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#### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasury

**Open to Public** 

		e Service The organization may have to use a copy of this return to satisfy state rep			Inspection	
		2009 calendar year, or tax year beginning 7/1/2009 , and en		0/2010		
$\overline{}$	heck if ap	use IRS			n number	
=	ddress	1400 01	72-079410			
$\equiv$	lame ch	type	om/suite E Telephoni	e number		
₩"	nitial retu	Sansife Troot Citation Code	(225) 767-4	1462		
ЦI	erminate	Instruc-				
ַ רַ	mended		09 Gross rec	eipts \$	2,12	8,009
	pplication	n pending F Name and address of principal officer	H(a) Is this a group ret	urn for affiliates	s?Yes_>	<u>≺</u> ] Νο
		Terri Crocket 7733 Perkins Road, BAton Rouge, LA 70810	H(b) Are all affiliates in	cluded?	X Yes	No
I T	ax-exei	npt status X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527	If "No," attach a li	st (see instruc	tions)	_
		: ▶ www lpb org	H(c) Group exemption	number 🕨		
			of formation 1991	M State o	of legal domicile	<u>LA</u>
۲	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities The Organization				
ø		support the Foundation for Excellence in Louisiana Public Broadcasting by transfer	ing \$1,095,137 to	this 501 (c	) (3) Organiza	itióū
апс						
Activities & Governance						
30	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of	of more than 25%	of its net as	ssets	
8	3	Number of voting members of the governing body (Part VI, line 1a)		3		27
ties	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	· · · · · · · · · · · · · · · · · · ·	27
Ĭ	5	Total number of employees (Part V, line 2a)		5		7
ĕ	6	Total number of volunteers (estimate if necessary)		6		200
	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
		PEOFIL	Prior Year		Current Year	
e	8	Contributions and grants (Part VIII) line Vm	1,74	7,487	1,862	2,213
eun	9	Program service revenue (Part VIII, line-2g)				616
Revenue	10	Investment income (Part VIII) column (A), lines 3, 4 and 7d)		2,371		3,967
_	11	Other revenue (Part VIII) column (A), lines 5, 6d, 8d, 9c, 10c, and 11e)		9,504		1,584
	12	Total revenue—add lines 8 through 11. (must equal Part VIII, column (A), line 12)		9,362		8,380
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,569	1,09	<u>5,137</u>	
	14	Benefits paid to or for members (Part IX, column (A), line 4).		0.151		0
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		2,154		7,680
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	4	9,001	59	9,978
Š	b	Total fundraising expenses (Part IX, column (D), line 25) ► 717,161			•	
_	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		0,247		0,996
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		7,971		3,791
- 0	19	Revenue less expenses Subtract line 18 from line 12		1,391		<u>5,411</u>
ts or inces	20	Total assats (Dod V. line 16)	Beginning of Curren		End of Year	E 070
ot Assets and Baland	20	Total assets (Part X, line 16)		1,240		5,679
Net A Fund	21	Total liabilities (Part X, line 26)		5,969		5,819
		Net assets or fund balances Subtract line 21 from line 20	42	5,271	413	9,860
Pa	rt II	Signature Block Under penattres of perjury, I declare that prave examined this return, including accompanying schedule	e and statements and	to the boot of a	my knowledge	
		and belief, it is true, correct, and complete. Deplaration of preparer (other than officer) is based on all in	of which precise and	arer has anv k	nowledge	
				,		
٠.		I Chesil & lord &		1-12	-70	
Sig		enghature of officer	Pate	1		
Her	·e	Merci A. Crocke M. Cyoca	tion Dia	ec to	_	
		Type or print name and title		<u> </u>		
		Preparer's Date Ch	eck if		dentifying number	
Paid	d	signature signature self-	- 101	(see instruction		
Pre	parer's			P0018129		
	Only	if self-employed),  DONALD C DEVILLE, CPA		72-10832	23	
		address, and ZIP + 4 7829 BLUEBONNET BLVD, BATON ROUGE, LA 70810	Phone no	(225) 767	-7829	
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes	$\neg_{No}/$

0) (Revenue \$

0 including grants of \$

1,095,137

(Expenses \$

Total program service expenses ▶

0)

Par	t 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,"	-		ļ
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III .	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V.	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		V	
	VII, VIII, IX, or X as applicable	11	Х	
	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		i	1
	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			
42	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII	12	Х	
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax  Yes No			
120	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			١
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III.	16		X
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	X	<u> </u>
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		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1.0		
	If "Yes," complete Schedule G, Part III	19	-	<del>`</del> X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	20	1	X

#### 9) Friends of Louisiana Public Broadcasting, In c Checklist of Required Schedules (continued) Part IV

			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	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		v
240	employees? If "Yes," complete Schedule J	23		<u> X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	
	\$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	240	-	v
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	238		
_	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	100		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Χ
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	i	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee 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		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	_		.,
0.4	conservation contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," complete Schedule N,	ا ما		v
32	Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	31		X
32	If "Yes," complete Schedule N, Part II	32		У
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	34		X
55	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
<b>5</b> 4	III, IV, and V, line 1	34		Х
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		Х
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37	<b> </b>	X
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		
		Form	990	(2000)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			-3
			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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
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 7			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)	ı		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
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		X
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			
<b>5</b> 0				
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	30		
·	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<del>-</del>		
	organization solicit any contributions that were not tax deductible?	6a	х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		-	
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Χ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	. 1		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7f		X
g h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g		<del>  ^-</del>
"	required?	7h		X
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		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person? .	9b		Х
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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		X
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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Х	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	-	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	- 00		
•	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code )			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Χ
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		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	Χ	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			.,
	rise to conflicts?	12b		X
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	42-		v
13	Does the organization have a written whistleblower policy?	12c 13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	14		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official .	15a	X	
b	Other officers or key employees of the organization	15b	X	
-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions).			
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		Х
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	<u> </u>	l. <u>.</u>
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interestable and financial electrometric conflict of interestable to the mobile	est		
00	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 Terri Crocket (225) 767-44	.02		

## 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)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	hec Officer	Key employee	Highest compensated employee	S Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Rosa Dunn Chair	2	х		х				0	0	0
T O Perry Vice Chair	2	х		х				0	0	0
Allyson Fox Pharr Treasurer	2	X		X				0		
Payton John Secretary	2	X		x				0		
Deborah Randolph Past Chair	2	Х		x				0		
Donna Gay Anderson Director	1	х						0	0	
Karrın Barro Director	1	х						0	0	0
Jean Bolton Director	1	х						0	0	0
Mary Helen Burns Director	1.	Х						0	0	0
John Denison Director	1	Х						0	0	0
Donna Ewing Director	1	х						0	0	0
Dan Hare Director	1.	Х					;	_0	0	0
Patti Harper Director	1	х						0	0	0
Tonı Forte Hayes Director	1	х						0	0	0
Michael Holly Director	1.	х						0	0	0
Susanne Jones Director	<u>1</u>	x						0	0	0

(A)	(B)	(C)				(D)	(E)		(F)				
Name and title	Average hours per week	or director		(chec Officer	all Key employee	a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC		Estima amoun other compens from the organization	nt of er sation the ation ated	
Phillip Juban Director	1	x						0					- כ
Sara Judson Director	1	х						0				C	_ )
Debbie Kleinpeter Director	1	x						0				C	
Robyn Merrick Director	1	×						0					
Bradley Mittendorf Director	1	x						0				C	
George Nelson Director	1	x										_	
Darrel Papillion								0		)		0	
Sue Rainer	'						(			0			
Director Lana Sonnier	1	X						0		)		0	<u>)</u>
<u>Director</u> Chris Spencer	1	X						0	(	) 		0	<u>)</u>
Director Kim Howes Zabbia	1	Х						0	(	-		0	<u>)</u>
Director Torri Crockett	1	Х				<u> </u>		0	(	-		0	)
Executive Director	40			Х	X	Х		69,615	(	_		0	<u>)</u>
41 7 4 1							_						_
Total     Total number of individuals (including but no reportable compensation from the organization)		se list	ed a	bove 0	e) wh	no re	ceive	69,615 ed more than \$1		<u>) </u>		0	<u>}</u>
3 Did the organization list any former officer,	director or trust	00 k	01/ 01	molo	v00	or b	aho	at componented			Yes	No	7
employee on line 1a? If "Yes," complete Sci					усс,	OI III	gne			3		X	_
4 For any individual listed on line 1a, is the su the organization and related organizations g													
individual						יוקוווכ	516 0	· · ·		4		X	_
5 Did any person listed on line 1a receive or a services rendered to the organization? If "Yo								ganızatıon for		5		×	_
Section B. Independent Contractors						·							_
Complete this table for your five highest concompensation from the organization	npensated inde	pend	ent c	ontra	acto	rs tha	at red	ceived more that	n \$100,000 of				
(A) (B) Name and business address Description of services						rices C		(C) nsation					
												0	
												0	_
	· · · ·											0	_
Total number of independent contractors (in	cluding but not	luncita	nd to	thee	o lic	tod a	hou	a) who rossived				0	) T
more than \$100,000 in compensation from t	•		5u 10	แเบร	Ç 11S	0	DOVE	e, who received				_	

72-0794108

Par	t VIII	Statement of Revenue			-			
	•				(A)	(B)	(C)	(D)
1		<del></del>			Total revenue	Related or exempt	Unrelated business	Revenue excluded from
						function	revenue	tax under sections
· ν ν	1a	Federated campaigns	<del></del>	1a 0		revenue		512, 513, or 514
ant	b	Membership dues .	·	1b 0	1	!		
p, g	C	Fundraising events	· · · ·	1c 0				
ifts I' ai	4	Related organizations		1d 0	1			
o, g nia	e	Government grants (contributions)	ŀ	1e 0	1			
sin	f	All other contributions, gifts, grants	and	16 0	1			
out He	'	similar amounts not included above		1f 1,862,213				
t it	g	Noncash contributions included in		47,219	1	}		
Contributions, gifts, grants and other similar amounts	, -	Total. Add lines 1a–1f	iiiles la II 🍑	7/,210	1,862,213			
	<del>- "</del>	Total No Mo No		Business Code	1,002,210			
au	2a	Projects and grants			616	616		<del></del>
Še	b				0.0			<del></del>
<u> </u>	C				0	· · · · · · · · · · · · · · · · · · ·		
e Z	d				0	<del></del>		
E	e				0			
Program Service Revenue	f	All other program service revenue			0			-
Pro	g	T / 1 A 111 0 00		<b>&gt;</b>	616			
	3	Investment income (including divid		. and				
	-	other similar amounts)		. •	3,967			3,967
	4	Income from investment of tax-exe	mpt bond prod	ceeds >	0			
	5	Royalties		<b>&gt;</b>	0	· · · · · · · · · · · · · · · · · · ·		
		•	(ı) Real	(ii) Personal				
	6a	Gross Rents			1			
	b	Less rental expenses			1			
	c	Rental income or (loss)	· · · ·	0 0	1 .			
	d	Net rental income or (loss)		. •	0			
	7a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory		0 0				
	b	Less cost or other basis						
		and sales expenses		0 0				
	С	Gain or (loss)		0 0				
	d	Net gain or (loss)			0			
45	8a	Gross income from fundraising						
Other Revenue		events (not including \$	0					
Š		of contributions reported on line 1c	)					}
జ		See Part IV, line 18		a 261,144				
ē	b	Less direct expenses		<b>b</b> 169,629				
\$	С	Net income or (loss) from fundraisi	ng events .	. <u> </u>	91,515	. <u></u>		
_	9a	Gross income from gaming activities	es					
		See Part IV, line 19		a 0				
		Less direct expenses		b0				
		Net income or (loss) from gaming a	activities .	<u> </u>	0			
	10a	Gross sales of inventory, less						
					4			
		•	•	b0	<u> </u>			
	_ <u>c</u>	Net income or (loss) from sales of	inventory .	. ▶	0			
	<u> </u>	Miscellaneous Revenue	<del></del>	Business Code				
		Other			69			
	b			· · · ·	0			
	C	All all a granders			0		<del></del>	<del> </del>
	d	All other revenue			0			-
	1	Total. Add lines 11a–11d .  Total revenue. See instructions		<b>▶</b>	1,958,380	<del></del>	0	3.967
	1 1/	TOTAL REVEITUE, SEE INSURCIONS			1.500.00U	1 060	()	1 3.90 <i>/</i>

#### Friends of Louisiana Public Broadcasting, In c Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(כ)(ع) and 501(כ)( All-other-organizations-must-complete column———All-other				d (D).
	not include amounts reported on lines 6b, 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 .	1,095,137	1,095,137		
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	_			
4	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0		+	
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified	0			<del></del>
ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	284,518		69,615	214,903
8	Pension plan contributions (include section 401(k)	-2.10.10		20,0.0	
-	and section 403(b) employer contributions).	5,156		5,156	
9	Other employee benefits	25,718	77 V	25,718	
10	Payroll taxes	22,288		5,453	16,835
11	Fees for services (non-employees).				
а	Management	0			
b	Legal	0			
С	Accounting	6,515		6,515	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	59,978			59,978
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			40.540
13 14	Office expenses Information technology .	10,548 7,975			10,548 7,975
15	Royalties	0			1,915
16	Occupancy .	30,482		30,482	<del></del>
17	Travel	2,312		30,402	2,312
18	Payments of travel or entertainment expenses	2,012		-	2,012
	for any federal, state, or local public officials	o			
19	Conferences, conventions, and meetings	2,550		2,550	
20	Interest .	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization [	7,203	0	0	7,203
23	Insurance	5,662		5,662	
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				l
	and labeled miscellaneous may not exceed				
_	5% of total expenses shown on line 25 below )	20.000	<del></del>		20.000
a	Bank charges	30,693			30,693
b	Data Processing	21,5 <u>18</u> 89,794	-		21,518 89,794
c d	Postage Thank you gifts	151,231	-	<del></del>	151,231
e	Desertions	91,582			91,582
f	All other expenses	12,931		342	12,589
25	Total functional expenses. Add lines 1 through 24f	1,963,791	1,095,137	151,493	717,161
26	Joint costs. Check here ▶ If following				
	SOP 98-2 Complete this line only if the organization		ļ	1	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation		1		-
					Form <b>990</b> (2009)

P	art X	Balance Sheet		_		
	•			(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest-bearing		266,870		498,854
	2	Savings and temporary cash investments		50,060		50,060
	3	Pledges and grants receivable, net		66,291	3	72,386
	4	Accounts receivable, net		0	4	1,000
	5	Receivables from current and former officers,	directors, trustees, key			
	:	employees, and highest compensated employ	rees. 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 4	1958(c)(3)(B) Complete			
		Part II of Schedule L			6	
ţ	7	Notes and loans receivable, net .		0	7	0
Assets	8	Inventories for sale or use			8	
ä	9	Prepaid expenses and deferred charges .		4,795	9	3,597
	10a	Land, buildings, and equipment cost or	<b>10a</b> 156,5			
		other basis Complete Part VI of Schedule D			] ]	
	ь	Less accumulated depreciation	<b>10b</b> 137,0	22 24,429	10c	19,573
	11	Investments—publicly traded securities		198,795		209
	12	Investments—other securities See Part IV, Iir	ne 11	0		0
	13	Investments—program-related See Part IV, II	0		0	
	14	Intangible assets	0		0	
	15	Other assets See Part IV, line 11 .		0	·	0
	16	Total assets. Add lines 1 through 15 (must ed	rual line 34)	611,240	<del></del>	645,679
	17	Accounts payable and accrued expenses	<u> </u>	185,969		224,319
	18	Grants payable	100,000	18	224,010	
	19	Deferred revenue		19	1,500	
	20	Tax-exempt bond liabilities		20	1,300	
ý	21	Escrow or custodial account liability. Complete		21		
Liabilities	22	Payables to current and former officers, direct		-		
ig		employees, highest compensated employees,	•			
<u></u>		persons Complete Part II of Schedule L	and disquained		22	
	23	Secured mortgages and notes payable to unre	alated third parties	0		0
	24	Unsecured notes and loans payable to unrela	•	0		
	25	Other liabilities Complete Part X of Schedule			<del></del>	0
	26	Total liabilities. Add lines 17 through 25	<b>U</b>	185,969		225,819
	20		<del></del>	165,969	20	225,619
Ś		Organizations that follow SFAS 117, check		1		
ည		complete lines 27 through 29, and lines 33	and 34.			
<u>la</u>	27	Unrestricted net assets .		424,271	27	418,860
å	28	Temporarily restricted net assets .		1,000	28	1,000
nd	29	Permanently restricted net assets			29	
F		Organizations that do not follow SFAS 117	, check here ▶			,
ō		and complete lines 30 through 34.	•			
Ş	30	Capital stock or trust principal, or current fund	s	<del></del>	30	
SSE	31	Paid-in or capital surplus, or land, building, or			31	
Ä	32	Retained earnings, endowment, accumulated			32	<del></del>
Net Assets or Fund Balances	33	Total net assets or fund balances .		425,271		419,860
_	34	Total liabilities and net assets/fund balances .		611,240		645,679
	1 54	Total nabilities and net assets/fully balances.	<u> </u>		J 3-4	5 .000 (2022)

**Financial Statements and Reporting** Part XI Yes No Accounting-method-used-to-prepare-the-Form-990 — Gash— -X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Were the organization's financial statements audited by an independent accountant? 2b 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? Х 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 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 X 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 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

Form 990 (2009)

3b

#### **SCHEDULE A** (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt-charitable-trust-

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

See separate instructions.

FRIENDS OF LOUISIANA PUBLIC BROADCASTING INC

Employer identification number

72-0794108 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 X 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 Type II c X Type III-Functionally integrated d | Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (vii) Amount of (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (ii) EIN (I) Name of supported (described on lines 1-9 support in col (i) listed in your the organization in organization in col organization col (i) of your above or IRC section governing document? (i) organized in the (see instructions)) support? Yes Yes No Yes No 72-1233347 3 Х Х Х 1,095,137 Foundation of Excellence in L 0

**Total** 

1.095,137

Page 2

90 or 990-EZ) 2009 FRIENDS OF LOUISIANA PUBLIC BROADCASTING INC 72-0794108

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)

Sect	ion A. Public Support — — — —						
Cale	ndar 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")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
<b>4 5</b>	Total. Add lines 1 through 3 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)		· ·	0	0	C	0
6	Public support. Subtract line 5 from line 4		. I				0
	ion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	0	0	0	0		0
8	Gross income from interest, dividends,						
	payments received on securities loans,	ŀ		1			
	rents, royalties and income from similar sources						0
9	Net income from unrelated business						<del>                                     </del>
•	activities, whether or not the business is						
	regularly carried on						О
10	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV)		:				0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (s	ee instructions	)	•		12	
13	First five years. If the Form 990 is for the or	rganization's fir	st, second, thi	rd, fourth, or fif	th tax year as	a section 501(	c)(3)
<u> </u>	organization, check this box and stop here						
	ion C. Computation of Public Support		od by line 14	oolumn (fi)		14	0 00%
14 15	Public support percentage for 2009 (line 6, c Public support percentage from 2008 Sched			column (I))		14	0 00%
16a	· · · · · · · · · · · · · · · · · · ·			line 13, and lin	ia 14 is 33 1/39	· · · · · · · · · · · · · · · · · · ·	<del></del>
	and stop here. The organization qualifies as	s a publicly sup	ported organiz	zation	•		. ▶ 🔲
b	33 1/3% support test-2008. If the organization and stop here. The organization qualified	es as a publicly	supported org	ganization .			▶ 🔲
17a b	10%-facts-and-circumstances test–2009. or more, and if the organization meets the "f the organization meets the "facts-and-circumstances test–2008.	facts-and-circur nstances" test.	nstances" test The organizat	t, check this bo non qualifies as	x and stop he a publicly sup	<b>re</b> . Explain in ported organi	Part IV how zation ▶ ☐
-	or more, and if the organization meets the "f the organization meets the "facts-and-circum	facts-and-circur	mstances" test	t, check this bo	x and <b>stop he</b>	re. Explain ın	Part IV how
18	Private foundation. If the organization did not ch	eck a box on line	e 13, 16a, 16b, 1	7a ,or 17b, chec	k this box and se	ee instructions	. ▶ 🗌

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

Sec	tion A. Public Support						
Cal	endar 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						_
3	organization's tax-exempt purpose Gross receipts from activities that are not an					í	
Ü	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						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	0	0	0	0	0	
	Amounts included on lines 1, 2, and 3		Ŭ	J	J	J	
	received from disqualified persons						C
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 .						0
	Add lines 7a and 7b	0	0	0	0	0	0
8 Sec	Public support (Subtract line 7c from line 6) tion B. Total Support		• •				0
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
							(i) iotai
9	Amounts from line 6	0	0	0	0	0	
iva	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar					1	
	sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					1	
_	acquired after June 30, 1975					0	
С 11	Add lines 10a and 10b  Net income from unrelated business	0	0	0	0	- 0	
• •	activities not included in line 10b,						ł
	whether or not the business is regularly						
	carried on .						
12	Other income Do not include gain or						
	loss from the sale of capital assets	]				:	
13	(Explain in Part IV ) Total support. (Add lines 9, 10c, 11,		_				
	and 12)	ا ما	0	o	0	o	i
14	First five years. If the Form 990 is for the org	anization's firs	st, second, third	d, fourth, or fiftl	n tax year as a	section 501(c)	(3)
	organization, check this box and stop here				•		` ▶ [
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2009 (line 8, co		ed by line 13, c	olumn (f))		15	0 00%
16	Public support percentage from 2008 Schedu	• •		* • • •		16	0 00%
	tion D. Computation of Investment Inc						
17	Investment income percentage for 2009 (line			e 13, column (	f))	17	0 00%
18	Investment income percentage from 2008 Sc					18	0 00%
19a							
L	not more than 33 1/3%, check this box and s						. ▶
D	33 1/3% support tests-2008. If the organization d line 18 is not more than 33 1/3%, check this box at						▶ [
20	Private foundation. If the organization did no						ູ ້⊨
20	Fire organization in the organization did the	or chieck a DOX	OIT IN C 14, 196	a, or 130, 0160	n una box and	Joo manucuum	

Schedule A (Form 9	990 or 990-EZ) 2009	FRIENDS OF	LOUISIANA P	UBLIC BROAD	CASTING INC		<u>72-0794108</u>	Page <b>4</b>
Part IV		Information.	Complete this	part to provid	de the explanation	s required b	ov Part II. line 1	10
					other additional in			
	Fait II, IIIIE 17a	IOI I/D, allu Pa	artin, inte 12	Flovide ally	otrier additional in	ioiiiatioii s	see mstruction	<u> </u>
			<b></b>					
				• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			
••••••								
								<b></b>
								. <b></b>
							•••••	
								. <b></b>

## SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990

▶ See separate instructions

	of the organization	or offin 930. P See separate instructions	Emn	loyer identification number
	<b>G</b>		""	•
Par	ds of Louisiana Public Broadcasting Organizations Maintaining Don	or Advised Funds or Other Similar F	- J	72-0794108
r au	the organization answered "Yes"		-unus o	r Accounts. Complete ii
	the organization answered Tes	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year .	(a) Donor advised funds	<del></del>	(b) Funds and other accounts
2				· · · · · · · · · · · · · · · · · · ·
	Aggregate contributions to (during year)			
3 4	Aggregate grants from (during year) .	<del></del>		
5	Aggregate value at end of year .		مرملم سراما	
Ð	Did the organization inform all donors and o			[]
_	funds are the organization's property, subje	•		Yes No
6	Did the organization inform all grantees, do	- ·		
	used only for charitable purposes and not for		r, or for a	· — —
	purpose conferring impermissible private be			Yes No
Par	Conservation Easements. Comp	plete if the organization answered "Yes	s" to Forr	n 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.			storically important land area
	Protection of natural habitat			tified historic structure
	<del>-</del>	Freservatio	ii oi a cei	thed historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organiz	ation held a qualified conservation contribu	ution in th	e form of a conservation
	easement on the last day of the tax year		_	
				Held at the End of the Tax Year
а	Total number of conservation easements	•		2a
b	Total acreage restricted by conservation ea		—	2b
С	Number of conservation easements on a ce		<u> </u>	2c
d	Number of conservation easements include		<u> </u>	2d
3	Number of conservation easements modifie	ed, transferred, released, extinguished, or t	terminate	d by the organization
	during the tax year			
4	Number of states where property subject to			
5	Does the organization have a written policy	regarding the periodic monitoring, inspect	tion, hand	iling of
	violations, and enforcement of the conserva-	ation easements it holds?		∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservation	on easem	nents during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring	, inspecting, and enforcing conservation ea	asements	during the year
	▶ \$			
8	Does each conservation easement reported	d on line 2(d) above satisfy the requiremen	nts of sect	tion
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			Yes No
9	In Part XIV, describe how the organization i	reports conservation easements in its reve	nue and	expense statement, and
	balance sheet, and include, if applicable, th	e text of the footnote to the organization's	financial	statements that describes
	the organization's accounting for conservat	ion easements		
Par	Organizations Maintaining Collecti	ons of Art, Historical Treasures, or Othe	er Simila	r Assets.
	Complete if the organization answere	ed "Yes" to Form 990, Part IV, line 8		
1a	If the organization elected, as permitted und	der SFAS 116, not to report in its revenue	statemen	t and balance sheet works of
	art, historical treasures, or other similar ass			
	service, provide, in Part XIV, the text of the			
b	If the organization elected, as permitted und			
	historical treasures, or other similar assets		search in	furtherance of public
	service, provide the following amounts relate			
	(i) Revenues included in Form 990, Part VI (ii) Assets included in Form 990, Part X	II, line 1		. • \$
	(ii) Assets included in Form 990, Part X		,	. • \$
2	If the organization received or held works o	f art, historical treasures, or other similar a	ssets for	financial gain, provide the
	following amounts required to be reported u			
а	Revenues included in Form 990, Part VIII, I			▶ \$
b	Assets included in Form 990, Part X			> \$

Par	Ш_	Organizations Maintainin	g Collections of	Art, Hi	storical	Treasures,	or Oth	er Similar A	ssets (c	<u>:ontını</u>	леd)
3	Tleina	the organization's acquisition	accession and	other rec	ords cha	ck any of the	follows	na that are a c	ianificar	.+	
•		f its collection items (check all		Julier 100	ords, crie	ck any or the	TOHOW	ing triat are a s	igililicai	А	
а		Public exhibition	triat apply)	a [	]	or exchange	progra	ma			
_	片			u L	7	_	progra	11115			
b	님	Scholarly research		e	Other					<b></b>	
С		Preservation for future general									
4	Provide Part X	de a description of the organiz (IV	ation's collections	and exp	lain how	they further t	he orga	anızatıon's exe	mpt pur	ose ir	1
5		g the year, did the organizatio s to be sold to raise funds rath							_	es 🗌	] No
Part	IV	Escrow and Custodial Ai IV, line 9, or reported an ai	-	•		_	nswer	ed "Yes" to F	orm 99	0, Par	t
1a	Is the	organization an agent, trustee			-		s or ot	her assets not			
	includ	led on Form 990, Part X?						•	$\square$ Y	es 🗌	No
b	If "Ye	s," explain the arrangement in	Part XIV and con	nplete the	e following	q table			_		ı
				•	`	3			Amount	~~	
С	Beain	ning balance					1c	<u> </u>			
d	_	ons during the year .			•		1d				
e		outions during the year	·	•	•		1e	<u> </u>			
f		g balance	•				1f	<del>                                     </del>			
				<b>5</b>	040	•		· · · · · · · · · · · · · · · · · · ·			
2a		e organization include an amo		, Part X,	ine 217				Y	es X	No
b		s," explain the arrangement in				1007 111 5		00 0 10/1	40		
Part	V	Endowment Funds. Com		T							
	_		(a) Current year	(b) P	or year	(c) Two years	back	(d) Three years bar	k (e) F	our years	back
1a	-	ning of year balance									
þ	Contr	ibutions									
С	Net in	vestment earnings, gains,									1
	and lo	osses									- 1
d	Grant	s or scholarships									
е	Other	expenditures for facilities							-		}
	and p	rograms .						•	- }		]
f	Admir	nistrative expenses				'		•			
g	End o	f year balance	0	i	0						
2		de the estimated percentage of	of the year end bal	ance he	d as	•					
а		I designated or quasi-endowm	•	%							
b		anent endowment	%		_						
C		endowment •	%								
3a		ere endowment funds not in t		the organ	nization th	nat are held a	nd adn	ninistered for t	ne.		
••		ization by	ine percentage of the	ino organ			ina aan			Yes	No
	(i)	unrelated organizations							3a(i)		<del>- 110</del>
	(ii)	related organizations	• •	•		•	•	•	3a(ii)		<del></del>
L	` '		anizations listed a		 da2 cab	odulo DO		•	3a(17)		<del>                                     </del>
b		s" to 3a(ii), are the related org		-			•		30		
4		ribe in Part XIV the intended u					4 V 1	- 40			
Part	VI _	Investments—Land, Buil			1		τx, iin	e 10			
		Description of investment	(a) Cost or of (investing			st or other s (other)		ccumulated preciation	(d) B	ook valu	e 
1a	Land			(		0					0
b	Buildi	ngs .		(		0		0			Ö
С	Lease	ehold improvements .		(		0		0			0
d	Equip	· · · · · · · · · · · · · · · · · · ·				156,595		137,022		1	9,573
е	Other			(	)	ol		0			0
Total		ines 1a through 1e (Column	(d) must equal For	m 990, I	Part X, co	lumn (B), line	10(c).	) ▶		1	9,573

Part VII In	vestments—Other Securities	See Form 990, Part X,	line 12	
	cription of security or category cluding name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	
<u>-</u>	<del></del>		<del> </del>	inkel value
Financial derivat Closely-held equ		0		
	REPORT OF DEPOSIT		MARKET	<del></del>
EXXON/MOBIL	CHANGER IFICATE OF DEFOSIT		MARKET	
MICROSOFT			MARKET	
IMIQINQUQI I		0	MARKET	
		0	· · · · · · · · · · · · · · · · · · ·	
		0		
		0		
		0		······································
		0	10-11-11-11-11-11-11-11-11-11-11-11-11-1	
		0		<del></del>
Total (Column (b) must	equal Form 990, Part X, col (B) line 12)	5,318		
Part VIII In	vestments—Program Relate			——————————————————————————————————————
	escription of investment type	(b) Book value	(c) Method of valu	
			Cost or end-of-year ma	irket value
		0		
	-	0		
		0		
		0	<del></del>	
		0		
		0		
		0		
		0	<del></del>	
		0		
		0		
	equal Form 990, Part X, col (B) line 13)  ther Assets. See Form 990, Part X	0 ort Y line 15	1	
Fait IA U		i) Description	1	(b) Book value
		) Description		(b) book value
	<del></del>	· · · · · -		0
<del></del>				0
				0
		. 7.5 ''8 27'		0
				0
		<del></del>		0
<del></del>				0
				0
	·			0
Total. (Column (	(b) must equal Form 990, Part X, o	col (B) line 15)		0
	ther Liabilities. See Form 990			
1.	(a) Description of liability	(b) Amount		
Federal income	taxes		0	
REFUNDABLE A	ADVANCES	1,5	500	
			0	
			0	
			_ 0	1
			0	
			<u>0</u>	
			0	
			0	
			0	
			0	
Total (Column (b) must	equal Form 990, Part X, col (B) line 25)	1,5	500	
	ote. In Part XIV, provide the text of		ation's financial statements that	reports the
organization's lia	ability for uncertain tax positions ui	nder FIN 48		

•	Friends of Louisiana Public Broadcasting	72-0794108	
Schedule D (Form	990) 2009	Page \$	<u>5</u>
Part XIV	Supplemental Information (continued)		=
			-
			_
			_
			-
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			<u>.</u> .
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			<u>-</u> -
			<u>.</u> .
			-
			-

## SCHEDULE<sub>G</sub> (Form 990 or 990-EZ)

## Supplemental Information Regarding Fundraising or Gaming Activities

20**09** 

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Inspection

Attach to Form 990 or Form 990-EZ. ▶ See separate instructions Name of the organization Employer identification number FRIENDS OF LOUISIANA PUBLIC BROADCASTING 72-0794108 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Х Internet and email solicitations Solicitation of government grants b С Phone solicitations Special fundraising events | X | In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (ili) Did fundraiser have (i) Name of individual (ii) Activity (iv) Gross receipts (vi) Amount paid to (or retained by) or entity (fundraiser) custody or control of from activity (or retained by) fundraiser listed in contributions? organization col (I) Yes No TELEMARKETI Х ING PHONE BANK SYSTEMS INC 180.377 59.978 120,399 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Total 180,377 59,978 120,399 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt II		s. Complete if the orga			
		more-man-\$-15;000-	on-Form-990=EZ, line-6 (a) Event #1	a. List events with gros (b) Event #2	(c) Other events	
			* *		(c) Other events	(d) Total events (add col (a) through
			LEGENDS BANQUET (event type)	TS AND OTHER SPECIAL (event type)	(total number)	col (c))
4		ł	(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	92,775	111,513	56,856	261,144
ķ	2	Less Charitable	02,110	11,010	00,000	201,144
æ	_	contributions .	o	0	0	0
	3	Gross income (line 1				<u>`</u>
		minus line 2)	92,775	111,513	56,856	261,144
	4	Cash prizes	0	0	0	0
	5	Noncash prizes	14,370	0	45,019	59,389
Si	_	5				
nse	6	Rent/facility costs	0	0	0	0
φ	7	Food and beverages	o	0	0	0
t E	•	1 ood and beverages				<u> </u>
Direct Expenses	8	Entertainment .	o	0	0	0
ā				<del></del>		<del></del>
-	9	Other direct expenses	40,898	61,375	7,967	110,240
				_		
	10	Direct expense summary	•	` '	•	( 169,629)
	11	Net income summary Cor			. •	91,515
Pa	rt III		if the organization answ	vered "Yes" to Form 99	90, Part IV, line 19, or re	eported more
		than \$15,000 on Fo	m 990-EZ, line 6a			
ne			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
/en				bingo/progressive bingo		col (a) through col (c))
Revenue	4	Crans ravanua				0
	1	Gross revenue .		<del></del>		0
"	2	Cash prizes				0
se	_	1				
rect Expenses	3	Noncash prizes				0
Ĕ						
ect	4	Rent/facility costs				0
۵						
	5	Other direct expenses				0
			Yes%	Yes %	│	1
	6	Volunteer labor	∐ No	∐ No	∐ No	
		·			<del>-                                    </del>	
	7	Direct expense summary	Add lines 2 through 5 in o	column (d)		( 0)
	_				_	
	. 8	Net gaming income summ	ary. Combine line 1, colu	mn d, and line 7	<u> </u>	0
٥	<b>-</b>	nter the state(s) in which the	organization operator a	amina activituse:		Yes No
9		the organization licensed to			. <b></b>	. 9a
t		"No," explain	operate garming activities	is in each or these states		- # 15 - 15 - 15 - 15 - 15 - 15 - 15 - 1
•	• ••	110, explain				138 Mg Mg
10a	ı W	ere any of the organization	s gaming licenses revoke	ed, suspended or termina	ted during the tax year?	10a
		"Yes," explain		•		
		·				
						<b>三</b>
11		oes the organization operat	-			11
12		the organization a grantor,		a trust or a member of a p	partnership or other entity	
	fo	rmed to administer charitab	le gaming?			.   12

## FRIENDS OF LOUISIANA PUBLIC BROADCASTING Schedule G (Form 990 or 990-EZ) 2009

72-0794108

Sched	ule G (Form 990 or 990-EZ) 2009			Page 3
	•		Yes	No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility			
b	An outside facility	5]		-
14	Enter the name and address of the person who prepares the organization's gaming/special events books			-
	and records			
				•
	Name ▶		Ł	
			-	
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			]
	revenue?.	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$			
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party		١.	
	Name ▶			
	Address •			
16	Gaming manager information:	İ		
	Name ▶			
	Gaming manager compensation ► \$ 0			
	Description of services provided •			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a	L	ļ
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations			
	or spent in the organization's own exempt activities during the tax year > \$	1	i	

Schedule G (Form 990 or 990-EZ) 2009

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										•
Par	Part II (Sch G (990/990EZ)) - Events	261,144	0	261,144	0	59,389	0	0	-	110,240
L		Line 1	Line 2	Line 3	Line 4	Line 5	Line 6	Line 7	Line 8	Line 9
			Less	Gross Income						•
			(Charitable	(line 1 minus		Noncash	Rent/Facility	Food and		Other direct
	Event Type	Gross Receipts	contributions)	line 2)	Cash Prizes	Prizes		beverages	Entertainment	expenses
-	LEGENDS BANQUET	92,775		92,775		14,370				40,898
7	CONCERTS AND OTHER SPECIAL EVENTS	111,513		111,513						61,375
m	AUCTION	53,120		53,120		45,019				299'2
4	TRAVEL CLUB	3,736		3,736						300
2				0						
ဖ				0						
_				0						
∞				0						
တ				0				•		
우				0						
=				0						
12	; ;			0				! ! !		
5	  -			0						
4				0						
15				0						
16				0						
17				0						
18				0						
19				0						
5				<u> </u>						

# SCHEDULE I (Form 990)

Department of the Treasury	Internal Revenue Service	Name of the organization
----------------------------	--------------------------	--------------------------

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

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Friends of Louisiana Public Broadcasting					72	72-0794108
Part I General Information on Grants and Assistance	ants 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	ds to substantiate the ai	nount of the grants or a	ssistance, the grantee	s' eligibility for the gra	nts or assistance, and	
	e grants or assistance?	on it is a constant of the con	octob botto! out at an of			Yes
Scr	procedures for monitor	ng the use of grant func	is in the United States			
Fart 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	ce to Governments or any recipient that re rm 990) if additional s	and Organizations i sceived more than \$5, space is needed	n the United States 000 Check this box	. Complete if the org if no one recipient re	janization answered eceived more than \$	1 "Yes" to \$5,000 Use
1 (a) Name and address of organization (b) EIN or government	N (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
Foundation for Excellence in Louisiana Publi 7733 Perkins Road Baton Rouge, LA 70810 72-1233347	347 501 (c) (3)	1,095,137	0	FMV		To accomplish mission
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
		0	0			
<ul> <li>Enter total number of section 501(c)(3) and government organizations</li> <li>Enter total number of other organizations</li> </ul>	<ul><li>s) and government orga ons</li></ul>	nizations .			· ·	

Schedule I (Form 990) 2009

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

(HTA)

72-0794108

Friends of Louisiana Public Broadcasting Schedule I (Form 990) 2009

Page 2 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 Part III

(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
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
Part IV Supplemental Information. Complete this part to		provide the information required in Part I, line 2,	equired in Part I, line	2, and any other additional information	ional information
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	1 1 1 1 1 1 1 1 1 1 1 1		, , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	1
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	: : : : : : : : : : : : : : : : : : :	, , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	1	1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
					Schedule I (Form 990) 2009

#### SCHEDULE M (Form 990)

#### **Noncash Contributions** Complete if the organizations answered "Yes" on Form

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

990, Part IV, lines 29 or 30. ► Attach to Form 990.

Name of the organization

Employer identification number

72-0794108 Friends of Louisiana Public Broadcasting Types of Property (a) (d) (b) (c) Number of contributions Check if Revenues reported on Method of determining applicable Form 990, Part VIII, line 1g revenues Art-Works of art 1 Art—Historical treasures 3 Art—Fractional interests Books and publications Clothing and household 5 goods 6 Cars and other vehicles Boats and planes 7 8 Intellectual property Securities—Publicly traded 9 Securities—Closely held stock 10 11 Securities—Partnership, LLC, or trust interests 12 Securities-Miscellaneous 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution-Other 15 Real estate—Residential Real estate—Commercial 16 Real estate—Other 17 18 Collectibles 19 Food inventory Drugs and medical supplies 20 Taxidermy 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts Other ▶ (Food ) 5,524 FMV 13 25 Х Other ▶ Х 12.500 FMV 26 (Equipment) 1 X 4 7,350 FMV 27 Other ▶ (Travel) 28 Other ► (Prizes ) Χ 10 21.845|FMV Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0 Yes No 30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not Χ required to be used for exempt purposes for the entire holding period? 30a b If "Yes." describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard 31 31 Х contributions? 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell 32a Х noncash contributions?... b If "Yes," describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

#### SCHEDULE O (Form 990)

### Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public

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

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

Name of the organization	Employer identification number
Friends of Louisiana Public Broadcasting	72-0794108
Form 990 Part VI, Line 15b: The Board of Directors deterime pay raises	
•••••••••••••••••••••••••••••••••••••••	
•••••••••••••••••••••••••••••••••••••••	
•••••••••••••••••••••••••••••••••••••••	
•••••••••••••••••••••••••••••••••••••••	
•••••••••••••••••••••••••••••••••••••••	

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash	Noncash
1 Federated Campaigns		1
2-Membership-dues		2
3 Fundraising events		3
Related organizations .	*	4
5 Government grants (contributions) .	•	5
6 All other contributions, gifts, grants, and similar amounts not inclu	ded above	
Contributions	1,814,994	47,219
Other contributions total	1 914 004	47.210
Other contributions total	1,814,994	<del>-</del>
7 Total	1,814,994	<b>7</b> 47,219

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

	•	 <del></del>			(4)	(D)	(0)	(5)
					(A)	(B)	(C)	(D)
					Total	Program	Management	Fundraising
						services	and general	
1	Depreciation		•	1	7,203			7,203
2	Depletion			2	. 0			
3	Amortization			3	0			
4	Total	 		4	7,203	0	0	7,203

Part X, Line 3 (990) - Pledges and Grants Receivable

		Pledges and gra	ints receivable	Allowance for doub	tful accounts
	[	Beginning	End	Beginning	End
Pledge receivables	1	119,085	136,577	52,794	64,191
	2				
	3				
,	4				
	5				
	6				
	7				
	8				
)	9				
0	10				
1 Total pledges and grants receivable	11	119,085	136,577	52,794	64,191

Part X, Line 4 (990) - Accounts Receivable

	Accounts	receivable	Allowance for dou	ubtful accounts
	Beginning	End	Beginning	End
1 Accounts receivables 1	0	1,000	0	0
2				
3				
4				
5 5				
6 6				
7				
8				
9				
10 10				
11 Total accounts receivable 11	0	1,000	0	0

quipment	
s, and Ec	
and, Building	
71	
10b (990)	
힏	
73	

								156,595	129,818	137,022	0	24,429	19,573
		1	Leasehold			Check If	Check If		Beginning	Ending			
			Improve-			Investment	Asset	Cost/Other	Accumulated	Accumulated	Disposals/	Beginning	Ending
Category or Item	Land Bu	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	Depreciation	Depreciation	Adjustments	Balance	Balance
1 Equipment				×				156,595	129,818	137,022		24,429	19,573
2								0	S			0	0
3								0	0			0	0
4								0	0			0	0
5								0	0			0	0
9								0	0			0	0
7								0	0			0	0
8								0	0			0	0
6								0	0			0	0
10								0	0			0	0
11								0	0			0	0
12								0	0			0	0
13								0	0			0	0
14								0	0			0	0
15								0	0			0	0
16								0	0			0	0
17								0	0			0	0
18								0	0			0	0
19								0	0			0	0
20								0	0			-	C

				_					_	
Part	Χ.	Lines	11	and	12	(990)	<ul> <li>Inves</li> </ul>	tments	- Se	curities

- are xt, = 11100 + 1 area 12 (000) 111100 area 1101100	
•	
Check one box below to indicate how securities are reported	
Cost	
End_of_year_market_value_(EMV)	
• • • • • • • • • • • • • • • • • • • •	

						199,053	198,795	_ 209
		Check if		Check if			Beginning	Ending
1		Publicly	Check if	Closely-Held	Number	Value	Balance	Balance
ĺ		Traded	Financial	Equity	of Shares/	at Time of	Book Value	Book Value
	Description	Securities?	Derivatives	Interests	Face Value	Donation		
1	U S Treasury Fund	X			198,795 00	198,795	198,795	0
2	Exxon/Mobil	X			2 00	138	0	116
3	Microsoft	Х			4 00	120	0	93
4								0
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