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Form **990**

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)

OMB No 1545-0047 2009

Department of the Treasury

CONNET IN 99

► The organization may have to use a conv of this return to satisfy state reporting requirements

Open to Public Inspection

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	For the	e 2009 calendar year, or tax year beginning 7/01 , 2009, and ending	ig 6/30	, 2010							
В	B Check if applicable. C D Employer Identification Number										
		ress change Please use THE LOUISIANA OPEN, INC.	72-1043611								
	H	or print 124 UEVMANN RIVD #105	E Telepho	<u> </u>							
	\vdash	See LAFAYETTE, LA 70503	· ·	7) 593-8000							
	\vdash	al return specific Instruc-	(33	1) 393-8000							
	Terr	mination tons.									
Amended return G G Gross receipts \$ 989,69											
	Application pending F Name and address of principal officer H(a) Is this a group return for affiliates? Yes X No.										
		Same As C Above	H(b) Are all affiliates incl If 'No,' attach a list								
ī	Tax-e	exempt status X 501(c) (3) (insert no) 4947(a)(1) or 527	ii ito, attacira iist	(See Illau delloris)							
J		site: LAOPEN.COM	H(c) Group exemption nu	umber ► N/A							
K		of organization Corporation Trust Association Other L Year of Format		State of legal domicile							
	irt l		1001	Take or legal definerie							
		Briefly describe the organization's mission or most significant activities PROVIDE	CUDDODT TO C	UNDITTEC							
	' '	Theny describe the organization's mission of most significant activities _FROVIDE_	POLLOKI TO C	URCTITES							
Activities & Governance	_										
a	-										
<u>,</u>											
ě		Check this box • I if the organization discontinued its operations or disposed of mo	re than 25% of its a								
જ		Number of voting members of the governing body (Part VI, line 1a)	* * * * *	3 9							
es	I	Number of independent voting members of the governing body (Part VI, line 1b)	•	4 0							
₹		otal number of employees (Part V, line 2a)		5 0							
달		otal number of volunteers (estimate if necessary)		6 0							
•		otal gross unrelated business revenue from Part VIII, column (C), line 12	•	7a 0.							
	יו פו	Net unrelated business taxable income from Form 990-T, line 34	· · · · ·	7 b 0.							
	l		Prior Year	Current Year							
•		Contributions and grants (Part VIII, line 1h) .									
Revenue	9 F	Program service revenue (Part VIII, line 2g) .									
ě	10 li	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		002. 1,205.							
Œ	11 C	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	379,9								
	12-7	total revenue; add-lines-8 through 11 (must equal Part VIII, column (A), line 12)	381,8	325,299.							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	225,3	173,936.							
		Benefits paid to or for members (Part IX, column (A), line 4)									
		salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .	115,1	.67. 119,380.							
69	127	Control of the Contro	110,1	113,300.							
Expenses	loa -	Professional fundraising fées (Part IX, column (A), line 11e)	urbaka duaran, wa se sak aba	ANTE KARRANT MAKAMITAN M							
Š	ЬТ	otal fundraising expenses (Part IX, column (D), line 25) ►	24.0 0.00 (4.00)	The state of the s							
ш	ነ7€	Other-expenses-(Part-IX, column (A), lines 11a-11d, 11f-24f)	51,5	48,903.							
	18 T	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	392,0	16. 342,219.							
		Revenue less expenses Subtract line 18 from line 12	-10,2								
* 8											
ance	20 -	istal assate (Part V. Iras 16)	Beginning of You								
Bair	20 T	otal assets (Part X, line 16)									
Net Assets or Fund Balancos	21 T	otal liabilities (Part X, line 26)	68,5								
		let assets or fund balances. Subtract line 21 from line 20	266,8	62. 249,941.							
Pa	rt II	Signature Block									
		Under penalties of perjuit, I declare that I have examined this return, including accompanying schedules and statitrue, correct, and compete Declaration of preparer (other than officer) is based on all information of which preparer	ements, and to the best of	f my knowledge and belief, it is							
		true, correct, and complete Declaration of proparer (other than officer) is based on all information of which prepa	rer has any knowledge								
Sig	ın	X Vann Jones	5//	6/11							
He	re	Signature of officer	Date								
		► DANNY JONES	Executive D)irec							
		Type or print name and title	BACCUCIVE D								
_		Date	- Land	Preparer's identifying number (see instructions)							
Bai	.al		Check if self-	(see instructions)							
Pai Pre		Preparer's	1 ' '	X							
	:- rer's	signature 5/16/1	l	N/A							
Us		Firm's name (or David G. Jones									
On		yours of self- employed). ► 126 Heymann Blvd.	EIN ► N	/A							
711	٠.,	address, and Lafayette, LA 70503	Phone no	(337) 232-6841							
May	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No							

TEEA0113L 12/29/09

Form 990 (2009) THE LOUISIANA OPEN, INC.	72-	L04361	.1		Page 2
Part III Statement of Program Service Accomplishments					
Briefly describe the organization's mission:					
PROVIDE SUPPORT TO CHARITIES.					
2 Did the organization undertake any significant program services during the year which were not list	ed on the prior				
Form 990 or 990-EZ?			Yes	X	No
If 'Yes,' describe these new services on Schedule O					
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	m services?		Yes	X	No
If 'Yes,' describe these changes on Schedule O.	11 301 11003.	ш		ت	
4 Describe the exempt purpose achievements for each of the organization's three largest program se	nuces by exper	ses Se	rtion 5	01(c)(31
and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gran	ts and allocation	ns to ot	ners, t	he tota	al
expenses, and revenue, if any, for each program service reported.					
4a (Code. Expenses \$ 173, 936. including grants of \$) (Revenue	\$			١
THE ORGANIZATION RUNS A MAJOR GOLF TOURNAMENT ANNUALLY TO PRO			TTTF	'S	—′
WITH NECESSARY FUNDING. IT ALSO RUNS OTHER SMALLER GOLF TOURN					
WITH MECESSIAN TOADING. IT ABSO NOWS OTHER SHADEN GOLD TOOKIN	MENTS DOL	1110_1		<u> </u>	
	-				
	· 				
		_ .			
4b (Code (Expenses \$ including grants of \$) (Revenue	Ś			١
The Cooks Table 1997 (Expenses 4		٠			
					
4c (Code:) (Expenses \$ including grants of \$) (Revenue	Ś			١
To (code:) (Experious + medianing grants of +		Ÿ			
	-				
	-				
			-		
				- – -	
				-	
				-	
			_		
4d Other program services (Describe in Schedule O)					
(Expenses \$ including grants of \$) (Revenue	ıe \$)	
4e Total program service expenses ► 173, 936.					

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X _
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	:	х
10	·	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable.	11		<u> X</u>
1	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	7. T. S.	14,	, · ; .
	• 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			٠٠٠ .
	• 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 	Z ^	, -	•
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12		Х
	AWas the organization included in consolidated, independent audited financial statement for the tax Yes No			
12	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{\lambda}{X}$
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I.	14b		Х
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 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		Х
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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	10		v
20	complete Schedule G, Part III Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	19 20		Х Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		<u>x</u>
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24	a 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, and 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		_X_
t	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		
•	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		<u>X</u>
I	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		<u>x</u> _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	 28a		X
		204		
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u>X</u>
	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 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		<u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>X</u>
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		<u>X</u>
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		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If Yes , $'complete Schedule R$, $Part VI$	37		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		X

Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.			
Information Returns. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
	-		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	-		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
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		х
b If 'Yes,' enter the name of the foreign country:			
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		`	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were redeductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	es		
provided to the payor?	7a 7b		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	/ b		
Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.	-		
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter	"		
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	7		
11 Section 501(c)(12) organizations. Enter.	-	ļ	
a Gross income from other members or shareholders		l	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	7		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	1.24		

Form 990 (2009)

Governing Body and Management

Section A.

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.

			res) NO				
1	a Enter the number of voting members of the governing body	2						
	b Enter the number of voting members that are independent 1b	_						
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		Х				
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?							
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?								
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?								
	b 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							
	a The governing body? .	8a		X				
	b Each committee with authority to act on behalf of the governing body?	8b		X				
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х				
Sec	ction B. Policies (This Section B requests information about policies not required by the Interna-	1						
Rev	enue Code)							
			Yes	No				
	a Does the organization have local chapters, branches, or affiliates?	10 a		X				
- 1	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?	10Ы						
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		Х				
	A Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O	—						
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х					
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise							
	to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in	12b		X				
,	Schedule O how this is done.	12c		Х				
13	Does the organization have a written whistleblower policy?	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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official	15a		X				
ı	Other officers of key employees of the organization	15 b		Х				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)							
16 a	a 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		X				
i	o 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		-				
Sec	tion C. Disclosures							
	List the states with which a copy of this Form 990 is required to be filed ► None							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) as inspection. Indicate how you make these available. Check all that apply. Own website Another's website Upon request	railable	e for p	ublic				
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, 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 organizat DAVID G. JONES P.O. BOX 52889 LAFAYETTE LA 70505 (337) 232-6841								

Form 990 (2009)

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'
- 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 no		sate a	ny o			officer	, dır			
(A)	(B)							(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee	Officer		ap Highest compensated employee		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
HARRY PATIN, JR.	1								•	
President	4	<u> </u>		_	-		├	0.	0.	0.
KENNY CROCKET Director	1							0.	0.	0.
DANNY JONES Executive Direc	40							86,470.	0.	0.
RICKEY PARVINO Director	1							0.	0.	0.
CLAYTON BEADLE Director	1							0.	0.	0.
DAVID HEBERT Director	1							0.	0.	0.
DAVID MANN Director	1							0.	0.	0.
JUDY BRISCOE Secretary	2		-					0.	0.	0.
JAY CLOTHIER Director	1							0.	0.	0.
	 								<u> </u>	·
									-	
										•

TEEA0107L 11/10/09

(A)	(B)	\ey	En			es,	an			
Name and Title	Average	Posi	tion		C) k all	that a	pply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	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
									•	
								_		
									-	
1 b Total							>	86,470.	0.	0.
 Total number of individuals (including but not limited from the organization ▶ 0 	I to thos	e lıs	ted	abo	ve)	who	rece	eived more than \$	5100,000 in reporta	ble compensation
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th individual. 	dıvıdual		-		-	•	_	•	, ,	Yes No 3 X 4 X
Did any person listed on line 1a receive or accrue corendered to the organization? If 'Yes,' complete School or accrue to the organization of the school organization or accrue to the organization or accrue to th	mpensa	ation	fro	m ar	ny u	nrel	ated	organization for	services	5 X
Section B. Independent Contractors	courc 5	,,,,	,uci	рст	50,,				, <u>.</u>	131.11
 Complete this table for your five highest compensate compensation from the organization. 	d indep	ende	ent o	conti	ract	ors 1	that	received more that	an \$100,000 of	
(A) Name and business address								(B) Description o	Services	(C) Compensation
			· ·							
2 Total number of independent contractors (including b \$100,000 in compensation from the organization ►		mıte	ed to	tho	se I	ısted	d ab	ove) who received	I more than	

	TO VIII Statement of Nevenue	(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
9.0	1a Federated campaigns 1a		revende		312, 313, 61 314
ANT	b Membership dues . 1b				
200	c Fundraising events 1c				
FIS	d Related organizations 1d				
2 2	e Government grants (contributions) 1 e		1		
Sign					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f				
<u>₹</u> 0	g Noncash contribus included in los 1a-1f: \$				
₽Ş	h Total. Add lines 1a-1f		i		
LE I	Business Code				
YEN	2a				
2	b				
Ş	c				
SER	d				
Σ×	e				
PROGRAM SERVICE REVENUE	f All other program service revenue				
	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and other similar amounts).	1,205.			1,205.
	4 Income from investment of tax-exempt bond proceeds	1,203.			1,203.
	5 Royalties		- · · - · · · · · · · · · · · · · · · ·	<u> </u>	
	(i) Real (ii) Personal				-
	6a Gross Rents				
	b Less ⁻ rental expenses				`
	c Rental income or (loss).				
	d Net rental income or (loss).				
	7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
NUE	8a Gross income from fundraising events (not including \$				
VEN	of contributions reported on line 1c).				
OTHER REVE	See Part IV, line 18 . a 988, 492.			j	
뿔	b Less direct expenses b 664,398.			_	į
Ò	c Net income or (loss) from fundraising events	324,094.	den a decimando de Aus		324,094.
	9a Gross income from gaming activities. See Part IV, line 19	· · · · · · · · · · · · · · · · · · ·			1
	b Less: direct expenses b				!
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances . a				
	b Less. cost of goods sold b				,
	c Net income or (loss) from sales of inventory				
[Miscellaneous Revenue Business Code				
	11a				
	b		·		
	C				
	d All other revenue				
	e Total. Add lines 11a-11d	205 000			205 200
	12 Total revenue. See instructions	325,299.	<u> </u>	0.	325 <u>,</u> 299.

Page 10

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).

	All other organizations must comp				
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	173,936.	173,936.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees	86,470.	0.	86,470.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	24,000.		24,000.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	8,910.		8,910.	
11	Fees for services (non-employees)				
;	a Management				
;	b Legal				
	c Accounting				
	d Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
	g Other				
	Advertising and promotion .				
13	Office expenses.	4,340.		4,340.	
14	Information technology				
15	Royalties				
16	Occupancy .				
17	Travel	1,035.		1,035.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,000.		2,000.	
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization				
	Insurance .	23,114.		23,114.	
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)				,
á	Printing and Publications	11,599.		11,599.	
	AUTO ALLOWANCE	6,000.		6,000.	
	SUPPLIES	1,684.		1,684.	
	BANK CHARGES	455.		455.	
	Postage and Shipping	377.		377.	
	All other expenses	299.		299.	
	Total functional expenses. Add lines 1 through 24f	342,219.	173,936.	168,283.	0.
26	Joint costs. Check here ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational				
BAA	campaign and fundraising solicitation		<u> </u>		Form 990 (2009)

Part X **Balance Sheet** (B) End of year (A) Beginning of year 119,124. 155,410 1 Cash - non-interest-bearing 88,845 2 89,798. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 Accounts receivable, net 16,166 4 22,123. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment, cost or other basis. 10 a Complete Part VI of Schedule D b Less: accumulated depreciation. 10b 10 c 75,000 75,000 11 Investments - publicly-traded securities Investments - other securities See Part IV, line 11 12 12 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 335,421 16 306,045. 68,559 17 56,104 17 Accounts payable and accrued expenses 18 18 Grants payable . 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties. 24 25 25 Other liabilities Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 68,559 26 56,104. Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 266,862 249,941. Unrestricted net assets 27 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 249,941 33 Total net assets or fund balances 266,862 33 335,421 34 306,045 34 Total liabilities and net assets/fund balances Form 990 (2009)

TEEA0111L 01/30/10

Form,990 (2009) THE LOUISIANA OPEN, INC.	72-1043611	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990. Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		X
b Were the organization's financial statements audited by an independent accountant?	. 2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over review, or compilation of its financial statements and selection of an independent accountant?	rsight of the audit, 2c		-
If the organization changed either its oversight process or selection process during the tax year, expl in Schedule O.	laın		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year v consolidated basis, separate basis, or both:	were issued on a		
Separate basis Consolidated basis Both consolidated and separate basis	A		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set for Audit Act and OMB Circular A-133?	th in the Single		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	the required audit		

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number

THE LOUISIANA OPEN	, INC						72-1	043611			
Part I Reason for Pub	olic Charity Statu	s (All organizations	must o	comple	ete this	part.)	See i	nstructi	ions		
The organization is not a priv	ate foundation becau	ise it is (For lines 1 thro	ugh 11,	check o	nly one	box.)					
1 A church, convention	on of churches or asse	ociation of churches desc	cribed in	section	n 170(b)	(1)(A)(i)).				
2 A school described	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3 A hospital or coope											
4 A medical research	organization operate	d in conjunction with a h	ospital o	describe	d in sec	tion 17	0(b)(1)(/	A)(iii) Er	nter the hos	spital's	
name, city, and state											
5 An organization ope											
7 An organization tha											
F 1		170(b)(1)(A)(vi). (Comple	te Part I	1)							
9 X An organization that	normally receives: (1)	more than 33-1/3 % of its	support t	rom con	tributions	s. memb	ership fe	es, and o	aross receip	ots	
from activities related investment income June 30, 1975 See	d to its exempt function and unrelated busine section 509(a)(2). (C	ns – subject to certain exc iss taxable income (less complete Part III.)	eptions, a section :	and (2) r 511 tax)	no more t from bu	than 33- Isinesse	1/3 % of es acqui	its suppo	ort from aro:	SS	
ш		exclusively to test for pu		•		٠,	• •				
more publicly suppo describes the type	anized and operated orted organizations of of supporting organiz	exclusively for the benef lescribed in section 509(a ation and complete lines	a)(1) or s 11e thr	section ! ough 11	509(a)(2 h.). See	f, or car section	ry out the 509(a)(3	e purposes). Check t	of one or he box that	
 a Type I	b Type II	c 🗌 Type II		_	_			d [Type III—		
e By checking this bo than foundation main 509(a)(2).	x, I certify that the or nagers and other tha	ganization is not controll n one or more publicly si	ed direc upportec	tly or ind I organiz	directly l zations o	by one lescribe	or more d in sec	disqualif tion 509	ied persor (a)(1) or se	ns other ection	
f If the organization r check this box	eceived a written det	ermination from the IRS	that is a	Type I,	Type II	or Type	e III supp	orting o	rganızatıon),	
g Since August 17, 20	006, has the organiza	tion accepted any gift of	r contrib	ution fro	m any o	of the fo	llowing	persons	?		
										Yes No	
(i) a person who below, the gov	directly or indirectly overning body of the su	controls, either alone or tupported organization?	together ·	with per	rsons de	escribed	l ın (ıı) a	nd (III)	11 g (i)		
(ii) a famıly meml	ber of a person desc	ribed in (i) above?		•					11 g (ii)		
(iii) a 35% control	led entity of a person	described in (i) or (ii) at	oove?						11 g (iii)		
h Provide the following	g information about t	he supported organizatio	ns								
(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed	Is the upon in cold in your erning ment?	the organ	① of	organizát	s the on in col zed in the 3.7	n col		
			Yes	No	Yes	No	Yes	No			
	-										
					:						
	j										
							-				
Total BAA For Privacy Act and Paperwo	ork Reduction Act Notice.	see the Instructions for Form	990 or 99	0-EZ.	-	5	Schedule	A (Forn	n 990 or 99	90-EZ) 2009	

72-1043611 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (c) 2007 (a) 2005 (b) 2006 (d) 2008(e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) > Amounts from line 4 Gross income from interest. dividends, payments received on securities loans, rents. royalties and income form sımılar 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 (Explain in Part IV) Total support. Add lines 7 through 10. 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 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. **b 10%-facts-and-circumstances test** — **2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I) **Section A. Public Support** (c) 2007 Calendar year (or fiscal yr beginning in) (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 988,492 5,841,600. 1,204,304. 1,272,816. 1,252,437 1,123,551 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 0. purpose Gross receipts from activities that are not an unrelated trade or business 0. under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on 0. its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge. ,204,304 1,272,816. 1,252,437 1,123,551 988,492 5,841 600. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1 2, 3 received from disqualified 0 0 0 0 0 0. persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0 0 0 0. 0 0. vear 0 0 0 0 0 c Add lines 7a and 7b 0. - 1 1 45 8 Public support (Subtract line Sec. 6 5 1 18 1 18 1 18 1 18 1 4-4 验的 . -94 (mg* 32 14 SE C 35 35 7 www. o komun **。李、然,这是整理** 次数**数**的数据,2008年2月2日 5,841,600. 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 272,816. 1,204,304. 1,252,437. 123,551 988, 492 5,841,600. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form similar sources 2,976 5,293 5,492 1,902 1,205 16,868. **b** Unrelated business taxable income (less section 511 taxes) from businesses 0. acquired after June 30, 1975 2,976. 5,293 5,492. 1,902 1,205 c Add lines 10a and 10b 16,868. 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 0. Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). 0. 5,858,468. 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 99.7% 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 99.7% 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 0.3% 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 0.3% 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization X b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33.1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

20

Part IV	Sup	olemer	990-EZ) 2009 forma	tion. (Comple	te this	s part	to pro	vide 1	the exi	planatio	ns red	uired l	ov Par	t II. lin	e 10;	age 4
	Part	II, line	17a d	or 17b	; and l	Part III	, line	12. Pi	rovide	any c	other a	ddition	al infor	mation	n. See	ınstru	ctions.	
						-												-
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

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.

Attach to Form990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization					1 ' '	r identification number			
THE LOUISIANA OPEN, INC.					72-10	043611			
Part I Fundraising Activities. Comp	lete if the orga uired to comple	nization ai ete this pa	nswered 'Y rt	es' to Form 990, Part I'	V, line 17				
1 Indicate whether the organization	raised funds th	rough any	of the folio	owing activities Check	all that apply	=			
Mail solicitations				Solicitation of non-	government gra	ınts			
Internet and email solicitation	2		Solicitation of gove	-					
Phone solicitations									
H	H The same state of the same s								
In-person solicitations				-1 (1111111111111111		t			
2a Did the organization have written employees listed in Form 990, Pai	or oral agreeme t VII) or entity	ent with an in connect	iy inaiviau: ion with ni	ai (including officers, di rofessional fundraising :	rectors, trustees services?	Yes X	No		
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or en	tities (fund	·-	_					
	T	1			(v) Amount pa	aid to			
(i) Name of individual	(ii) Activity		fundraiser	(iv) Gross receipts	(or retained	l by) (vi) Amount paid to	0		
or entity (fundraiser)			dy or control ributions?	from activity	fundraiser list col.(i)	ted in (or retained by) organization			
	ļ <u>. </u>	+	1		coi.(i)	Organization	—		
		Yes	No						
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T-1-1			•				1		
Total	ation is register	od or hoor		hait funds or has been s	antified it is ever		<u>).</u>		
3 List all states in which the organization licensing	ation is register	ea or neer	1560 10 201	icit iunus or nas been i	iotilieu it is exel	inpt from registration			
3									
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Page 2

	<u>(II)</u>	Fundraising Events. Complete if reported more than \$15,000 on F	the organization a orm 990-EZ. line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, II aross receipts area	ne 18, ater tha	or an ¶	5.00	00.
R			(a) Event #1 VARIOUS GOLF T (event type)	(b) Event #2	(c) Other Events	(d) (Add c	Total	Ever a) thr	nts
MCZM<	1	Gross receipts	988,492.				9	88,4	192.
E	2	Less Charitable contributions							
	3	Gross income (line 1 minus line 2)	988,492.				9	88,4	192.
	4	Cash prizes							
	5	Noncash prizes							
D-RECT	6	Rent/facility costs .				_	·		
	7	Food and beverages							
EXPESSES	8	Entertainment			· 	<u> </u>			
N S E	9	Other direct expenses	664,398.				6	54,3	398.
3		Direct expense summary. Add lines 4- th	•		•				398.
Par		Net income summary Combine lines 3, c Gaming. Complete if the organization		s' to Form 990 Par	t IV line 19 or rei	orted			94. an
		\$15,000 on Form 990-EZ, line 6a	·			·			
ポートリンド		:	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(Add c	otal ol. (a col.	gamı a) thro (c))	ng ough
Ë	1	Gross revenue							<u> </u>
D X	2	Cash prizes							<u>_</u>
DIRECT S	3	Non-cash prizes .							
S	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	Yes % No	Yes% No	Yes%			_	
	7 Direct expense summary Add lines 2 through 5 in column (d)								
	8	Net gaming income summary. Combine li	nes 1, column (d) and l	line 7					
		r the state(s) in which the organization opi e organization licensed to operate gaming				[9 a	YES	<u>NO</u>
b	If 'No	o,' explain:					T		
		e any of the organization's gaming licenses	s revoked, suspended o	or terminated during the	tax year?	 1	0 a		
11	 Does	the organization operate gaming activities	with nonmembers?			<u> </u>	1		
12	Is the	e organization a grantor, beneficiary or tru nister charitable gaming?	stee of a trust or a mer	nber of a partnership or	other entity formed to	1	2		

Schedule G (Form 990 or 990-EZ) 2009 THE LOUISIANA OPEN, INC.	72-1043613	1	F	age 3
			YES	
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility	13a %			Ì
b An outside facility	13b %			
4 Enter the name and address of the person who prepares the organization's gaming/special evo	ents books and records.			
Name. ►			·	
Address: •				
5 a Does the organization have a contact with a third party from whom the organization receives g		15 a		
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:				
6 Gaming manager information				
Name •				
Gaming manager compensation ► \$				
Description of services provided				
☐ Director/officer ☐ Employee ☐ Independent contractor				,
7 Mandatory distributions			~	
a Is the organization required under state law to make charitable distributions from the gaming p	roceeds to retain the	<u> </u>	·	<u> </u>
state gaming license?		17a		· ;
b Enter the amount of distributions required under state law to be distributed to other exempt org	ganizations or spent in the		ı	2 x
organization's own exempt activities during the tax year: ► \$		- 1		;

SCHEDULE I

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047 2009

Open to Public Inspection

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

Attatch to Form 990.

Employer identification number 72-1043611 **ջ** □

XYes

Part | General Information on Grants and Assistance THE LOUISIANA OPEN,

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

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 Part II

Part IV and Schedule I-1 (Form 990) if additional sp	orm 990) if addit	lional space is	ace is needed				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABBEVILLE ALLSTARS 110 EIGHT STREET							}
510	26-2728354		5, 420.	0.	CASH		YOUTH SPORTS
ACADIANA YOUTH, INC.							GIRLS &
911 LEE AVENUE, SUITE 406							CHILDREN
LAFAYETTE, LA 70501	72-0752065		27, 533.	0.	CASH		SERVICES
CHILDREN'S MUSEUM OF ACADIANA							
210_EAST_CONGRESS_STREET							YOUTH
LAFAYETTE, LA 70501	58-1945773		10,467.	0.	CASH		ACTIVITIES
HEALING HOUSE, INC.							
707 LEE AVENUE		•					GRIEF CRISIS
70501	72-1314590		2,890.	0.	CASH		CENTER
HEARTS OF HOPE							
P.O. BOX 53967							SEXUAL ABUSE
70505	72-1321800		7,075.	0.			RESPONSE CENTER
MEN'S CIVITAN CLUB OF LAFAYETTE							
P.O. BOX 53769							COMMUNITY
	72-6027887		5,225.	0.	CASH		DEVELOPMENT
NORIH VERMILLION HIGH SCHOOL							
							PROJECT
ABBEVILLE, LA 70510	72-6001434		6,180.	0			GRADUATION
NORTH VERMILLION HIGH SCHOOL							
P.O. DRAWER 520							
	72-6001434		7,000.	0.	CASH		BAND DEPARTMENT
2 Enter total number of section 501(c)(3) and government organization	3) and government or	ganizations					

3 Enter total number of other organizations

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

TEEA3901L 02/10/10

:

Schedule I (Form 990) 2009

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. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 72-1043611 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant THE LOUISIANA OPEN, INC. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Part IV Part III BAA

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

Continuation Sheet for Schedule I (Form 990)

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

2009 2009

2007

Open to Public Inspection

(h) Purpose of grant or assistance YOUTH SPORTS YOUTH SPORTS ACTIVITIES COLLEGIATE SPORTS SCHOOL Employer identification number (Form 990), Part (g) Description of non-cash assistance 72-1043611 (f) Method of valuation (book, FMV, appraisal, other) Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule CASH CASH CASH CASH (e) Amount of non-cash assistance (d) Amount of cash 6,770 21,196 5,830 10,410 grant (c) IRC section if applicable 72-0915464 72-6000820 72-0915464 72-1209260 (p) EIN ST. THOMAS MORE HIGH SCHOOL ATHL (a) Name and address of organization or government UNIVERSITY OF LOUISIANA BASEBALL THE LOUISIANA OPEN, INC TEURLINGS CATHOLIC GOLF THOMAS MORE GOLF 201 REINHARDT DRIVE LAFAYETTE, LA 70506 LAFAYETTE, LA 70508 LAFAYETTE, LA 70508 139 TEURLINGS DRIVE LAFAYETTE, LA 70501 450 E. FERREL ROAD Name of the organization 1 1 1 1 11111 1 1 1 1 Schedule I-1 (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

	Employer identification number
THE LOUISIANA OPEN, INC.	72-1043611
Form 990, Part VI, Line 11 - Form 990 Review Process	
No review was or will be conducted.	
	
	-

Form **8868**(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

If you are	filing for an Automatic 3-Mont	h Extension, com	plete only Part I and	check this box			<u>► X</u>
	filing for an Additional (Not Au						
	olete Part II unless you have alre				<u> </u>	iled Form 8868	<u></u>
Part I	Automatic 3-Month Exten	sion of Time. (Only submit origin	al (no copies	needed).		
A corporation	required to file Form 990-T and	d requesting an au	tomatic 6-month exte	nsion - check th	is box and o	complete Part I only	► [
All other corp	oorations (including 1120-C filer:	s), partnerships, R	EMICS, and trusts me	ust use Form 7004	to request	an extension of time	to file
income tax re							
Form 990-1	ling (e-file). Generally, you can below (6 months for a corporat (not automatic) 3-month exten Instead, you must submit the fut www.irs.gov/efile and click on	lly completed and	signed page 2 (Part I	a 3-month automer, you cannot file or 8870, group re of Form 8868. F	natic extense Form 8868 eturns, or a for more de	ion of time to file one Belectronically if (1) composite or consol tails on the electroni	e of the you want idated c filing of
	Name of Exempt Organization					Employer Identification n	umber
Type or print							
-	THE LOUISIANA OPEN,					72-1043611	
File by the due date for	Number, street, and room or suite number	r If a P O box, see inst	ructions				
filing your return See	124 HEYMANN BLVD. #:						
instructions	City, town or post office, state, and ZIP of	ode For a foreign addre	ss, see instructions.				
	LAFAYETTE, LA 70503						
	f return to be filed (file a separa		•	_	7- 470	••	
Form 990		Form 990-T (co	· ·	-	Form 472		
Form 990		-	ection 401(a) or 408(a	· · · –	Form 522 Form 606		
X Form 990 Form 990		Form 1041-A	ust other than above)	 -	Form 887		
Form 990	·FF	F0//// 1041-A			[F0[]] 667	<u> </u>	
Telephone If the orga If this is for check this	No. ► (337) 232-6841 anization does not have an officior a Group Return, enter the orgonomy. If it is for part of sion will cover	e or place of busin	git Group Exemption	Number (GEN)	if t		
1 I reques	t an automatic 3-month (6 mon	hs for a corporation	on required to file For	n 990-T) extensio	n of time		
	2 / 15 , 20 11 , to file		nization return for the	organization nam	ed above.		
_	ension is for the organization's r	eturn for:					
► []	calendar year 20 or						
► X	tax year beginning7/01_	, 20 _09,	and ending $-6/30$),20 _10	- ·		
2 If this ta	x year is for less than 12 month	s, check reason:	Initial return	Final return	CI	hange in accounting	period
3a If this ap nonrefur	oplication is for Form 990-BL, 99 adable credits See instructions	90-PF, 990-T, 4720	O, or 6069, enter the t	entative tax, less	any	3 a \$	0.
b If this apmade. In	oplication is for Form 990-PF or iclude any prior year overpayme	990-T, enter any i	refundable credits and redit	estimated tax pa	yments	3ь\$	0.
c Balance deposit v See inst	Due. Subtract line 3b from line with FTD coupon or, if required, ructions	3a Include your p by using EFTPS (payment with this form Electronic Federal Ta	ı, or, ıf required, x Payment Syster	n)	3c \$	0.
Caution. If yo payment instr	u are going to make an electron uctions	ic fund withdrawa	with this Form 8868,	see Form 8453-E	O and Form	n 8879-EO for	
BAA For Priv	acy Act and Paperwork Reduct	ion Act Notice, se	e instructions.			Form 8868 (Re	v. 4-2009)

Form 8868	3 (Rev 4-2009)		Page
• If you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete onl	y Part II and check	this box
Note. Only	complete Part II if you have already been granted an automatic 3-month exte	ension on a previou	sly filed Form 8868.
• If you a	are filing for an Automatic 3-Month Extension, complete only Part I (on page	1)	
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original	(no copies needed).
·	Name of Exempt Organization		Employer identification number
Type or		- '	
print	THE LOUISIANA OPEN, INC.]	72-1043611
-	Number, street, and room or suite number. If a P.O. box, see instructions		For IRS use only
File by the extended	David G. Jones		
due date for filing the	126 Heymann Blvd.	,	
return See instructions.	City, town or post office, state, and ZIP code For a foreign address, see instructions.	~ · · · · · · · · · · · · · · · · · · ·	
	Lafayette, LA 70503	<u> </u>	
Check type	of return to be filed (File a separate application for each return):		
X Form 99	90 Form 990-PF	Form 1041-A	☐ Form 6069
Form 99	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720	Form 8870
Form 99	90-EZ Form 990-T (trust other than above)	Form 5227	
STOP! Do r	not complete Part II if you were not already granted an automatic 3-month ex	tension on a previo	ously filed Form 8868.
 The boo 	ks are in care of. ► DAVID G. JONES		
•	ne No. ► (337) 232-6841 FAX No. ►		
If the or	ganization does not have an office or place of business in the United States,	check this box	
	for a Group Return, enter the organization's four digit Group Exemption Num		
whole group	o, check this box $ ightharpoonup$. If it is for part of the group, check this box $ ightharpoonup$	and attach a list wil	th the names and EINs of all
	ne extension is for.	·-·	
4 I requi	est an additional 3-month extension of time until $5/15$, 20 1 elendar year , or other tax year beginning $7/01$, 20	<u>1</u> .	
5 For ca	llendar year $_$, or other tax year beginning $_$ $\frac{7/01}{}$, 20 $_$	09 , and ending _	<u>6/30 </u>
6 If this	tax year is for less than 12 months, check reason: Initial return	Final return	Change in accounting period
	in detail why you need the extension Personel from the Loui		
	ical leave due to breast cancer. She has recently		
gatl	nering the necessary information to file a comple	te and accur	ate return.
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentat undable credits. See instructions		8a \$
b If this a	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable crents made. Include any prior year overpayment allowed as a credit and any an	edits and estimated	tax
with Fo	orm 8868	····	8b\$
c Baland with Fi	te Due. Subtract line 8b from line 8a. Include your payment with this form, or, ID coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	ıf required, deposit vstem). See instrs.	8c \$
	Signature and Verification		
Inder penalties correct, and com	of pegury, I declare that I have examined this form, including accompanying schedules and statements, process, and that I am authorized to prepare this form.		wledge and belief, it is true,
Signature	Title ► ACCOUNTANT		Date ►02/14/11
`			