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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
ARTS COUNCIL OF NEW ORLEANS

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
935 GRAVIER STREET NO 850

City or town, state or country, and ZIP + 4
NEW ORLEANS, LA 70112

D Employer identification number
72-0778258

E Telephone number
(504) 523-1465

G Gross receipts $ 1,962,749

F Name and address of principal officer
MARY LEN COSTA
935 GRAVIER STREET NO 850
NEW ORLEANS, LA 70112

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ ARTSCOUNCILOFNEWORLEANS ORG

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE ARTS COUNCIL OF NEW ORLEANS IS TO SUPPORT AND EXPAND THE OPPORTUNITIES FOR DIVERSE ARTISTIC EXPRESSION AND TO BRING THE COMMUNITY TOGETHER IN CELEBRATION OF OUR RICH MULTI-CULTURAL HERITAGE

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	24
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	12
6	Total number of volunteers (estimate if necessary)	**6**	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,698,313	1,733,151
9	Program service revenue (Part VIII, line 2g)	0	146,887
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,802	11,173
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	121,356	39,944
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,826,471	1,931,155

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	839,862	632,353
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	619,596	549,506
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶107,616		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	375,160	585,281
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,834,618	1,767,140
19	Revenue less expenses Subtract line 18 from line 12	-8,147	164,015

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,121,259	1,816,949
21	Total liabilities (Part X, line 26)	1,302,418	834,094
22	Net assets or fund balances Subtract line 21 from line 20	818,841	982,855

Part II Signature Block

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

Sign Here

****** | 2012-11-28
Signature of officer | Date

MARY LEN COSTA CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ BONNIE M WYLLIE JD LLM | Date | Check if self-employed ▶ ☐ | Preparer's taxpayer identification number (see instructions) P00540011

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LAPORTE APAC
111 VETERANS MEMORIAL BLVD SUITE 60
METAIRIE, LA 700054958

EIN ▶ 72-1088864

Phone no ▶ (504) 835-5522

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE ARTS COUNCIL PROVIDES CULTURAL PLANNING, ADVOCACY, ECONOMIC DEVELOPMENT, ARTS EDUCATION, ARTS MARKETING, PUBLIC ART, AND GRANT AND SERVICE INITIATIVES FOCUSED ON ITS VISION OF NEW ORLEANS AS A FLOURISHING INTERNATIONAL CENTER FOR ARTS AND CULTURE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 202,353 including grants of $ 202,353) (Revenue $)

DECENTRALIZED ARTS FUND THE ARTS COUNCIL ACTS AS THE REGIONAL DISTRIBUTING AGENCY FOR THE LOUISIANA DIVISION OF THE ARTS' DECENTRALIZED ARTS FUND IT SERVES ORLEANS, JEFFERSON, AND PLAQUEMINES PARISHES FUNDS ARE PROVIDED ON A PER CAPITA BASIS USING THE MOST RECENT CENSUS FIGURES FUNDS ALLOCATED TO EACH PARISH ARE TO BE USED FOR ARTS ACTIVITIES THAT TAKE PLACE IN THAT PARISH OR HAVE PRIMARY IMPACT ON THE RESIDENTS OF THAT PARISH DECENTRALIZED ARTS FUND DOLLARS SUPPORT ARTS ACTIVITIES THROUGH NONPROFIT ARTS ORGANIZATIONS, OTHER NONPROFIT ORGANIZATIONS, GOVERNMENTAL AGENCIES AND INDIVIDUAL ARTISTS DRIVEN PROJECTS THE ARTS COUNCIL AWARDS GRANTS IN OPERATING SUPPORT, PROJECT ASSISTANCE AND TECHNICAL ASSISTANCE CATEGORIES TO BRING THE ARTS INTO THE LIVES OF THE REGION'S CITIZENS TYPES OF ACTIVITIES THAT RECEIVE SUPPORT INCLUDE TRADITIONAL THEATRE PERFORMANCES, ARTIST RESIDENCIES IN SCHOOLS AND COMMUNITY CENTERS, DANCE OR MUSIC PERFORMANCES, VISUAL ARTS WORKSHOPS, MEDIA PROGRAMMING AND LITERARY PROGRAMMING AWARDED GRANTS TO 56 ORGANIZATIONS

4b (Code) (Expenses $ 430,000 including grants of $ 430,000) (Revenue $)

COMMUNITY ARTS GRANTS PROGRAM THE ARTS COUNCIL OF NEW ORLEANS HAS ADMINSTERED THE COMMUNITY ARTS GRANTS PROGRAM UNDER CONTRACT WITH THE CITY OF NEW ORLEANS SINCE 1983 THESE GRANTS PROVIDE MUCH-NEEDED OPERATIONAL SUPPORT FOR ORLEANS-BASED ARTS AND CULTURAL ORGANIZATIONS AND SUPPORT FOR ARTS PROJECTS THAT HAVE COMMUNITY IMPACT ALL FUNDED ACTIVITIES TAKE PLACE IN ORLEANS PARISH AND HAVE PRIMARY IMPACT ON ITS RESIDENTS COMMUNITY ARTS GRANTS SUPPORT ESTABLISHED ORGANIZATIONS AND PROGRAMS AS WELL AS EMERGING ONES ANNUALLY, GRANT REVIEW PANELS RECOMMENT FUNDING FOR OPERATING SUPPORT GRANTS AND PROJECT ASSISTANCE GRANTS AWARDED GRANTS TO 55 ORGANIZATIONS

4c (Code) (Expenses $ 350,243 including grants of $) (Revenue $)

PUBLIC ART THE ARTS COUNCIL OF NEW ORLEANS ADMINISTERS THE PUBLIC ART PROGRAM FOR THE CITY OF NEW ORLEANS AS WELL AS OTHER PUBLIC ART INITIATIVES THAT COMISSION AND PLACE ART IN THE PUBLIC VENUE THE CITY'S PUBLIC ART PROGRAM IS SUPPORTED THROUGH FUNDING GENERATED BY 1% OF ELIGIBLE MUNICIPAL CAPITAL BONDS, AND IT INCLUDES COMMISSIONED SITE-SPECIFIC ARTWORK, PURCHASE OF EXISTING WORK, COMMUNITY OUTREACH AND EDUCATION INITIATIVES, ON-GOING MAINTENANCE OF THE COLLECTION, AND PROGRAM ADMINISTRATION

(Code) (Expenses $ 487,571 including grants of $) (Revenue $ 146,887)

ARTSNEWORLEANS ORG $29,571ARTSNEWORLEANS ORG IS A CENTRALIZED, ONLINE INTERACTIVE DIRECTORY OF LOCAL ARTS GROUPS, VENUES, AND ARTISTS OF ALL DISCIPLINES IT IS ALSO DAILY UPDATED CULTURAL EVENTS CALENDAR A FREE SERVICE PROVIDED BY THE ARTS COUNCIL OF NEW ORLEANS, THE SITE ADVANCES NEW ORLEANS LOCAL ARTS COMMUNITY AND OFFERS A WAY FOR INDIVIDUALS TO DISCOVER, PARTICIPATE IN AND ENJOY OUR CREATIVE CULTURE ARTS MARKET OF NEW ORLEANS $186,301THE ARTS MARKET IS A MONTHLY ARTS MARKET HELD THE LAST SATURDAY OF EVERY MONTH WHICH FEATURES HANDMADE, AFFORDABLE ART FROM LOCAL AND REGIONAL ARTISTS AND ARTISANS THE ARTS MARKET FEATURES LIVE ENTERTAINMENT, FOOD AND BEVERAGE BOOTHS, AND A CHILDREN'S ACTIVITIES AREA IT IS A PEER REVIEWED MARKET, WITH A ROTATING COMMITTEE OF PARTICIPATING ARTISTS JOINING ARTS COUNCIL STAFF TO SERVE AS THE JURY ARTS BUSINESS PROGRAM $271,699THE ARTS BUSINESS PROGRAM PROVIDES SERVICES TO INDIVIDUAL ARTISTS, START-UP ART BUSINESSES, AND ARTS NONPROFITS THROUGH BUSINESS AND CAREER PLANNING, BUSINESS DEVELOPMENT WORKSHOPSM PRO-BONO LEGAL ASSISTANCE, COLLABORATIVE ARTS MARKETING PROJECTS, AND GROUP HEALTH INSURANCE FOR ARTS BUSINESSES AND NONPROFITS OTHER OTHER SMALL PROGRAMS INCLUDE REGRANTS AWARDED FOR ARTIST RESIDENCIES

4d Other program services (Describe in Schedule O)

(Expenses $ 487,571 including grants of $) (Revenue $ 146,887)

4e **Total program service expenses** ▶ $ 1,470,167

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b	Yes	
c	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.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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		No
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	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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**		No
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**		No
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**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
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**		No
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**		No
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**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	25		
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**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**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**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24		
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			No
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			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			No
6	Did the organization have members or stockholders?	6			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

THE ORGANIZATION
935 GRAVIER STREET NO 850
NEW ORLEANS, LA 70112
(504) 523-1465

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								80,000	0	11,282

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	48,079			
	c	Fundraising events	1c	10,131			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	805,525			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	869,416			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		1,733,151			
Program Service Revenue			Business Code				
	2a	ARTS MARKET	900099	146,117	146,117		
	b	WORKSHOP FEES	900099	770	770		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		146,887			
	3	Investment income (including dividends, interest and other similar amounts)		11,173			11,173
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	6,564				
	b	Less rental expenses	0				
	c	Rental income or (loss)	6,564				
	d	Net rental income or (loss)		6,564			6,564
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including $ 10,131 of contributions reported on line 1c) See Part IV, line 18	a 64,974				
	b	Less direct expenses	b 31,594				
	c	Net income or (loss) from fundraising events		33,380			33,380
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		1,931,155	146,887	0	51,117

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	632,353	632,353		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	91,283	67,394	15,232	8,657
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	358,678	264,812	59,851	34,015
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	65,485	48,348	10,927	6,210
10	Payroll taxes	34,060	25,147	5,683	3,230
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,068	1,527	345	196
c	Accounting				
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	196,854	145,338	32,848	18,668
12	Advertising and promotion	16,736	12,356	2,793	1,587
13	Office expenses	39,995	29,528	6,674	3,793
14	Information technology	24,329	17,962	4,060	2,307
15	Royalties . .				
16	Occupancy	58,022	42,838	9,682	5,502
17	Travel	25,123	18,548	4,192	2,383
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,356	2,478	560	318
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,201	3,102	701	398
23	Insurance	19,373	14,303	3,233	1,837
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	ARTIST FEES AND SERVICE	161,057	118,908	26,875	15,274
b	EQUIPMENT RENTAL	28,827	21,283	4,810	2,734
c	DUES & SUBSCRIPTIONS	3,732	2,755	623	354
d	WEBSITE EXPENSE	1,602	1,183	267	152
e					
f	All other expenses	6	4	1	1
25	**Total functional expenses.** Add lines 1 through 24f	1,767,140	1,470,167	189,357	107,616
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,183,594	1	861,515
	2	Savings and temporary cash investments		224,279	2	211,626
	3	Pledges and grants receivable, net		184,821	3	203,689
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		3,300	9	15,372
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 161,198			
	b	Less accumulated depreciation	10b 119,284	41,512	10c	41,914
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		456,686	12	450,854
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		27,067	15	31,979
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,121,259	16	1,816,949
Liabilities	17	Accounts payable and accrued expenses		1,036,576	17	670,185
	18	Grants payable		265,842	18	163,909
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,302,418	26	834,094
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		81,312	27	41,699
	28	Temporarily restricted net assets		452,530	28	656,156
	29	Permanently restricted net assets		28,500	29	285,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		818,841	33	982,855
	34	Total liabilities and net assets/fund balances		2,121,259	34	1,816,949

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	1,931,155
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,767,140
3	Revenue less expenses Subtract line 2 from line 1	3	164,015
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	818,841
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	982,855

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARTS COUNCIL OF NEW ORLEANS

Employer identification number
72-0778258

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

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

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

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

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

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 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)

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

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

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

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(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)**		

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,956,494	2,081,560	1,443,894	1,698,313	1,733,151	8,913,412
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,956,494	2,081,560	1,443,894	1,698,313	1,733,151	8,913,412
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,077,788
6 **Public Support.** Subtract line 5 from line 4						7,835,624

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,956,494	2,081,560	1,443,894	1,698,313	1,733,151	8,913,412
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	59,408	34,100	8,378	6,802	11,653	120,341
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	175,550	98,232	125,646	121,356	770	521,554
11 **Total support** (Add lines 7 through 10)						9,555,307

12	Gross receipts from related activities, etc (See instructions)	12	217,655

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	82 000 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	78 000 %

16a **33 1/3% support test—2011.** 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 ▶☑

b **33 1/3% support test—2010.** If the organization did not check the 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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 ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 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 ▶☐

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION OTHER INCOME IS FROM BOOTH RENTAL FEES FROM ARTISTS AND CRAFSTMEN WHO SELL THEIR WORK AT AN ARTS MARKET PRESENTED BY THE ARTS COUNCIL OF NEW ORLEANS

Additional Data

Software ID:
Software Version:
EIN: 72-0778258
Name: ARTS COUNCIL OF NEW ORLEANS

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 487,571 including grants of $) (Revenue $ 146,887)

ARTSNEWORLEANS ORG $29,571ARTSNEWORLEANS ORG IS A CENTRALIZED, ONLINE INTERACTIVE DIRECTORY OF LOCAL ARTS GROUPS, VENUES, AND ARTISTS OF ALL DISCIPLINES IT IS ALSO DAILY UPDATED CULTURAL EVENTS CALENDAR A FREE SERVICE PROVIDED BY THE ARTS COUNCIL OF NEW ORLEANS, THE SITE ADVANCES NEW ORLEANS LOCAL ARTS COMMUNITY AND OFFERS A WAY FOR INDIVIDUALS TO DISCOVER, PARTICIPATE IN AND ENJOY OUR CREATIVE CULTURE ARTS MARKET OF NEW ORLEANS $186,301THE ARTS MARKET IS A MONTHLY ARTS MARKET HELD THE LAST SATURDAY OF EVERY MONTH WHICH FEATURES HANDMADE, AFFORDABLE ART FROM LOCAL AND REGIONAL ARTISTS AND ARTISANS THE ARTS MARKET FEATURES LIVE ENTERTAINMENT, FOOD AND BEVERAGE BOOTHS, AND A CHILDREN'S ACTIVITIES AREA IT IS A PEER REVIEWED MARKET, WITH A ROTATING COMMITTEE OF PARTICIPATING ARTISTS JOINING ARTS COUNCIL STAFF TO SERVE AS THE JURY ARTS BUSINESS PROGRAM $271,699THE ARTS BUSINESS PROGRAM PROVIDES SERVICES TO INDIVIDUAL ARTISTS, START-UP ART BUSINESSES, AND ARTS NONPROFITS THROUGH BUSINESS AND CAREER PLANNING, BUSINESS DEVELOPMENT WORKSHOPSM PRO-BONO LEGAL ASSISTANCE, COLLABORATIVE ARTS MARKETING PROJECTS, AND GROUP HEALTH INSURANCE FOR ARTS BUSINESSES AND NONPROFITS OTHER OTHER SMALL PROGRAMS INCLUDE REGRANTS AWARDED FOR ARTIST RESIDENCIES

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
E TIFFANY ADLER DIRECTOR	50	X						0	0	0
BRANDON BERGER DIRECTOR	50	X						0	0	0
SHAWN M BARNEY DIRECTOR	50	X						0	0	0
MEAGHAN RYAN BONAVITA DIRECTOR	50	X						0	0	0
VIRGINIA BOULET DIRECTOR	50	X						0	0	0
LUCY CHUN DIRECTOR	50	X						0	0	0
DOROTHY CLYNE DIRECTOR	50	X						0	0	0
WILLIAM H HINES PAST CHAIRMAN	50	X		X				0	0	0
CAMPBELL HUTCHISON DIRECTOR	50	X						0	0	0
JULI JUNEAU DIRECTOR	50	X						0	0	0
LEAH CHASE KAMATA DIRECTOR	50	X						0	0	0
THOMAS B LEMANN SECRETARY	50	X		X				0	0	0
RIKI LOMBARD DIRECTOR	50	X						0	0	0
PAMELA LUPIN DIRECTOR	50	X						0	0	0
BEVERLY MATHENEY DIRECTOR	50	X						0	0	0
DR R RANNEY MIZE DIRECTOR	50	X						0	0	0
MARK PRESTON DIRECTOR	50	X						0	0	0
THOMAS F REESE CHAIRMAN	50	X		X				0	0	0
PAUL RICHARD DIRECTOR	50	X						0	0	0
MARK ROMIG DIRECTOR	50	X						0	0	0
PAMELA REYNOLDS RYAN VICE CHAIRMAN	50	X		X				0	0	0
LEOPOLD Z SHER DIRECTOR	50	X						0	0	0
DAVID TEICH DIRECTOR	50	X						0	0	0
PAUL J TINES DIRECTOR	50	X						0	0	0
ASHBROOKE TULLIS DIRECTOR	50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HOLLY WAY DIRECTOR	50	X						0	0	0
KURT WEIGLE DIRECTOR	50	X						0	0	0
THOMAS P WESTERVELT TREASURER	50	X		X				0	0	0
TIM WILLIAMSON DIRECTOR	50	X						0	0	0
AMANDA MANTLE WINSTEAD DIRECTOR	50	X						0	0	0
MARY LEN COSTA INTERIM PRESIDENT/CEO	45 00			X				80,000	0	11,282

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARTS COUNCIL OF NEW ORLEANS

Employer identification number
72-0778258

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

		(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	454,188	428,419	385,515	499,943	
b	Contributions					
c	Investment earnings or losses	13,365	48,100	63,334	-94,495	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	16,969	20,198	18,504	17,649	
f	Administrative expenses	2,287	2,133	1,926	2,284	
g	End of year balance	448,297	454,188	428,419	385,515	

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 63 570 %
- c Term endowment ▶ 36 430 %

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		161,198	119,284	41,914
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				41,914

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other (A) ENDOWMENT FUNDS HELD BY GREATER NEW ORLEANS FOUNDATION	450,854	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	450,854	

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) should 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	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,931,155
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,767,140
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	164,015
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 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	164,015

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

1	Total revenue, gains, and other support per audited financial statements			1	1,962,748
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	31,594		
e	Add lines **2a** through **2d**			2e	31,594
3	Subtract line **2e** from line **1**			3	1,931,154
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	1,931,154

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

1	Total expenses and losses per audited financial statements			1	1,798,735
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	31,594		
e	Add lines **2a** through **2d**			2e	31,594
3	Subtract line **2e** from line **1**			3	1,767,141
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	1,767,141

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ARTS COUNCIL'S ENDOWMENT FUNDS ARE DONOR RESTRICTED AND INVESTED WITH A THIRD PARTY DISTRIBUTIONS FROM THE ENDOWMENT FUNDS ARE USED TO COVER OPERATING EXPENSES OR ARE RE-INVESTED IN THE FUND
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	ACNO FOLLOWS THE PROVISIONS OF THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS CODIFICATION ACNO BELIEVES THE IMPLEMENTATION OF THIS TOPIC IN 2009 HAD NO IMPACT ON THE FINANCIAL STATEMENTS, AND NO ADJUSTMENT TO THE 2009 BEGINNING BALANCE OF NET ASSETS WAS RECORDED ALL TAX RETURNS HAVE BEEN APPROPRIATELY FILED BY ACNO ACNO RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE ACNO'S TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES, AND ITS OPEN AUDIT PERIODS ARE 2007 THROUGH 2009 MANAGEMENT EVALUATED ACNO'S TAX POSITION AND CONCLUDED THAT ACNO HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING DIRECT EXPENSES - 31594
PART XIII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EXPENSE - 31594

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
ARTS COUNCIL OF NEW ORLEANS

Employer identification number
72-0778258

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 DIRTY LINEN NIGHT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	75,105			75,105
	2 Less Charitable contributions	10,131			10,131
	3 Gross income (line 1 minus line 2)	64,974			64,974
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	31,594			31,594
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(31,594)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				33,380

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

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? . . . . . ☐ Yes ☐ No

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

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARTS COUNCIL OF NEW ORLEANS

Employer identification number
72-0778258

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 34

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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

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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANTEES ARE REQUIRED TO SUBMIT A GRANT CONTRACT INCLUDING 1) A DESCRIPTION OF THE SCOPE OF SERVICES AND ACTIVITIES TO BE PROVIDED UNDER THE GRANT, 2) A BUDGET INDICATING HOW GRANT FUNDS WILL BE SPENT AND 3) THE ARTS COUNCIL CONDUCTS A PRE-GRANT INQUIRY TO ENSURE THAT THE GRANTEE IS APPROPRIATE, SUCH AS HAVING TAX-EXEMPT STATUS UNDER SECTION 501 (C)(3) OR BEING A GOVERNMENTAL ENTITY A SIGNED LETTER OF AGREEMENT DETAILS THE VARIOUS TERMS OF THE GRANT IT PROHIBITS THE USE OF FUND FOR NON-CHARITABLE PURPOSES, FOR LOBBYING ACTIVITY, OR POLITICAL CAMPAIGN ACTIVITY ALSO, THE GRANTEE IS REQUIRED TO RETURN ANY FUNDS NOT USED FOR THE DESIGNATED PURPOSE AS PART OF THE AGREEMENT, GRANTEES ARE ASKED TO INFORM GRANT STAFF OF UPCOMING GRANT-FUNDED ACTIVITES, GRANT STAFF MAKES SITE VISITS TO MONITOR THE ACTIVITIES GRANTEES MUST COMPLETE A DETAILED FINAL REPORT DOCUMENTING GRANT-FUNDED ACTIVITIES BY ANSWERING QUESTIONS ON A FINAL REPORT FORM, BY SUBMITTING FINANCIAL DOCUMENTATION FOR ALL GRANT EXPENDITURES, AND BY SUBMITTING PROMOTIONAL AND PROGRAM MATERIALS AND PHOTOS OF THE FUNDED ACTIVITIES GRANTS STAFF REVIEWS AND APPROVES ALL FINAL REPORTS BEFORE MAKING FINAL GRANT PAYMENTS WHICH, IF APPROVED, ARE A DISBURSEMENT OF THE FINAL 25% OF THE GRANT AWARD

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 72-0778258
Name: ARTS COUNCIL OF NEW ORLEANS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ANTHONY BEAN COMMUNITY THEATER AND ACTING SCHOOL 1333 S CARROLLTON AVENUE NEW ORLEANS, LA 70118	72-1492305	501(C)(3)	6,570		FMV		OPERATING SUPPORT
ARTSPOT PRODUCTIONS INC 6100 CANAL BLVD NEW ORLEANS, LA 70118	72-1499547	501(C)(3)	9,470		FMV		OPERATING SUPPORT

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CONTEMPORARY ARTS CENTER900 CAMP STREET NEW ORLEANS,LA 70130	72-0798830	501(C)(3)	23,480		FMV		OPERATING SUPPORT
DELTA FESTIVAL BALLETPO BOX 7245 METAIRIE,LA 70010	23-7057459	501(C)(3)	9,200		FMV		OPERATING SUPPORT

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EFFORTS OF GRACE INC (ASHE CULTURAL ARTS CENTER)1712 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	72-1266819	501(C)(3)	14,000		FMV		OPERATING SUPPORT
FRENCH QUARTER FESTIVAL INC400 NORTH PETERS STREET SUITE 205 NEW ORLEANS, LA 70130	72-1046163	501(C)(3)	13,730		FMV		OPERATING SUPPORT

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FRIENDS OF WWOZ INCPO BOX 51840 NEW ORLEANS, LA 70062	58-1702220	501(C)(3)	23,480		FMV		OPERATING SUPPORT
GRAND ISLE COMMUNITY DEVELOPMENT TEAM INCPO BOX 500 GRAND ISLE LA, LA 70358	20-6788950	501(C)(3)	7,000		FMV		PROJECT ASSISTANCE

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GREATER NEW ORLEANS YOUTH ORCHESTRAS170 BROADWAY SUITE 229 NEW ORLEANS, LA 70118	72-1317229	501(C)(3)	9,610		FMV		OPERATING SUPPORT
JEFFERSON BALLET THEATRE3621 FLORIDA AVE KENNER, LA 70065	72-1301631	501(C)(3)	8,700		FMV		OPERATING SUPPORT

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JEFFERSON PERFORMING ARTS SOCIETY6823 ST CHARLES AVE BLDG CODE 68 NEW ORLEANS, LA 70001	99-9999999	501(C)(3)	22,500		FMV		OPERATING SUPPORT
JUNEBUG PRODUCTIONS INC PO BOX 2331 NEW ORLEANS, LA 70176	72-1057381	501(C)(3)	8,510		FMV		OPERATING SUPPORT

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KID SMART1920 CLIO STREET NEW ORLEANS, LA 70113	72-1437355	501(C)(3)	13,730		FMV		OPERATING SUPPORT
KOMENKA ETHNIC DANCE ENSEMBLE INCPO BOX 13031 NEW ORLEANS, LA 70116	72-0895934	501(C)(3)	5,760		FMV		OPERATING SUPPORT

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LOUISIANA PHILHARMONIC ORCHESTRA1010 COMMON STREET SUITE 2120 NEW ORLEANS, LA 70112	72-1189023	501(C)(3)	24,710		FMV		OPERATING SUPPORT
MUSICAL ARTS SOCIETY OF NEW ORLEANSPO BOX 750698 NEW ORLEANS, LA 70115	72-1333207	501(C)(3)	6,450		FMV		OPERATING SUPPORT

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NEW ORLEANS AFRICAN AMERICAN MUSEUM1418 GOV NICHOLLS STREET NEW ORLEANS, LA 70116	72-1467537	501(C)(3)	8,370		FMV		OPERATING SUPPORT
NEW ORLEANS BALLET ASSOCIATION1 LEE CIRCLE NEW ORLEANS, LA 70112	23-7122403	501(C)(3)	23,200		FMV		PROJECT ASSISTANCE

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NEW ORLEANS BALLET THEATRE 900 CAMP STREET NEW ORLEANS, LA 70130	23-7122403	501(C)(3)	6,310		FMV		OPERATING SUPPORT
NEW ORLEANS CHILDREN'S CHORUS5306 CANAL BOULEVARD NEW ORLEANS, LA 70124	72-1261590	501(C)(3)	7,000		FMV		OPERATING SUPPORT

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NEW ORLEANS FRIENDS OF MUSIC1035 ELEONORE STREET NEW ORLEANS, LA 70115	72-6021704	501(C)(3)	5,080		FMV		OPERATING SUPPORT
NEW ORLEANS MUSICA DA CAMERA3705 LAUREL STREET NEW ORLEANS, LA 70015	23-7135912	501(C)(3)	5,900		FMV		OPERATING SUPPORT

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NEW ORLEANS OPERA ASSOCIATION1010 COMMON STREET SUITE 1820 NEW ORLEANS, LA 70130	72-0272897	501(C)(3)	16,880		FMV		OPERATING SUPPORT
NEW ORLEANS PHOTO ALLIANCETHE1111 ST MARY STREET NEW ORLEANS, LA 70119	20-5899827	501(C)(3)	8,230		FMV		OPERATING SUPPORT

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NEW ORLEANS VIDEO ACCESS CENTER1111 ST MARY STREET NEW ORLEANS, LA 70117	23-7453854	501(C)(3)	5,490		FMV		OPERATING SUPPORT
OGDEN MUSEUM OF SOUTHERN ART925 CAMP STREET NEW ORLEANS, LA 70130	72-1479496	501(C)(3)	18,950		FMV		JOB PRESERVATION

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PIRATE'S ALLEY FAULKNER SOCIETY624 PIRATES ALLEY NEW ORLEANS, LA 70116	58-1965137	501(C)(3)	5,760		FMV		OPERATING SUPPORT
RIVERTOWN REPERTORY THEATRE GUILD INC325 MINOR STREET KENNER, LA 70062	72-1221378	501(C)(3)	7,389		FMV		OPERATING SUPPORT

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SOUTHERN REPERTORY THEATRE333 CANAL STREET BOX 34 NEW ORLEANS, LA 70130	72-1088017	501(C)(3)	14,830		FMV		OPERATING SUPPORT
STAGE TO STAGE INC305 BARONNE STREET SUITE 302 NEW ORLEANS, LA 70112	72-1319092	501(C)(3)	9,470		FMV		OPERATING SUPPORT

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TENNESSEE WILLIAMS NEW ORLEANS LITERARY FESTIVAL INC938 LAFAYETTE STREET SUITE 514 NEW ORLEANS, LA 70113	72-1088036	501(C)(3)	10,570		FMV		OPERATING SUPPORT
THREE RING CIRCUS ARTS EDUCATION CENTER1638 CLIO STREET NEW ORLEANS, LA 70130	80-0083013	501(C)(3)	8,100		FMV		OPERATING SUPPORT

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YOUNG ASPIRATIONSYOUNG ARTISTS INC (YAYA INC)338 BARONNE STREET SUITE 300 NEW ORLEANS, LA 70112	72-1132928	501(C)(3)	13,730		FMV		OPERATING SUPPORT
YOUNG AUDIENCES OF LOUISIANA615 BARONNE STREET SUITE 201 NEW ORLEANS, LA 70013	76-6027054	501(C)(3)	17,160		FMV		OPERATING SUPPORT

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ARTS COUNCIL OF NEW ORLEANS

Employer identification number
72-0778258

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE MAYOR OF THE CITY OF NEW ORLEANS IS ALLOWED TO APPOINT BOARD MEMBERS
	FORM 990, PART VI, SECTION A, LINE 7B	THE MAYOR OF THE CITY OF NEW ORLEANS IS ALLOWED TO APPOINT BOARD MEMBERS
	FORM 990, PART VI, SECTION B, LINE 11	UPON COMPLETION OF THE FORM 990, A DRAFT WILL BE PRESENTED TO THE BOARD FINANCE COMMITTEE FOR REVIEW AND APPROVAL PRIOR TO FILING A COPY WIL BE PROVIDED TO ALL BOARD MEMBERS AFTER FILING
	FORM 990, PART VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST POLICY FOR BOARD MEMBERS IS IN PLACE AND IS PRESENTED TO ALL INCOMING MEMBERS UPON ACCEPTING NOMINATION TO SERVE REVIEW/UPDATES ARE MADE ANNUALLY OR AS NEEDED AN UPDATED EMPLOYEE HANDBOOK IS CURRENTLY IN PROGRESS AND WILL BE PRESENTED TO BOARD FOR REVIEW AND ADOPTION IT INCLUDES AN UPDATED CONFLICT OF INTEREST POLICY FOR EMPLOYEES AND ADDRESSES THE EXPANSION OF PROGRAMS AND SERVICES THAT COULD POSSIBLY PRESENT ANY CONFLICT OF INTEREST FOR STAFF
	FORM 990, PART VI, SECTION B, LINE 15	THE SALARY FOR THE PRESIDENT/CEO IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS USING COMPARABILITY DATA FROM AMERICANS FOR THE ARTS AND GUIDESTAR, AND THEIR DECISION IS CONTEMPORANEOUSLY DOCUMENTED THE PROCESS FOR DETERMINING COMPENSATION OF OTHER EMPLOYEES IS OUTLINED IN EMPLOYEE HANDBOOK IT CONTAINS A SCHEDULE FOR STAFF REVIEW THAT MUST OCCUR PRIOR TO ANY CHANGE IN COMPENSATION COMPARABILITY DATA FOR COMPENSATION IS GATHERED FROM AMERICANS FOR THE ARTS AND GUIDESTAR BOARD INPUT IS PROVIDED FOR DECISIONS REGARDING STAFF RETENTION AND DISMISSAL ALL STAFF AND SALARY CHANGES ARE RECORDED IN THE BOARD MINUTES AND/OR WRITTEN NOTIFICATION TO FINANCIAL STAFF
	FORM 990, PART VI, SECTION C, LINE 19	THIS INFORMATION IS AVAILABLE UPON REQUEST IN ADDITION, AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE LOUISIANA LEGISLATIVE AUDITOR'S WEBSITE
		FORM 990, PART XII, LINE 2C THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR