1443894	8737128
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	43153	57979	59408	34100	8378	203018
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 IV)	43630	35965	175550	98232	125646	479023
11 **Total support.** Add lines 7 through 10						9419169

12 Gross receipts from related activities, etc. (see instructions) 12 270420

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . 14 79 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 83 %

16a **33⅓ % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33⅓ % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II Line 1 - unusual contribution excluded from line 1

year: 2009

name : a generous contributor

date of contribution: September 3, 2009

amount of contribution: $497,356

description: debt retirement

Part II, line 10 other income

Other income is from booth rental fees from artists and craftsmen who sell their work at an arts market presented by the Arts Council of New Orleans.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Arts Council of New Orleans

Employer identification number

72 : 0778258

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g., recreation or pleasure)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	385515	499943			
b	Contributions					
c	Net investment earnings, gains, and losses	63334	(94495)			
d	Grants or scholarships					
e	Other expenditures for facilities and programs	(18504)	(17649)			
f	Administrative expenses	(1926)	(2284)			
g	End of year balance	428419	385515			

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► .....0 %
b Permanent endowment ► .....66 %
c Term endowment ► .....0 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i)	unrelated organizations	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		156077	115203	40874
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				40874

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
endowment funds held by Greater New Orlean	428419	end of year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13.)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	0
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

2. FIN 48 Footnote. In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2075274
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1886384
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	188890
4	Net unrealized gains (losses) on investments	4	53252
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	242142

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	2128526
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	53252		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	53252
3	Subtract line **2e** from line **1**			3	2075274
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	2075274

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	1886384
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	1886384

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X line 2

FIN footnote from audited financial statements

Uncertain Tax Positions

ACNO follows the provisions of the Accounting for Uncertainty in Income Taxes Topic of the FASB Accounting Standards Codification. The implementation of this Topic had no impact on the statements of financial position and the statements of activities and changes in net assets.

Part XIV Supplemental Information *(continued)*

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Arts Council of New Orleans

Employer identification number

72 : 0778258

Part I General Information on Grants and Assistance

1 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? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Anthony Bean Community Theater an 1333 S Carrollton Avenue New Orlea	72-1492305	501(c)(3)	8560				operating support
Anthony Bean Community Theater ar 1333 S Carrollton Avenue New Orlea	72-1492305	501(c)(3)	3851				operating support
ArtSpot Productions 6100 Canal Boulevard New Orleans L	72-1499547	501(c)(3)	3072				project assistance
ArtSpot Productions 6100 Canal Boulevard New Orleans L	72-1499547	501(c)(3)	7900				operating support
Belle Chasse Primary School 539 F Edward Hebert Boulevard	72-6001091	501(c)(3)	5557				project assistance
Bissonet Plaza Elementary School 6818 Kawanee Avenue Metairie L	72-6000592	501(c)(3)	6323				project assistance
Catherine Strehle Elementary School 178 Millie Avondale LA	72-6000592	501(c)(3)	6602				project assistance
City of Kenner 624 Williams Blvd, Kenner, La	72-6001670		5319				project assistance
Clancy Elementary School for the Arts 2100 Maine Avenue, Kenner, La.		501(c)(3)	2233				techinal assistance
Clancy Elementary School for the Arts 2100 Maine Avenue, Kenner, La		501(c)(3)	5961				project assistance
Contemporary Arts Center 900 Camp Street New Orleans LA	72-0798830	501(c)(3)	19755				operating support

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 55

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(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 non-cash assistance
performances of new music including opera,					
chamber orchestra, improvised jazz	4	12471			
production of a community based collaborative	1	2500			
performance piece					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Grantees are required to submit a grant contract including 1) a description of the scope of services and activities to be provided under the grant, 2) a budget indicating how grant funds will be spent and 3) a signed Letter of Agreement detailing the various terms of the grant. As part of the Agreement, grantees are asked to inform grant staff of upcoming grant-funded activities; grants staff makes site visits to monitor the activities. Grantees must complete a detailed final report documenting grant-funded activities by answering questions on a final report form, by submitting financial documentation for all grant expenditures, and by submitting promotional and program materials and photos of the funded activities. Grants staff reviews and approves all final reports before making final grant payments which, if approved, are a reimbursement of 25% of the grant award.

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Arts Council of New Orleans

Employer identification number

72 : 0778258

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CubaNOLA Arts Collective P O Box 53243 New Orleans LA	94-3316972	501(c)(3)	2500				project assistance
CubaNOLA Arts Collective P O Box 53243 New Orleans LA	94-3316972	501(c)(3)	3301				project assistance
D'Project 828 Royal Street, New Orleans, La	26-0412281	501(c)(3)	2751				project assistance
D'Project 828 Royal Street, New Orleans, La	26-0412281	501(c)(3)	3150				artist in residence
Delta Festival Ballet P O Box 7425 Metairie LA	23-7057459	501(c)(3)	12838				operating support
Efforts of Grace, Inc (Ashe Cultural A 1712 Oretha Castle Haley Blvd New C	72-1266819	501(c)(3)	4768				operating support
Efforts of Grace, Inc (Ashe Cultural A 1712 Oretha Castle Haley Blvd New	72-1266819	501(c)(3)	10800				operating support
Friends of NORD, Inc One Lee Circle New Orleans LA	72-1280031	501(c)(3)	1800				artist in residence
Friends of NORD, Inc. One Lee Circle New Orleans LA	72-1280031	501(c)(3)	4127				operating support
Friends of NORD, Inc One Lee Circle New Orleans LA	72-1280031	501(c)(3)	1651				technical assistance
Friends of NORD, Inc One Lee Circle New Orleans LA	72-1280031	501(c)(3)	2500				project assistance
Friends of WWOZ, Inc P O Box 51840 New Orleans LA	58-1702220	501(c)(3)	6419				operating support
Friends of WWOZ, Inc. P O Box 51840 New Orleans LA	58-1702220	501(c)(3)	19495				operating support

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No 1545-0047

2009

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Name of the organization

Arts Council of New Orleans

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72 : 0778258

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Goat in the Road Productions 3425 Burgundy Street, New Orleans, La	26-324811	501(c)(3)	4127				project assistance
Goat in the Road Productions 3425 Burgundy Street, New Orleans, La	26-324811	501(c)(3)	1350				artist in residence
Grand Isle Community Development P O Box 500 Grand Isle LA	20678895	501(c)(3)	5089				project assistance
Greater New Orleans Suzuki Forum P O Box 73876 Metairie LA	72-1317229	501(c)(3)	5652				project assistance
Greater New Orleans Youth Orchestra 170 Broadway, Suite 229 New Orlean	72-1317229	501(c)(3)	7500				operating support
Greater New Orleans Youth Orchestra 170 Broadway, Suite 229 New Orlean	72-1317229	501(c)(3)	2109				operating support
Greater New Orleans Youth Orchestra 170 Broadway, Suite 229 New Orlean	72-1317229	501(c)(3)	1935				technical assistance
Green Park Elementary 1409 North Upland Avenue Metairie L	72-6000592	501(c)(3)	6052				project assistance
Gretna No. 2 Academy 701 Amelia Street, Gretna, La	72-6000592	501(c)(3)	5410				project assistance
Jefferson Ballet Theatre 3621 Florida Avenue Kenner LA	72-1301631	501(c)(3)	11004				operating support
Jefferson Dollars for Scholars 3330 N Causeway Blvd , Suite 435	41-1756360	501(c)(3)	6144				project assistance
Jefferson Parish Public School/Speci 501 Manhattan Boullevard Harvey LA	72-6000592	501(c)(3)	6694				project assistance
Jefferson Performing Arts Society 1118 Clearview Parkway Metairie LA	72-0861706	501(c)(3)	48143				operating support

2

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Arts Council of New Orleans

Employer identification number

72 : 0778258

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jefferson Youth Foundation, Inc P O Box 184, 500 Pine Street Marrer	72-1223689	501(c)(3)	5869				project assistance
KID smART 1920 Clio Street New Orleans LA	72-1437355	501(c)(3)	10665				operating support
Kids Rethink New Orleans Schools 338 Baronne Street, New Orleans, La	33-1203055	501(c)(3)	3943				project assistance
Kids Rethink New Orleans Schools 338 Baronne Street, New Orleans, La	33-1203055	501(c)(3)	1350				artist in residence
Komenka Ethnic Dance Ensemble, I P O Box 13031New Orleans LA	72-0895934	501(c)(3)	6060				operating support
Komenka Ethnic Dance Ensemble, I P O Box 13031New Orleans LA	72-0895934	501(c)(3)	3393				operating support
Le Petit Theatre du Vieux Carre 616 St Peter Street New Orleans LA	72-0423626	501(c)(3)	4035				operating support
Le Petit Theatre du Vieux Carre 616 St. Peter Street New Orleans LA	72-0423626	501(c)(3)	7905				operating support
Louisiana Philharmonic Orchestra 1010 Common Street, Suite 2120 Ne	72-1189023	501(c)(3)	23715				operating support
Moscow Nights, Inc. 5231 St Charles Avenue #D New Orl	582493241	501(c)(3)	5273				project assistance
Musical Arts Society of New Orleans P O Box 750698 New Orleans LA	72-1333207	501(c)(3)	7380				operating support
Musical Arts Society of New Orleans P O Box 750698 New Orleans LA	72-1333207	501(c)(3)	3393				operating support
New Orleans Ballet Association 1 Lee Circle New Orleans LA	23-7122403	501(c)(3)	3806				project assistance

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Arts Council of New Orleans

Employer identification number

72 : 0778258

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New Orleans Ballet Association 1 Lee Circle New Orleans LA	23-7122403	501(c)(3)	20670				operating support
New Orleans Ballet Theatre 900 Camp Street New Orleans LA	30498652	501(c)(3)	5265				operating support
New Orleans Children's Chorus 5306 Canal Boulevard New Orleans L	72-1261590	501(c)(3)	3760				project assistance
New Orleans Children's Chorus 5306 Canal Boulevard New Orleans L	72-1261590	501(c)(3)	7375				operating support
New Orleans Film Society 900 Camp Street New Orleans LA	72-1136068	501(c)(3)	7900				operating support
New Orleans Film Society 900 Camp Street New Orleans LA	72-1136068	501(c)(3)	1467				technical assistance
New Orleans Friends of Music 1035 Eleonore Street New Orleans LA	72-6021704	501(c)(3)	4740				operating support
New Orleans Friends of Music 1035 Eleonore Street New Orleans LA	72-6021704	501(c)(3)	2980				operating support
New Orleans Fringe Inc 732 France Street New Orleans LA	26-23000034	501(c)(3)	2155				technical assistance
New Orleans Fringe Inc 732 France Street New Orleans LA	26-23000034	501(c)(3)	3668				project assistance
New Orleans Fringe Inc 732 France Street New Orleans LA	26-23000034	501(c)(3)	2500				project assistance
New Orleans Gay Men's Chorus P O Box 19365 New Orleans LA	75-4048016	501(c)(3)	2843				operating support
New Orleans Gay Men's Chorus P O Box 19365 New Orleans LA	75-4048016	501(c)(3)	3950				operating support

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Arts Council of New Orleans

Employer identification number

72 0778258

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
New Orleans Jazz & Heritage Festival 1205 N Rampart Street, New Orleans, La	72-0692744	501(c)(3)	3210				project assistance
New Orleans Jazz & Heritage Festival 1205 N. Rampart Street, New Orleans, La.	72-0692744	501(c)(3)	2500				project assistance
New Orleans Musica da Camera 3705 Laurel Street New Orleans LA	23-7135912	501(c)(3)	3026				operating support
New Orleans Musica da Camera 3705 Laurel Street New Orleans LA	23-7135912	501(c)(3)	5925				operating support
New Orleans Photo Alliance 601 Constantinople Street, New Orleans, La	20-5899827	501(c)(3)	2293				technical assistance
New Orleans Photo Alliance 601 Constantinople Street, New Orleans, La	20-5899827	501(c)(3)	3851				operating support
Ogden Museum of Southern Art 925 Camp Street New Orleans LA	72-1479496	501(c)(3)	15800				operating support
Pirate's Alley Faulkner Society 624 Pirate's Alley New Orleans LA	581965137	501(c)(3)	2980				operating support
Pirate's Alley Faulkner Society 624 Pirate's Alley New Orleans LA	58-1965137	501(c)(3)	5265				operating support
Plaquemines Parish Library 8442 Highway 23 Belle Chasse	72-6001090	501(c)(3)	6558				project assistance
Rivertown Repertory Theatre Guild, In 325 Minor Street Kenner LA	72-1221378	501(c)(3)	22613				operating support
Southern Repertory Theatre 333 Canal Street, Box 34 New Orlean	72-1088017	501(c)(3)	13825				operating support
Stage to Stage, Inc 305 Baronne St . Suite 302 New Orlea	72-1319092	501(c)(3)	4493				operating support

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Arts Council of New Orleans

Employer identification number

72 : 0778258

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Stage to Stage, Inc 305 Baronne St , Suite 302 New Orlea	72-1319092	501(c)(3)	7375				operating support
Symphony Chorus of New Orleans P O Box 50542 New Orleans LA	72-1202296	501(c)(3)	3950				operating support
Symphony Chorus of New Orleans P. O Box 50542 New Orleans LA	72-1202296	501(c)(3)	2568				technical assistance
Tennessee Williams/New Orleans Li 938 Lafayette Street, Suite 514 New C	72-1088036	501(c)(3)	2700				artist in residence
Tennessee Williams/New Orleans Li 938 Lafayette Street, Suite 514 New C	72-1088036	501(c)(3)	10665				operating support
Three Ring Circus Arts Education Ce 1638 Clio Street New Orleans LA	80-0083013	501(c)(3)	6585				operating support
Three Ring Circus Arts Education Ce 1638 Clio Street New Orleans LA	80-0083013	501(c)(3)	4163				operating support
Tsunami Dance Inc 1107 Cambronne Street New Orleans	06-1703379	501(c)(3)	2500				project assistance
Tsunami Dance Inc 1107 Cambronne Street New Orleans	06-1703379	501(c)(3)	2751				project assistance
Uptown Area Senior Adult Ministry, In 921 S. Carrollton Street New Orleans	72-0842907	501(c)(3)	2500				project assistance
Uptown Area Senior Adult Ministry, In 921 S Carrollton Street New Orleans	72-0842907	501(c)(3)	2659				project assistance
Young Aspirations/Young Artists, Inc 338 Baronne Street, Suite 300 New O	72-1132928	501(c)(3)	2155				techinal assistance
Young Aspirations/Young Artists, Inc 338 Baronne Street, Suite 300 New O	72-1132928	501(c)(3)	5502				operating support

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Arts Council of New Orleans

Employer identification number

72 0778258

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Young Aspirations/Young Artists, Inc 338 Baronne Street, Suite 300 New O	72-1132928	501(c)(3)	9615				operating support
Young Audiences 615 Baronne Street, Suite 201 New O	72-6027054	501(c)(3)	8730				operating support
Young Audiences 615 Baronne Street, Suite 201 New O	72-6027054	501(c)(3)	5594				operating support

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Arts Council of New Orleans

Employer identification number

72 0778258

Part III Line 4d Program Service expenses

ARTS MARKET OF NEW ORLEANS $149,882

The Arts Market is a monthly arts market held the last Saturday of every month which features handmade, affordable art from local and regional artists and artisans. The Arts Market also features live entertainment, food and beverage booths, and a children's activities area. It is a peer reviewed market, with a rotating committee of participating artists joining Arts Council staff to serve as the jury.

PUBLIC ART $133,544

The Arts Council of New Orleans administers the public art program for the City of New Orleans as well as other public art initiatives that commission and place art in the public venue. The City's public art program is supported through funding generated by 1% of eligible municipal capital bonds, and it includes commissioned site-specific artwork, purchase of existing work, community outreach and education initiatives, on-going maintenance of the collection, and program administration.

ARTS BUSINESS PROGRAM $65,260

The Arts Business Program provides services to individual artists, start-up arts businesses, and arts nonprofits through business and career planning, business development workshops, pro-bono legal assistance, collaborative arts marketing projects, and group health insurance for arts businesses and nonprofits.

OTHER $51,199

Other small programs include $24480 of regrants awarded for artist residencies.

Name of the organization	Employer identification number
Arts Council of New Orleans	72 0778258

Part VI line 11 - Review of Form 990

Copies of this Form 990 have been provided for review to the members of the executive committee of the Board of Directors prior to filing. Copies will be provided to all members of the Board of Directors after filing.

The form 990 is reviewed by the tax department of the Arts Council's external auditors as part of the annual audit. Results of that review are discussed with the Arts Council's interim President/CEO and accounting manager.

Part VI line 15a - Compensation

The salary of the Interim President/CEO was determined by the Board of Directors effective June 1, 2007. The possible salary of the permanent President/CEO was determined by the executive committee of the Board of Directors based upon comparisons with other local and national offerings in the cultural arena.

Part VI line 19 - Public access to governing documents, conflict of interest policy, and financial statements

The articles of incorporation and bylaws are filed in the Louisiana Secretary of State's office and may be obtained by written request to that office. Audited financial statements are available on the Louisiana Legislative Auditor's website. The Arts Council's conflict of interest policy is available upon request.

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► ☑
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ► ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-*file*). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	Arts Council of New Orleans	**72 0778258**
	Number, street, and room or suite no. If a P.O. box, see instructions. **818 Howard Ave. Suite 300**	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. **New Orleans, La. 70113**	

Check type of return to be filed (file a separate application for each return):

☑ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ► **Mary Len Costa**

Telephone No. ► (**504**) **523-1465** FAX No. ► ( )

- If the organization does not have an office or place of business in the United States, check this box . . . . . ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)_____. If this is for the whole group, check this box . . . . . ► ☐. If it is for part of the group, check this box . . . . . ► ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☑ calendar year 20**09** or
► ☐ tax year beginning _____, 20____, and ending _____, 20____

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . ▶ ☐
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization	**Employer identification number**
File by the extended due date for filing the return See instructions	Number, street, and room or suite no If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Check type of return to be filed (File a separate application for each return):

☐ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ .....
Telephone No. ▶ (.....) ..... FAX No. ▶ (.....) .....
• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . . . . . ▶ ☐ . If it is for part of the group, check this box. . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until ....., 20.....
5 For calendar year ....., or other tax year beginning ..... , 20....., and ending ....., 20.....
6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
7 State in detail why you need the extension .....

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ MaryLou Costa Title ▶ Interim President/CEO Date ▶ 4/30/2010

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . ► ☑

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return. See instructions.	**Arts Council of New Orleans**	**72 0778258**
	Number, street, and room or suite no. If a P.O. box, see instructions. **818 Howard Ave. Suite 300**	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. **New Orleans, LA 70113**	

Check type of return to be filed (File a separate application for each return):

☑ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► **Mary Len Costa**
  Telephone No. ► (**504**) **523-1465** FAX No. ► ( )
- If the organization does not have an office or place of business in the United States, check this box . . . . . ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . . . . . ► ☐ . If it is for part of the group, check this box. . . . . ► ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **November 15**, 20**10**.

5 For calendar year **2009**, or other tax year beginning _____, 20____, and ending _____, 20____.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension **The Arts Council is involved in numerous complex business transactions, the analysis of which prevents the company from filing a complete and accurate return by August 15, 2010.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Mary Len Costa Title ► Interim President/CEO Date ► 8/12/10