

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Open to Public Inspection

	For the 200	09 calendar v	ear, or tax year beginning $07/01/09$ , and ending $06/30$	)/10		
В	Check if applica		C Name of organization		D Emplo	oyer identification number
$\bar{\Box}$	Address chang	e use IRS	SHREVEPORT REGIONAL ARTS COUNC	IL	·	•
H	·	label or print or	Doing Business As		72-	-0805661
님	Name change	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	none number
Ц	Initial return	See	400 CLYDE FANT PARKWAY		318	8-673-6500
	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross rece	0.00
$\Box$	Amended retur		SHREVEPORT LA 71101			
H	Application per	E N	e and address of principal officer		H(a) is this	a group return for
Ш	Application per	loning	, .		affiliate	
					H(b) Are all	
					If "No,"	attach a list (see instructions)
ī	Tax-exempt	status X	501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527			
J	Website:	HTTP	://WWW.SHREVEARTS.ORG		H(c) Group	exemption number
ĸ	Type of organi	zation X Co	rporation Trust Association Other	L Year of formation	1	M State of legal domicile
F	art i	Summa	ry			
	1 Brie	fly describe	the organization's mission or most significant activities			
0	P	ROMOTIO	N OF THE ARTS.			
Š						
*Activities & Governance						
8	2 Che	ck this box	If the organization discontinued its operations or disposed of more th	an 25% of its net as	sets	
Ö	3 Num		g members of the governing body (Part VI, line 1a)		3	32
Š	4 Nun		pendent voting members of the governing body (Part VI, line 1b)		4	32
Ě	5 Tota		employees (Part V, line 2a)		5	28
Ę	6 Tota	al number of	volunteers (estimate if necessary)		6	500
¥,	7a Tota		lated business revenue from Part VIII, column (C), line 12		7a	
	b Net		isiness taxable income from Form 990-T, line 34		7b	0
				Prior Ye		Current Year
Revenue, :	8 Con	tributions an	d grants (Part VIII, line 1h)		3,785	1,524,616
nu.	9 Prog	gram service		1,333	533,584	
ě	10 Inve		me (Part VIII, column (A), lines 3, 4, and 7d)		4,837	104,367
Œ	վ≘11 ՕԾՈ		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,580	216,170
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,21	<u>5,861</u>	2,378,737 510,553
	s - S		ar amounts paid (Part IX, column (A), lines 1–3)	·		512,953
			or for members (Part IX, column (A), line 4)		0 013	017 074
S	15 Sala		ompensation, employee benefits (Part IX, column (A), lines 5–10)	85	0,917	817,974
penses	16a Prof	essional fun	draising feest(Part IX, column (A), line 11e)	<del></del>		<del></del>
		ıı tünar <u>aisin</u> g	expenses (Pan.ix, comin (D), line 25)	1 61	0 700	1 171 146
ũ	17 Othe	er expenses	(Part IX, column (A), lifes 11a–11d, 11f–24f)		2,782	1,171,146
	18 Tota	ıl expenses!\	Add lines 31 2011 (must equal Part IX, column (A), line 25)	2,46		2,502,073
_	19 Rev	1	penses Subtract line 18 from line 12			-123, 336 End of Year
Net Assets or	20 Tata	al access /6	QQEN, UT		7,102	1,801,699
Asse	20 Tota 21 Tota	il liabilities /C	Part X, line 26)		2,664	180,597
ž	21 TOTO	•	nd balances Subtract line 21 from line 20	1,74		1,621,102
	Part II		re Block			
<u> </u>		Under nena	tries of penury. I declare that I have examined this return, including accompanying sch	edules and statements.	and to the be	st of my knowledge
		and belief, it	s true, correct, and complete Declaration of preparer (other than officer) is based on	all information of which	preparer has	any knowledge
Sig	an		MAGN BPHISE		151	16/11
He	_	Signatu	re of officer 7 7 7		Date	<del></del>
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	USAN D MUSE, REASURE	er_		
		Type or	print name and title			
		Preparer's	Dat Dat	9 ) Check	: If	Preparer's identifying number
Pa		signature	Trand. 71 Wiehart, GA 51	Check self-	ved ▶	(see instructions) P00215078
	eparer's		COOK & MOREHART, CPA'S		EIN D	72-0917129
Ųs	e Only	Firm's name if self-emplo	1015 HAGIN AVENUE	· · · · · · · · · · · · · · · · · · ·	Phone	
		address, an	,		1	318-222-5415
Ma	y the IRS d	iscuss this re	eturn with the preparer shown above? (see instructions)			Yes X No
Foi	r Privacy A		rwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2009)
DAA		-			_	

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

including grants of \$

1,918,736

1 st be organization described in section 501c(3) or 4947(a)(1) (other than a private foundation? If "Yes." complete Schedule A. Schedule B. Schedule G. Contributors? 2 ls the organization required to complete Schedule B. Schedule G. Part II 3 bette organization engage in direct or indirect political campanya activatives on behalf of orn opposition to candidates for public office? If "Yes." complete Schedule C. Part II 5 Section 501(c)(4) 501(c)(5) and 501(c)(6) organizations. Is the organization subject to the section 6033(e) motice and reporting requirement and privay tax? If "Yes." complete Schedule C. Part II 6 Dd the organization maintain any dorar divesed funds or any smallar funds or accounts where donors have the right to provide advise on the distribution or misement of amounts in such funds or accounts? If "Yes." complete Schedule C. Part II 7 Dd the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures? If "Yes." complete Schedule D. Part II 8 Dd the organization maintain collections of wires for aft. historical tressures, or other semilar seates? If "Yes." complete Schedule D. Part II 9 Dd the organization maintain collections of wires for aft. historical tressures, or other semilar seates? If "Yes." complete Schedule D. Part III 9 Dd the organization maintain collections of wires for aft. historical tressures, or other semilar seates? If "Yes." complete Schedule D. Part III 10 Dd the organization expect or 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 reports and consenses of the organization expect an amount for misetiments—organization hold assets in term, permanent, or quase-indowners? If "Yes." complete Schedule D. Part V. 10 Dd the organization expect an amount for individual pressure in Part X, line 10 II "Yes." complete Schedule D. Part V. 11 Dd the organization spect an amount for investments—org				Yes	No
complete Schedule A. 2  2 Is the organization required to complete Schedule B. Schedule of Contributors?  3 Did the organization regage in direct or indirect political campaign activities on behalf of or in opposition to candidates for poble office at 11 Yes, complete Schedule C, Part II  3 X X  4 Section SOf1c(3) organizations. Did the organization engage in lobbying activities? If Yes, complete Schedule C, Part II  5 Section SOf1c(3) organizations. Did the organization in step organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If Yes, complete Schedule C, Part III  5 Did the organization maintain any donor advised finds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If Yes, complete Schedule D, Part II  5 Did the organization maintain and areas, or histone structures? If Yes, complete Schedule D, Part II  6 X X  7 Did the organization animation and areas, or histone structures? If Yes, complete Schedule D, Part II  7 Did the organization animation of works of art, historical fressures, or other similar assets? If Yes, complete Schedule D, Part II  8 Did the organization animation of works of art, historical fressures, or other similar assets? If Yes, complete Schedule D, Part II  9 Did the organization animation of the animation of animation	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
5 Did the organization regage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 801(c)(3) organizations. Did the organization angage in lobbying activities? If "Yes," complete Schedule C, Part II Section 801(c)(4), 901(c)(4), 901(c)(5), and 801(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 Did the organization maintain any donor advised finds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts "If "Yes," complete Schedule D, Part II Did the organization maintain and seasement, including easements to preserve open space, the environment, historic land areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization maintain and part X, increase as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, ordet repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI 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, ordet repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI It is the organization showers of It yes, "complete Schedule D, Part VI It is the organization showers of the part X, line 21, It yes, "complete Schedule D, Part VI It It is the organization showers of any of the following questions." Yes? It so, complete Schedule D, Part VI It It It is the organization shower and you fire following the secure of the storage of the part X, line 16? If "Yes," complete Schedule D, Part VI It It It is organization re			1_1_	X	
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20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	13		10		Х
	20				
	40	Did the diganization operate one of more hospitalor in 100, complete opinion in		n 990	

Form 990 (2009) SHREVEPORT REGIONAL ARTS COUNCIL 72-0805661 **Checklist of Required Schedules (continued)** No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 21 X in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 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 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Χ employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 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 X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 25b Χ 990-EZ? If "Yes," complete Schedule L, Part I 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 Χ 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? Χ 27 If "Yes." complete Schedule L. Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Schedule L, Part IV 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, 28c Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 31 Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, Х 34 III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete X Schedule R, Part V, line 2 35 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 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,

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

Х Form 990 (2009)

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Χ

Part VI

Pa	At V Statements Regarding Other IRS Fillings and Tax Compliance		<del></del>		_	т
	The state of the s	,	1	<del></del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	_ ا	75			
	U.S. Information Returns. Enter -0- if not applicable	1a	0			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	<del> </del>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	опао	ie		v	1
_	gaming (gambling) winnings to prize winners?	1	ſ	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a	28			
	Statements, filed for the calendar year ending with or within the year covered by this return			25	Х	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax return.	115		<u>2b</u>		-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
2-	instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by				
3a		u Dy		3a		Х
	this return?  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		├^
b	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	itv	35	<u> </u>	<del> </del>
4a	over, a financial account in a foreign country (such as a bank account, securities account, or other fin					
	account)?	anolai		4a		Х
_	If "Yes," enter the name of the foreign country			74		<u> </u>
U	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				
	and Financial Accounts	<b>-</b>				
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regi					<u> </u>
·	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	е				
Vu	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 contribution	ns or				
-	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	and the second s	goods				
	and services provided to the payor?			7a		X
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	ıs				l
	required to file Form 8282?		1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				ĺ
θ	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	al			İ
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7 <u>f</u>		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			79		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as				1
	required?			7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					ĺ
	organization, have excess business holdings at any time during the year?			8	ļ	
9	Sponsoring organizations maintaining donor advised funds.				1	İ
a	Did the organization make any taxable distributions under section 4966?			9a	$\vdash$	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b_		
10	Section 501(c)(7) organizations. Enter	10a	1			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				ĺ
b 14	Section 501(c)(12) organizations. Enter	رووي	L			ĺ
11	Gross income from members or shareholders	11a	1			ĺ
a b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them )	116				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$	<del>,</del>	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	l .			
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**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.

18 Enter the number of vicing members of the governing body 10 bit enter the number of vicing members that is reindecendent 2 Did any officer, director, fustee, or key employee have a family relationship or a business relationship with any other officer, director, fustee, or key employees have a family relationship or a business relationship with any other officer, director, fustee, or key employees to a management company or other passon? 3 Did the organization become award for trustees, or key employees to a management company or other passon? 4 Did the organization become award furning the year of a malerial diversion of the organizationship assets to 3 Did the organization have members or stockholders? 5 Did the organization become award furning the year of a malerial diversion of the organizationship assets to 3 Did the organization become award furning the year of the governing body? 5 Did the organization have members or stockholders, or other passons who may elect one or more members of the organization have members, stockholders, or other passons of the organization have members, stockholders, or other passons of the organization have members, stockholders, or other passons of the organization have members, stockholders, or other passons or other passons of the organization not ontime passons of the organization have dempted, stockholders, or other passons or other passons? 7 Did the organization organization dempted by subject to approval by members, stockholders, or other passons? 8 Did the organization in the following the passons and procedures of written actions undertaken during the year by the following a beginning the passon by the following a beginning the passon by the following a beginning the passon by the following a beginning the passon of the organization have written policies and procedures governing the activities of such chapters, stiffulds, and officially the passon of the passon of the passon of the passon of the passon of the passon of the passon of the passon of the passon of the	Sec	ction A. Governing Body and Management			
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Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
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	20				
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# 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

(A) Name and Title	1 , 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MARGARET FURRH G	REEN	,								
FULL BOARD	NN TD	Х				_		0	0	0
O. DELTON HARRISC PRESIDENT	DN, JR.	Х						0	0	0
JODIE GLORIOSO		1								
PUBLIC ART		X						0	0	0
JOHN ALBRITTON										
VICE-PRESIDENT		X						0	0	0
WAYNETTE BALLENGE	E									
FULL BOARD		Х			L.			0	0	0
JAY COVINGTON		j								
FULL BOARD		X						0	0	0
SUSAN MUSE		١								
TREASURER		Х	_					0	0	0
BRUCE ALLEN		Х						0	0	0
FULL BOARD SANDI KALLENBERG		├^-	_						0	0
CHAIRMAN		X						0	0	0
LASONIA ASHLEY		<u> </u>						<u> </u>		
FULL BOARD		Х						0	0	0
STEPHEN WHITE								-		<del>-</del>
FULL BOARD		Х						0	0	0
ERIC ENGLAND										<del></del>
FULL BOARD		Χ						0	0	0
MARJORIE BRILEY										
FULL BOARD		Х						0	0	0
ANIL CHHABRA		ا , ا							۾ ا	_
AT LARGE		Х		$\vdash$		$\vdash$		0	0	0
BESS ELDER		Х						o	o	^
FULL BOARD LEON EMANUEL, III	<del></del>	1	-				$\dashv$			0
FULL BOARD	-	$ _{X} $						0	0	0
LEMAR FLUKERS		<b> </b>		$\neg$						<u> </u>
FULL BOARD		$ _{X} $						ol	ol	0
DAA										Form <b>990</b> (2009)

(A) Name and Title	(B) Average hours per	<del></del>	_	chec	_		,	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of	_	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	CC 0	other impensati from the irganization and related rganization	on on d	
ILENE FRASER									_				
FULL BOARD		X	_	_	ļ	<u> </u>		0	0	<u> </u>			_0
BOB GANSFUSS FULL BOARD	-	Х				ŀ		0	0				0
LINDA B. GOLDSBEI	RRY	Ĥ			<del> </del>	-							
ARTSPACE CHAIRMAN		X						0	0				0
ROY & NELVA GRIGO	s									1			
FULL BOARD		X	<u> </u>				<u> </u>	0	0				0
CHARLTON HOLMES	1												_
FULL BOARD		Х	<u> </u>			-	-	0	0				0
HEIDI KALLENBERG FULL BOARD	1	X			ļ			0	0				0
MELINDA KENT		<del>  ^`</del>	-			H							
FULL BOARD	1	Х						0	0				0
DARYL MITCHELL	]												
FULL BOARD		X	_		_	_		0	0				0
PETER MONCRIEF	1								0				^
FULL BOARD  JERRY NELSON		X	-	<del> </del>		$\vdash$		0	0	<del></del>		<del></del> -	_0
FULL BOARD	1	X						0	0				0
JUNE PHILLIPS	· · · · · · · · · · · · · · · · · · ·	<u> </u>				i							Ť
FULL BOARD		X	L.,					0	0				0
HENRY PRICE									_				_
VICE-PRESIDENT	CMTTH	X	<u> </u>	<u> </u>	_	<del> </del>		0	0	<u> </u>		-	0
CATHERINE PRINGLE VICE-PRESIDENT	-SMITH	X						0	0				Λ
1b Total		1.4		1		l	<b>•</b>	103,653		-	<del></del> 3	3,13	<del>35</del>
2 Total number of individuals (in	cluding but not i	ımıte	d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 in				
reportable compensation from													
										F	Y	es M	Vo.
3 Did the organization list any for employee on line 1a? If "Yes,"								byee, or highest compensa-	led	ŀ	3		X
4 For any individual listed on lin	e 1a, is the sum	of re	port	able	com	pens	satio	n and other compensation	from				
the organization and related o	rganizations gre	ater	than	\$15	0,00	0? If	"Ye	s," complete Schedule J fo	r such	-	4		X
individual  5 Did any person listed on line 1	a receive or acc	rue (	com	pens	atıor	n fror	n an	y unrelated organization fo	r				-
services rendered to the organ	nization? If "Yes,	" cor	nple	te S	ched	lule .	for	such person		·	5	:	<u>X</u>
Section B. Independent Contract									than \$100,000 of				
Complete this table for your fit compensation from the organi		ensa	itea	ınae	oeno	ient d	conti	ractors that received more	tnan \$100,000 of				
	(A) business address						1	Descrip	(B) tion of services		Comps	C) ensation	
								•		ŧ			
							<u> </u>						
<del></del>							┼						
					-					$\neg \uparrow$			_
							$oxed{oxed}$						
·													
A Tuel			. 1-		lue*	٠ د د د	45.	an listed shares who are					<del></del>
2 Total number of independent more than \$100,000 in compete the competence of the		-				ea 10	เทอ	se listed above) who recell	eu		0		
more than \$100,000 in compe	ansadon nom the	Jigi		-(1011	_					l.	Form 9	90 (2)	000

Pa	<u>ırt V</u>	III Statement of Reve	enue				····	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SS	1a	Federated campaigns	1a					
ran	ь	Membership dues	1b					
g.E	c	Fundraising events	1c					
ar a	ď	Related organizations	1d					
Program Service Revenue Contributions, gifts, grants		Government grants (contributions)	1e	946,954				
ion	f	All other contributions, gifts, grants,						
至		and similar amounts not included above	1f	577,662				
d E	g	Noncash contributions included in lines 1a						
ပ္ပန	h		•	▶ 1	1,524,616			
Je.			· · · · · · · · · · · · · · · · · · ·	Busn. Code				······································
ē	2a	ADMISSIONS SALES &	CONCESSION		305,745	305,745		
Re	ь	TUITION & FEES			227,839	227,839		
<u>i</u>	c							
Šez	l d							
Ē	e							
g	f	All other program service reve	enue					
Ę	g	Total. Add lines 2a-2f		<b>•</b>	533,584			
	3	Investment income (including	dividends, inter-	est, and				
		other similar amounts)		▶ _	104,367			104,367
	4	Income from investment of tax	x-exempt bond p	oroceeds ▶ _				
	5	Royalties		<b>•</b>				
		(ı) Real	(11)	Personal				
	6a	Gross Rents						
	ь	Less rental exps						
	C	Rental inc or (loss)						
	_d	Net rental income or (loss)	<del> </del>	<b>•</b>	<u>, , , , , , , , , , , , , , , , , , , </u>	,,		
	7a	Gross amount from (i) Securities sales of assets	s (II	) Other				
		other than inventory					ĺ	
	ь	Less cost or other						
		basis & sales exps						
	С	Gain or (loss)						
	d	Net gain or (loss)		<b>&gt;</b>			,	
0	8a	Gross income from fundraising eve	ents					
anue		(not including \$						
ě		of contributions reported on line 10	)					
Other Reve		See Part IV, line 18	a	162,426				
Ě		Less direct expenses	b	10,122		1		
•		Net income or (loss) from fund		<b>•</b>	152,304			152,304
	9a	Gross income from gaming activities	es					
		See Part IV, line 19	а					
		Less direct expenses	b					
		Net income or (loss) from gan		•		<del></del>		
	10a	Gross sales of inventory, less						
		returns and allowances	a					
		Less cost of goods sold	p [					
	С	Net income or (loss) from sale		<u> </u>		<del></del>		<del>1101</del>
		Miscellaneous Revenu		Busn. Code	63.066			<i>c</i> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	11a	MISCELLANEOUS REVENUE	ES		63,866	<del></del>		63,866
	þ					<del></del>		
	C			-		<del></del>	<del></del>	
	d	All other revenue		<b>—</b>	62.066			
	0	Total. Add lines 11a-11d			63,866	522 504		200 527
	12	Total Revenue. See instruction	ns	▶	2,378,737	533,584	0	320,537

# 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).

	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	512,953	<u>512,953</u>		
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,	104 500	104 500		
	trustees, and key employees	104,500	104,500		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	572,468	317,493	174,300	00 675
7	Other salaries and wages	3/2,400	317,493	174,300	80,675
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	91,017	35,257	48,476	7 284
10	Payroll taxes	49,989	31,838	12,159	7,284 5,992
11	Fees for services (non-employees)	13,303	317030	12/133	
''	Management				
ь	Legal				
c	Accounting				<del> "</del>
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		,		
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	-			
15	Royalties				
16	Occupancy				<del></del>
17	Travel	46,794	32,697	12,768	1,329
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		· · · · · · · · · · · · · · · · · · ·		
19	Conferences, conventions, and meetings		<del></del>	<del></del>	
20	Interest				
21	Payments to affiliates	16,126		16,126	
22	Depreciation, depletion, and amortization Insurance	17,561	2,187	15,374	
23	insurance	17,301	2,10,	13,374	
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 )				
а	SUPPLIES & FEES	299,303	266,750	32,553	
b	PROFESSIONAL SERVICES	226,572	139,128	87,444	
С	PROFESSIONAL ARTIST FEES	198,825	196,144	2,681	
đ	ADMISSIONS SALES & CONCES	146,185	146,185		
е	PROMOTION & PRINTING	70,899	53,036	11,465	6,398
	All other expenses	148,881	80,568	63,316	4,997
	Total functional expenses. Add lines 1 through 24f	2,502,073	1,918,736	476,662	106,675
	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				
DAA					Form <b>990</b> (2009)

<u>_</u> _	rt X	Balance Sheet		(A)		(B)
				Beginning of year		End of year
П	1	Cash—non-interest bearing		631,073	1	331,866
	2	Savings and temporary cash investments			2	
1	3	Pledges and grants receivable, net		120,060	3	212,050
	4	Accounts receivable, net		18,750	4	81,897
	5	Receivables from current and former officers, directors, trustees, key				
	•	employees, and highest compensated employees. Complete Part II of				
Ì		Schedule L			5	
- 1	6	Receivables from other disqualified persons (as defined under section				, , , , , , , , , , , , , , , , , , , ,
Ì	-	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete				
}		Part II of Schedule L			6	
Ş	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	<del></del>
¥	9	Prepaid expenses and deferred charges		4,785	9	4,785
ı	-	Land, buildings, and equipment cost or		27:00	·	17.100
	iva	other basis Complete Part VI of Schedule D	176,210			
i	L		114,571	80,799	10c	61,639
1			114,011	1,040,435	11	1,082,306
- 1	11	Investments—publicly traded securities Investments—other securities See Part IV, line 11		1/040/433	12	1,002,300
	12			<del></del>	13	<del></del>
- 1	13	Investments—program-related See Part IV, line 11			14	
	14	Intangible assets		1,200	15	27,156
- 1	15	Other assets See Part IV, line 11		1,897,102	16	1,801,699
	16	Total assets. Add lines 1 through 15 (must equal line 34)		23,137	17	56,249
- 1	17	Accounts payable and accrued expenses		98,027	18	78,287
- 1	18	Grants payable		20,021	19	10,201
	19	Deferred revenue			20	
_	20	Tax-exempt bond liabilities				· · · · · · · · · · · · · · · · · · ·
.≝ ∣	21	Escrow or custodial account liability Complete Part IV of Schedule D		. ,	21	
≝∣	22	Payables to current and former officers, directors, trustees, key				
멸		employees, highest compensated employees, and disqualified				
ן בּי		persons Complete Part II of Schedule L			22	
- 1	23	Secured mortgages and notes payable to unrelated third parties			23	<del></del>
		Unsecured notes and loans payable to unrelated third parties		21 500	24	46 061
- 1		Other liabilities Complete Part X of Schedule D		31,500	25	46,061
$\overline{}$	26	Total liabilities. Add lines 17 through 25		152,664	26	180,597
es		Organizations that follow SFAS 117, check here ▶ X and				
Ĕ۱		complete lines 27 through 29, and lines 33 and 34.		1 212 207		1 270 220
<del>8</del>	27	Unrestricted net assets		1,313,297	27	1,270,230
<u>m</u>	28	Temporarily restricted net assets		431,141	28	350,872
≦	29			· · · · · · · · · · · · · · · · · · ·	29	<u></u>
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ▶				
6		and complete lines 30 through 34.				
\$	30	Capital stock or trust principal, or current funds			30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
A	32	Retained earnings, endowment, accumulated income, or other funds		3 744 400	32	1 601 100
<u>ë</u>	33	Total net assets or fund balances		1,744,438	33	1,621,102
Z	34	Total liabilities and net assets/fund balances		1,897,102	34	<u>1,801,699</u>

Form **990** (2009)

orn	n 990 (2009) SHREVEPORT REGIONAL ARTS COUNCIL 72-0805661		Pa	ge 12
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990			
	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	L	Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Χ	
С	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			ĺ
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			ĺ
	X Separate basis Consolidated basis Both consolidated and separate basis			ĺ
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		Χ
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		
		Form	990	(2009)

# 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.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

SHREVEPORT REGIONAL ARTS COUNCIL

Employer identification number 72-0805661

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

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 SHREVEPORT REGIONAL ARTS COUNCIL

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 Gifts, grants, contributions, and membership fees received (Do not 1,323,785 1,768,942 include any "unusual grants") 1,590,192 1,660,822 1,524,616 7,868,357 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,590,192 1,660,822 1,768,942 1,323,785 1,524,616 7,868,357 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) 7,868,357 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 1,590,192 1,660,822 1,768,942 1,323,785 1,524,616 7,868,357 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 59,337 42,976 104,367 51,262 52,500 310,442 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets 3,859 1,056,833 162,426 1,114,405 2,428,179 90,656 (Explain in Part IV) 10,606,978 Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 1,360,013 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 74.18% Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2008 Schedule A, Part II, line 14 15 71.56% 15 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box 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 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

(a) 2005

(b) 2006

(c) 2007

(d) 2008

(e) 2009

(f) Total

Schedule A (Form.990 or 990-EZ) 2009 SHREVEPORT REGIONAL ARTS COUNCIL

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) ▶

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								
С	Add lines 7a and 7b					<del></del>			
8	Public support (Subtract line 7c from							·	_
	line 6)								
	tion B. Total Support		<del> </del>		,				_
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total	
9	Amounts from line 6			ļ	<del>                                     </del>		$\longrightarrow$	<del></del>	
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 Jurie 30, 1975								
С	Add lines 10a and 10b			<del> </del>					
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 )	L	<u> </u>	<u> </u>		<u> </u>			_
14	First five years. If the Form 990 is for the		t, second, third, fo	urth, or fifth tax ye	ar as a section 501	(c)(3)			$\overline{}$
500	organization, check this box and stop here		togo						Ш
	tion C. Computation of Public Su Public support percentage for 2009 (line 8			(6)	<del></del>			<del>-</del>	_
15 16	Public support percentage from 2008 Sche	,	•	nn (1))			15		<u>%</u>
	tion D. Computation of Investme						16		<u>%</u>
17	Investment income percentage for 2009 (li			3. column (f))	<del>-</del> .		17		<del></del>
18	Investment income percentage from 2008	•	•	.,			18		<u>%</u>
19a	33 1/3 % support tests—2009. If the orga		•	e 14, and line 15 is	s more than 33 1/3	%, and line		<del></del>	<u>~</u>
	17 is not more than 33 1/3 %, check this b							•	П
b	33 1/3 % support tests—2008. If the orga						and	•	
	line 18 is not more than 33 1/3 %, check th							<b>&gt;</b>	$\Box$
20	Private foundation. If the organization did					-		<b>.</b>	П
DAA							rm 990	or 990-EZ) 20	

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 10 - OTHER INCOME DETAIL

OTHER INCOME

\$ 2,265,753

### 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 Open to Public

Inspection Employer identification number Name of the organization 72-0805661 SHREVEPORT REGIONAL ARTS COUNCIL Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part 1 the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. Part II 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 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 2a Total number of conservation easements 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 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 4 Number of states where property subject to conservation easement is located ▶ 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 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 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

Sche		REGIONAL AF			305661		Page 2
Pa	rt 間 Organizations Maintaining	Collections of Art,	Historical Trea	sures, or Other	Similar Ass	sets (contin	ued)
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records, che	ck any of the follow	ng that are a signific	cant use of its		
а	Public exhibition	d Loan	or exchange program	ms			
b	Scholarly research	e Other					
С	Preservation for future generations	_				_	
4	Provide a description of the organization's colle Part XIV	ections and explain how	they further the orga	anization's exempt p	ourpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to l	be maintained as part of	the organization's c	ollection?	1 1127 - 12 4 - 15		
Pa	ert IV Escrow and Custodial Arra			ation answered	ryes" to Fo	orm 990, Pa	ırt
	IV, line 9, or reported an am			<del> </del>	<del></del>		
1a	Is the organization an agent, trustee, custodiar	n or other intermediary fo	r contributions or ot	her assets not			<u> </u>
	included on Form 990, Part X?					<u> </u>	s   No
þ	If "Yes," explain the arrangement in Part XIV a	nd complete the following	g table		<del></del>		<del></del>
						Amoun	<u>t                                      </u>
C	Beginning balance				1c		
d	Additions during the year			•	1d		
е	Distributions during the year				10		
f	Ending balance						
2a	Did the organization include an amount on For	m 990, Part X, line 21?				Ye	s 🔲 No
	If "Yes," explain the arrangement in Part XIV						<del></del>
Pa	rt V Endowment Funds. Comple	te if organization a	nswered "Yes"	<u>to Form 990, P</u>	art IV, line 1	0.	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	s back (e) Fou	r years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships						
	Other expenditures for facilities						······································
•	and programs						
f	Administrative expenses						
	End of year balance			<del></del>			***************************************
2	Provide the estimated percentage of the year	and halance held as:		L	<u> </u>		
	Board designated or quasi-endowment ▶	%					
	Permanent endowment > %	"					
	Term endowment ▶%  Are there endowment funds not in the possess	ion of the organization th	at are held and adr	nunistared for the			
Ja		non of the organization to	iat are neid and adi	immatered for the		ſ	Yes No
	organization by					32(1)	165 110
	(i) unrelated organizations					3a(i)	
	(ii) related organizations		adula DO			3a(ii)	
	If "Yes" to 3a(ii), are the related organizations i					3b	
4	Describe in Part XIV the intended uses of the c			O Port V line 1	10		
Pa	irt VI Investments—Land, Buildir					(-1) 5 (-	
	Description of investment	(a) Cost or other basis	(b) Cost or ot	1 ''	cumulated	(d) Book	value
		(investment)	basis (other	dep	reciation		<del></del>
1a	Land						<del></del>
b	Buildings				20.00		20 0==
С	Leasehold improvements			,082	32,204		22 <b>,</b> 878
d	Equipment		121	,128	82,367	ļ	<u>38,761</u>
	Other		<u> </u>				
otal	I. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X, co	lumn (B), line 10(c)	)	<b>•</b>	7	61,639

Schedule D (Form.990) 2009 SHREVEPORT REGIONAL		72-0805661	Page
Part VII Investments—Other Securities. See Form 9			
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market vi	alue ——————
Financial derivatives			<del></del>
Closely-held equity interests			
Other	-		
	- <del> </del>		
	- <del>                                    </del>		
	-		
	- <del>                                    </del>		
	- <del> </del>	<del></del>	
			<del></del>
			······································
	000 Port V line 13		
Part VIII Investments—Program Related. See Form		(a) Male at a final and	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market va	alue
		Cost of characteristics and thanket vi	
			<del></del>
		· · · · · · · · · · · · · · · · · · ·	<del> </del>
			·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>		·····
Part IX Other Assets. See Form 990, Part X, line 15			
(a) Description		(b)	Book value
(u) Description			DOOK VAILED
	<del></del>		<del></del>
	· · · · · · · · · · · · · · · · · · ·		<del></del>
		<del></del>	<del></del>
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			
ACCRUED EXPENSES	46,061		
<del></del>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 46,061		
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the or		ts that reports the	······································
organization's liability for uncertain tay positions under FIN 48		•	

Sche	dule D (Form 990) 2009 SHREVEPORT REGIONAL ARTS C	OUNCIL	72-0805661	Page 4
Pæ	rt XI Reconciliation of Change in Net Assets from Form 99		nancial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	2,378,737
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	2,502,073
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-123,336
4	Net unrealized gains (losses) on investments		4	
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	-123,336
	art XII Reconciliation of Revenue per Audited Financial State		evenue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	2,378,737
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			270,107,197
_	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
	Recoveries of prior year grants	2c		
ن	,	2d		
d	,	20		
_	Add lines 2a through 2d		2e 3	2,378,737
3	Subtract line 2e from line 1	f I	3	2,310,131
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
þ	Other (Describe in Part XIV )	4b		
	Add lines 4a and 4b		4c	0 270 727
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	-4		2,378,737
	rt XIII Reconciliation of Expenses per Audited Financial Sta	itements with E	xpenses per Return	
1	Total expenses and losses per audited financial statements		1	2,502,073
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1		
а	Donated services and use of facilities	2a	<del></del>	
þ	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV)	_2d		
0	Add lines 2a through 2d		2ө	
3	Subtract line 2e from line 1	f I	3	2,502,073
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV )	4b		
C	Add lines 4a and 4b		4c	· · · · · · · · · · · · · · · · · · ·
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			2,502,073
Pa	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Par			
	Pb, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part	XIII, lines 20 and 40	Also complete	
his p	art to provide any additional information			
	- <b>-</b>			
	- <b> </b>			
	<b> </b>	- <del></del> -	. <b></b>	
- ~	-			

Schedule D (F	orm. 990) 2009	SHREVEPORT	REGIONAL	ARTS COUNCI	<u>L 72-0805661</u>	Page :
Part XIV	Supplemen	ntal Information (co	ontinued)	ARTS COUNCI		
			. <b>_</b> _ <b>_</b> _			
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			<b>_</b> _			
	_					

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

Supplemental Information Regarding
Fundraising or Gaming Activities
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.

Attach to Form 990 or Form 990-EZ
See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open To Public Inspection

Employer identification number

SHREVEPORT REGIONA	AL ARTS CO	OUNC	ΙL		72-08056	61
Part I Fundraising Activities. Complete I Form 990-EZ filers are not required				ered "Yes" to For	m 990, Part IV, lii	ne 17.
1 Indicate whether the organization raised funds through	any of the following	g activi	ties (	Check all that apply		
a Mail solicitations	e Solicitation	of non	n-gove	ernment grants		
b Internet and email solicitations	f Solicitation	of gov	ernm	ent grants		
c Phone solicitations	g Special fur	ndraisin	ng eve	ents		
d In-person solicitations						
2a Did the organization have a written or oral agreement w or key employees listed in Form 990, Part VII) or entity	vith any individual ( in connection with	includii profes	ng off siona	icers, directors, truste I fundraising services	es	Yes No
b If "Yes," list the ten highest paid individuals or entities ( to be compensated at least \$5,000 by the organization	fundraisers) pursua	ant to a	greer	ments under which the	fundraiser is	
(i) Name of individual or entity (fundraiser)	(it) Activity	(III) Did raiser custod contro contribu	have dy or ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
	·	+	-		 	
	<u> </u>	+			 	_
		+ -				i
Tabal		· · · ·	•			

Direct	4 Rent/facility costs			· · · - · · ·				<del> </del>			<del></del> -	
	5 Other direct expenses					<del></del>				<del>-</del>		
	6 Volunteer labor	Yes No	%		Yes No	%		Yes No	%			
	7 Direct expense summa	ry Add lines 2 throu	gh 5 in column (	d)					<b>•</b>	<del></del> -		
	8 Net gaming income sur	nmary Combine line	1, column d, ar	nd line	7				<b>•</b>			
9 a b	Enter the state(s) in which the the organization licensed if "No," Explain	to operate gaming a	ictivities in each	of the	ese states?	4 4 4		•		9a	Yes	No
10a b	Were any of the organization of "Yes," Explain	in's gaming licenses	revoked, suspe	naea (	or terminate	during the tax	year	′		10a		
11	Does the organization opera	ate gaming activities	with nonmembe	ers?						11		
12	Is the organization a granto formed to administer charite		ee of a trust or	a mem	iber of a pai	tnership or othe	er en	tity —————		12		
DAA								Sc	hedule G (Form	990 or 99	90-EZ)	2009

Sche	Edule G (Form 990 or 990-EZ) 2009 SHREVEPORT REGIONAL ARTS COUNCIL	<u> </u>	51	P	<u> 'age 3</u>
		1		Yes	
13	Indicate the percentage of gaming activity operated in				
а	The organization's facility	13a %	1		
þ	An outside facility	13b %	1		
14	Provide the name and address of the person who prepares the organization's gaming/special events books				
	and records				
	Name				
	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 ▶ \$	and the			
	amount of gaming revenue retained by the third party ▶ \$				
C	If "Yes," enter name and address of the third party				
	Name ►				
	Address ►				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ▶ \$				
	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		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent				
	in the organization's own exempt activities during the tax year ▶ \$				

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

Open to Public inspection OMB No 1545-0047 2009

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

Name of the organization	() () () ()				Employer	Employer identification number	ber	
	$\circ$ l	UNCIL			172-08	72-0805661		
Fart i General Information on Grants and Assistance	and Assistance							
<ul> <li>Does the organization maintain records to substantiate the amount of the githe selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of</li> </ul>	ite the amount of the gristance?	ants or ass	grants or assistance, the grantees' orant funds in the United States	rants or assistance, the grantees' eligibility for the grants or assistance, and orant funds in the United States	or assistance, an	P	X Yes	2
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	Governments any recipient that recipient that recipient that recipient so	d Organi ceived m pace is r	zations in the Ur ore than \$5,000. needed	nd Organizations in the United States. Complete if the organization answered "Yes" to eceived more than \$5,000. Check this box if no one recipient received more than \$5,00 space is needed	plete if the org no one recipie	anization ans	wered "Yes" to ore than \$5,000. U	Se P
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(d) Amount of cash grant (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	ar T
BIENVILLE PARISH LIBRARY	77-0000115		000				PROMOTION OF ARTS	RTS
BLACK CULTURAL ARTS COALITION	83-0381766		20076				PROMOTION OF ARTS	RTS
BOSSIER ARTS COUNCIL			54,546				PROMOTION OF ARTS	RTS
CENTENARY COLLEGE	72-0408915		12.27				PROMOTION OF ARTS	RTS
CULTURAL CROSSROADS OF MINDEN	72-1287064		21,337				PROMOTION OF A	ARTS
DESOTO HIGH SCHOOL ALUMNI ASSOCIAT			5,305				PROMOTION OF A	ARTS
DESOTO PARISH LIBRARY	72-6000339		6,414				PROMOTION OF A	ARTS
FRIENDS OF THE BARNWELL	72-0961747		22,519				PROMOTION OF A	ARTS
HERBERT S. FORD MEMORIAL MUSEUM, I	IN 23-7080353		10.581				PROMOTION OF A	ARTS

Schedule I (Form 990) 2009

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

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

Page 2

72-0805661 Schedule I (Form 990) 2009 SHREVEPORT REGIONAL ARTS COUNCIL

Part	Grants and Other Assistance to Individuals in the L Use Part IV and Schedule I-1 (Form 990) if additional	(Form 990) if addition		nplete if the organiza	Jnited States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. It space is needed.	m 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, FMV, appraisal, other)
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	complete this part to p	provide the information	on required in Part I,	line 2, and any other additi	onal information.

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Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for

Open to Public Inspection:

OMB No 1545-0047

Schedule I (Form 990), Part II or Part III.

**Employer identification number** PROMOTION OF ARTS (h) Purpose of grant or assistance 72-0805661 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (c) IRC Code section (d) Amount of cash grant (e) Amount of non-cash of applicable 17,391 SHREVEPORT REGIONAL ARTS COUNCIL 72-0928441 (p) EIN (a) Name and address of organization INNER CITY ROW MODERN DANCE CO. LOUISIANA DANCE FOUNDATION or government i Name of the organization 1 Part I

PROMOTION OF ARTS

6,852

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PROMOTION OF ARTS

	72-0987476	6,926	PROMOTION OF ARTS	F ARTS
NORTH CENTRAL LOUISIANA ARTS COUNCI				
	72_1116991	17,011	PROMOTION OF ARTS	F ARTS
PAMOJA ART SOCIETY		:		
	72-1237137	21,424	PROMOTION OF ARTS	F ARTS
RED RIVER REVEL				
	72-0953274	16,721	. PROMOTION OF ARTS	F ARTS
RENZI EDUCATION & ART CENTER				
	72-1431506	5,479	PROMOTION OF ARTS	F ARTS
RIVER CITY REPERTORY THEATRE				
	20-2784416	21,482	PROMOTION OF ARTS	F ARTS
ROBINSON FILM CENTER				
	42-1562125	25,000	PROMOTION OF ARTS	F ARTS
SABINE PARISH TOURIST & RECREATION				
	72-0866517	7,552	PROMOTION OF ARTS	F ARTS
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990	, see the Instructions for Form 990.		Schedule I-1 (Form 990) 2009	Form 990) 2009

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Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for

2009 Open to Public Inspection

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Schedule I (Form 990), Part II or Part III.

**Employer identification number** (h) Purpose of grant PROMOTION OF ARTS PROMOTION OF ARTS PROMOTION OF ARTS PROMOTION OF ARTS PROMOTION OF ARTS PROMOTION OF ARTS or assistance 72-0805661 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 33,828 36,519 30,218 10,423 10,003 28,344 (c) IRC Code section (d) Amount of cash grant SHREVEPORT REGIONAL ARTS COUNCIL if applicable 72-0800065 72-0363143 23-7431965 72-6021455 72-0808937 72-6001334 (p) EIN ١ 1 1 1 1 1 ı ١ ļ 1 ١ Ţ 1 I ١ 1 ĺ 1 1 (a) Name and address of organization 1 I 1 ļ 1 1 1 SHREVEPORT METROPOLITAN BALLET SHREVEPORT SYMPHONY ORCHESTRA 1 1 ١ 1 1 THEATRE OF PERFORMING ARTS SHREVEPORT LITTLE THEATRE ļ 1 ı 1 1 ١ 1 1 1 ١ THE STRAND THEATRE ł 1 SHREVEPORT OPERA İ ١ 1 Ţ 1 ١ 1 Name of the organization 1 1 1 1 1 ı 1 1 1 1 1 I 1 1 1 ١ I ١ 1 1 Part! 1 ١ 1 I 1

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

Schedule I-1 (Form 990) 2009

(a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Amount o	(e) Method of valuation (book, FMV, appraisal, other)	
		(f) Description of non-cash assistance
		,

#### **SCHEDULE J-2** (Form 990)

#### **Continuation Sheet for Form 990**

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ▶ See the Instructions for Form 990.

Name of the Organization SHREVEPORT REGIONAL ARTS COUNCIL **Employer Identification number** 

72-0805661 Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I **Employees** (A) (B) (C) (D) (E) (F) Reportable Reportable Average hours Position (check all that apply) Estimated Name and Title Individual trustee or director per week compensation compensation amount of institutional trustee Кеу етріоуее Highest compensated from related from other organizations the compensation organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization and related organizations WILBERT PRYOR 0 0 FULL BOARD JANIE SAMUELS 0 0 SECRETARY PAM ATCHISON 103,653 40.00 X 0 EXEC DIRECT 3,135

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990

(Form 990)

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.

2009
Open to Public Inspection

Name of the organization

SHREVEPORT REGIONAL ARTS COUNCIL

Employer identification number 72-0805661

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE FORM 990 WILL BE REVIEWED BY KEY OFFICERS AND BOARD MEMBERS BEFORE

FILING. THE FORM 990 WILL BE MADE AVAILABLE TO ALL REMAINING BOARD MEMBERS

AFTER FILING.

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

ALL BOARD MEMBERS AND EMPLOYEES ARE GIVEN A COPY OF BOARD RESPONSIBILITIES,

BY-LAWS AND THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE DIRECTOR'S COMPENSATION IS APPROVED BY THE GOVERNING BOARD OF

DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

ALL OTHER EMPLOYEES' COMPENSATION IS APPROVED BY THE EXECUTIVE DIRECTOR AND

TREASURER OF THE GOVERNING BOARD.

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

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# **Federal Statements**

# **Taxable Dividends from Securities**

Description	_	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
INTEREST & DIVIDEND INCOME	\$	104,367		14		
TOTAL	\$	104,367				

72-0805661	Federal State	Statements		
	Form 990, Part IX, Line 24f -	Part IX, Line 24f - All Other Expenses		•
Description	Total Expenses	Program Service	Management & General	Fund ' Raising
EVENT EXPENSES POSTAGE & FREIGHT TELEPHONE EQUIPMENT & FACILITY RENT REPAIR & MAINTENANCE AWARDS	\$ 23,386 17,673 17,361 15,466 14,356	\$ 23,386 5,178 1,935 8,985 13,115	\$ 12,495 15,383 6,481 1,241	43
INVESTMENT EXPENSE MISCELLANEOUS EXPENSES BANK CHARGES TAXES OTHER DUES & SUBSCRIPTIONS	12,498 9,326 7,396 6,882 3,724	1,72 6,14 4,64 15	12,498 2,649 1,247 2,241 3,574	4,954
TECHNICAL FEES UTILITIES TOTAL	3,068 3,068 588 \$ 148,881	7   2	3,068 588 \$ 63,316	\$ 4,997

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Form 8868 (F						Page 2	
<ul><li>If you are</li></ul>	filing for an Additional (Not Automatic) 3-Month Ex	tension, co	mplete only Part II and check this box			ightharpoons X	
Note. Only co	omplete Part II if you have already been granted an a	utomatic 3-m	nonth extension on a previously filed Fo	m 8868			
	filing for an Automatic 3-Month Extension, comple						
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no						
Type or print	Name of exempt organization			Emplo	Employer identification number		
File by the	SHREVEPORT REGIONAL ARTS	COUNC	IL	72-0	0805661		
extended	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions				
due date for filing your	400 CLYDE FANT PARKWAY						
return See	City, town or post office, state, and ZIP code. For						
instructions	SHREVEPORT LA	71101			·····		
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Form 990		01					
Form 990-B	L	02	Form 1041-A			08	
Form 990-E	Z	03	Form 4720			09	
Form 990-P	F	04	Form 5227	_		10	
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069			11	
	(trust other than above) t complete Part II if you were not already granted a	06	Form 8870			12	
If the orga If this is for the whole good instantial the national transfer of the whole good instantial the national transfer of the tax  To State in the tax	nization does not have an office or place of business or a Group Return, enter the organization's four digit of group, check this box  ■	Group Exem t of the grou /15/11 07/0 eck reason:	ption Number (GEN) If this in ption Number (GEN) If this in p, check this box and and or or or or or or or or or or or or or	attach a	ACCURATE RE	► □	
nonrefun	plication is for Form 990-BL, 990-PF, 990-T, 4720, or idable credits. See instructions. plication is for Form 990-PF, 990-T, 4720, or 6069, 6			8a	\$		
-	d tax payments made Include any prior year overpa						
	paid previously with Form 8868			8b	\$		
	Due. Subtract line 8b from line 8a Include your pay						
FTD cou	pon or, if required, by using EFTPS (Electronic Fede			8c	\$		
		•	nd Verification				
rue, correct, and	of perjury, I declare that I have examined this form, including complete, and that I am authorized to prepare this form		, schedules and statements, and to the best of $\mathcal{C}\mathcal{A}\mathcal{A}$	i iny Knowi	edge and belier, it is  Date ▶ 2-15	- 2011	

Form 8868 (Rev 1-2011)