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# SCANNED JAN 1 7 2013

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.

2011

Open to Public Inspection

Form 990 (2011)

Α	For the	2011 calendar year, or tax year beginning and e	ending	_	<del></del>
	Check if applicable	C Name of organization		D Employer identif	ication number
Г	Addre	SCI-PORT FOUNDATION			
〒	Name Chang			72-1	L499941
F	Initial		Room/suite	E Telephone numb	
┢	Termir		NOOHIVSUILE	(318	
$\vdash$	ated Amend return		G Gross receipts \$	511,065.	
	Applic			H(a) is this a group	
	pendir	F Name and address of principal officer:W. CLINTON RASBERRY	, JR.		Yes X No
		SAME AS C ABOVE	., О	H(b) Are all affiliates in	
1	Tax-exe	mpt status: X 501(c)(3)	r 527	7 ' <i>'</i>	a list. (see instructions)
		e: ► N/A	1	H(c) Group exempte	
		organization: X Corporation	I Vear		M State of legal domicile: LA
	art I	Summary	<u>L</u> 1001	oriormation. 2001	W Olate of legal dofficile. LIFE
_	1	Briefly describe the organization's mission or most significant activities. TO SU	IPPORT	. BENEFIT	AND CARRY
Governance		OUT THE PURPOSES OF SCI-PORT: LOUISIANA'S			INID CIMELL
ī.	r	Check this box  ff the organization discontinued its operations or dispose			neente
Ž.		Number of voting members of the governing body (Part VI, line 1a)	00 01 11101	3	1
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)	• • • •	4	
<b>જ</b>		Fotal number of individuals employed in calendar year 2011 (Part V, line 2a)	• • •		
itie		Total number of volunteers (estimate if necessary)	•	<u>5</u>	
Activities		Fotal unrelated business revenue from Part VIII, column (C), line 12	•		
ď		Net unrelated business taxable income from Form 990 T, line 34			1
				Prior Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)		0	
Revenue	1	Program service revenue (Part VIII, line 2g)		. 0.	
		nvestment income (Part VIII, column (A), lines 3, 4, and (7d)	. //	31,573	
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70/	0.	
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), เเกิย 12)		31,573	58,001.
	1	Grants and similar amounts paid (Part IX, column (Å), lines-1:3)	الزنا	0	<del></del>
		Benefits paid to or for members (Part IX, column (A), line (4)	: <u>=</u>    =	0	<del></del>
Ś	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>-</b> ₩	0.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	—i	0	
ğ	Ь	Total fundraising expenses (Part IX, column (D), line 25)	o.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,458	14,997.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·	14,458	
	19	Revenue less expenses. Subtract line 18 from line 12		17,115	
Net Assets or Fund Balances			Ве	ginning of Current Year	
sets	20	Total assets (Part X, line 16)		710,435	
Ş.	21	Total liabilities (Part X, line 26)		4,827	
25	22	Net assets or fund balances. Subtract line 21 from line 20	· .	705,608	
P	art II	Signature Block			
Unc	ler pena	ties of perjury, \declare that I have examined this return, including accompanying schedules	and staten	nents, and to the best of	my knowledge and belief, it is
true	, correc	, and complete, per aration of preparer (other than officer) is based on all information of whi	ich prepare	r has any knowledge.	
		M Nylin Gr			
Sig	ın	Signature of officer		Date	
He	re :	w. CLINTON RASBERRY, JR., CHAIRMAN			
	-	Type or print name and title (			
	,	Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai			PA	10-29-12 sett-empt	
	parer	Firm's name HEARD MCELROY & VESTAL, L.L.C.	· <u> </u>	Firm's EIN	72-0398470
Use	Only	Firm's address 333 TEXAS STREET, SUITE 1525			
		SHREVEPORT, LA 71101		Phone no.	318-429-1525
MAG	v tha I	S discuss this return with the preparer shown above? (see instructions)			Y Voc No i

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2011) SCI-PORT FOUNDATION 72-1499941	Page 2
Par	t 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:	
	TO SUPPORT, BENEFIT, AND CARRY OUT THE PURPOSES OF SCI-PORT:	
	LOUISIANA'S SCIENCE CENTER BY ENCOURAGING AND RECEIVING DONATIONS,	
	MANAGING FUNDS, AND MAKING DISTRIBUTIONS IN THE BEST INTEREST OF	
	SCI-PORT.	
2	Did the organization undertake any significant program services during the year which were not listed on	[ • • ]
		s 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 services?	s X 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 expens	
4		
	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	s to
	others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$	)
	TO SUPPORT, BENEFIT, AND CARRY OUT THE PURPOSES OF SCI-PORT:	<del></del> '
	LOUISIANA'S SCIENCE CENTER BY ENCOURAGING AND RECEIVING DONATIONS,	
	MANAGING FUNDS, AND MAKING DISTRIBUTIONS IN THE BEST INTEREST OF	
	SCI-PORT.	
4b	(Code) (Expenses \$) (Revenue \$)	)
		-
		· · · · · · · · · · · · · · · · · · ·
		<del></del>
4-	\(\frac{1}{2}\)	
4c	(Code) (Expenses \$	,
		<del></del>
4d	Other program services (Describe in Schedule O.)	
<u>4e</u>	Total program service expenses ▶	000
13200		9 <b>90</b> (2011)

			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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		X
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		x
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		X
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		X
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_		<u>X</u>
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			
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			**
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1.0		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1,12		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	۱.,		v
6	Schedule D, Parts XI, XII, and XIII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		X
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	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, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<b>.</b>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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	40		X
20a		19 20a	<del>                                     </del>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
	<u> </u>		990 (	2011)

Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and III 2	Ра	rt IV   Checklist of Required Schedules (continued)			
United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II  2 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 27 If "Yes," complete Schedule I, Parts I and III  2 Did the organization answer "Yes" to Part VII, Section I, and III  2 Did the organization answer "Yes" to Part VII, Section I, Ine 3. 4, or 5 about compensation of the organization Schedule I and former officers, directors, trustees, key employees, and highest compensation of the organization is complete. Schedule I in III and III				Yes	No
22 bit the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), the 27 if "Yes," complete Schedule I, Parts I and III.  23 Dd the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J or the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule V II "No." go to line 25  24a Dd the organization have a tax-exempt bond is sue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule V II "No." go to line 25  25b Dd the organization maintain an escrow account other than a refunding escrow at any time during the year of the complete Schedule L, Part II and the organization or language in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 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 II and the organization's prior forme 990 or 990.EZ? If "Yes," complete Schedule L, Part II and that the transaction has not 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 and the person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II and that the transaction has not or by a current or former officer, director, trustee, key employee, bighly compensated employee, or disqualified person of the part II and the person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II and the person person p	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
2		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
23 Dit the organization answer "Yes" to Part VII, Section A, Ine 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 X X 240 Dit 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 ines 24b through 24d and complete Schedule K If "Not," go to line 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  1 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 25c Section 601(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 25b X 25c Section 601(c)(4) 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 II 25b X 25c Section 601(c)(4) and 501(c)(4) organization and year than the transaction with a disqualified person outstanding as of the end of the organization's prior forms 990 or 990 E2? If "Yes," complete Schedule L, Part II 25b X 25c Section 801(c) A 25c Secti	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  23 X  24a Dd the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25  Dd the organization invest any proceeds of tax exempt bonds beyond a temporary penod exception?  Dd the organization invest any proceeds of tax exempt bonds beyond a temporary penod exception?  Dd the organization invest any proceeds of tax exempt bonds beyond a temporary penod exception?  Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year of defease any tax exempt bonds?  Dd the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 601(c)(3) and 501(c)(4) organizations. Dd the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  1 b Is the organization has not been reported on any of the organization with a disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II  27b Dd the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization is ax year? If "Yes," complete Schedule L, Part IV  28b A current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization will an exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  and the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV  A mentity of which a current for former officer, director,		column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule J  24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 246 through 24d and complete Schedule K If "No", go to line 25  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule L, Part I Uses a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person during the year? If "Yes," complete Schedule L, Part II 25  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 stax year? If "Yes," complete Schedule L, Part II 25  Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 25  Mas the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 27  Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 35  Did the org	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
Description of 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 "ress," answer lines 24b through 24d and complete Schedule K If "No", go to the organization invest any proceeds of tax exempt bonds beyond a temporary penod exception?  Did the organization acts an "on behalf of" issuer for bonds outstanding at any time during the year? to defease any tax exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Description of the programization and \$10(2)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I is 1st the organization has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I is 1st the organization has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I is 25b. X  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 I, Part IV is 30 but the organization and or the organization and or stream of the organization and organization organization and organization a		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
24a		Schedule J	23		X
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25  b. Did the organization mentain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds.  c. Did the organization mentain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds.  d. Did the organization act as an "on behalf 0" issuer for bonds outstanding at any time during the year? 12dd 12dd 12dd 12dd 12dd 12dd 12dd 12d	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Schedule K If *No*, go to line 25 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary peniod exception? 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? d Did the organization act as an *on behalf of* issuer for bonds outstanding at any time during the year? d Did the organization act as an *on behalf of* issuer for bonds outstanding at any time during the year? d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage 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 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 I			1		
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  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?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d		Schodulo K. If "No" on to line 25	24a	1	х
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?  d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  246  255 Section 601(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L, Part I "55a X"  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 E27 If "Yes," complete Schedule L, Part II "85 X "85b V" (1985 X "95b V" (19	b				
any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  258 Section 601(c)(3) and 601(c)(4) organizations. Did the organization engage 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 E27 if "Yes," complete Schedule L, Part I  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  27 Did the organization provide a grant or other assistance to an 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 III  28 Was the organization provide a grant or other assistance to an officer, director trustee, key employee, the following particle (see Schedule L, Part IV)  29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-ask notintibutions? If "Yes," complete Schedule M  29 Did the organization receive more than \$25,000 in non-ask notintibutions? If "Yes," complete Schedule M  20 Did the organization receive one than \$25,000 in non-ask notintibutions? If "Yes," complete Schedule M, Part I  21 Did the organization receive any particle schedule B, Part I III  22 Did the organization of produce and cease operations?  23 Did the organization of produce and that is treated as a particle schedule B, Part I, IIII, II, II, II, II, II, II, II, I	С				
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?  25a Section 601(c)(3) and 601(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L, Part I  25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person out in the transaction has not been reported on any of the organization's prior Forms 990 or 990 E27 If "Yes," complete Schedule L, Part II  25b X  27c All the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  28c 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):  29c A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29c A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29c A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29d Again to differ organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  29d Again to differ organization inductate, terminate, or dissolve and cease operations?  29d If the organization inductate, terminate, or dissolve and cease operations?  29d If the organization one of the organ			240		
Section 601(c)(3) and 601(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 1 256 X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>d</b>				
disqualified person during the year? If "Yes," complete Schedule L, Part 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 II 25b X  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 25b X  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 18c A complete Schedule Sched					
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-E27 If "Yes," complete Schedule L, Part I 25b X  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 X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 277 X  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 28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29c X  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29c X  31 Did the organization sell, exchange, dispose of, or transfer more than \$25% of its net assets? If "Yes," complete Schedule M 29c X  32 Did the organization sell, exchange, dispose of, or transfer more than \$25% of its net assets? If "Yes," complete Schedule R, Part I II 18c A 1			252		x
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Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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  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 X  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  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			33	1	×
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section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b X  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 X  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  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	_		000		1
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  X  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  Note. All Form 990 filers are required to complete Schedule O  38  X	J	Section 54.0/h/40/0 M Bloom lets Ochodula D. Dest V. Ling O.	35h		Y
If "Yes," complete Schedule R, Part V, line 2  36 X  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  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	36	•	300		
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  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	50	If IVan I complete Schoolule D. Boot V. Inc. O.	26		Y
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  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	37		30		<del>  ^</del>
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	31		27		y
Note. All Form 990 filers are required to complete Schedule O	20		3/	<del>  ·</del>	^
	50		20	Y	]
		14015, 7411 O.M. 555 mole die required to complete coneddie C			2011

Par	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	,		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			1
	(gambling) winnings to prize winners?	1c	Х	
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 0			
ь	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 (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	_4a_		$\mathbf{x}_{-}$
_ b	If "Yes," enter the name of the foreign country:	- 44-		
_	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		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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u> </u>		<del> </del>
-	any contributions that were not tax deductible?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	90	<u> </u>	<u> </u>
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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<del></del>	- 22
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70	<del> </del>	-22
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	$\vdash$	<u>**</u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		$\vdash$
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			一
_	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.	_ <u> </u>		<del> </del>
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		<del>                                     </del>
10	Section 501(c)(7) organizations. Enter:			$\vdash$
а	Initiation fees and capital contributions included on Part VIII, line 12	l		İ
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	ŀ		
а	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
	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.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
_	Note. See the instructions for additional information the organization must report on Schedule O.		T	<b>†</b>
h	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1	
	organization is licensed to issue qualified health plans	1		
С	Enter the amount of records on hand	1		
14a		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
	The state of the s		990	(2011)

Form 990 (2011) SCI-PORT FOUNDATION 72-1499941 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. Check if Schedule O contains a response to any question in this Part VI  $\mathbf{X}$ 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 ... 8 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent 8 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? X 2 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 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 6 Did the organization have members or stockholders? .. .. . . Х 6 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? X 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 X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? .... 8a b Each committee with authority to act on behalf of the governing body? X 8b 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 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? X 10a 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? X 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request 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 during the tax year.

SCI-PORT FOUNDATION - (318) 424-3466
820 CLYDE FANT PARKWAY, SHREVEPORT, LA 71101

Form **990** (2011)

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

20

01-23-12

# 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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) W. CLINTON RASBERRY, JR.					ļ	l				
CHAIRMAN	4.00	X		X	ļ	_		0.	0.	0.
(2) JOE N. AVERETT, JR.					İ					
DIRECTOR	2.00	X	_		<u> </u>	<del> </del>	ļ	0.	0.	0,
(3) WITT CARUTHERS	0.00							•	_	_
DIRECTOR	2.00	X	<del> </del>		ļ	<b>}</b>	ļ	0.	0.	0.
(4) RAND H. FALBAUM	2 00	3,-				ļ		•	•	_
DIRECTOR	2.00	X		├—		1		0.	0.	0.
(5) SYLVIA GOODMAN	2 00			x				0.	^	0
DIRECTOR & SECRETARY	2.00	X		^	$\vdash$	$\vdash$	$\vdash$	U •	0.	0.
(6) SUSAN B. MUSE	2.00	x						0.	0.	0.
DIRECTOR (7) TEM MCELROY	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(8) J. MICHAEL WATTS	2.00	1	<u> </u>					•		•
DIRECTOR & FIRST VP	2.00	$\mathbf{x}$		x		İ	]	0.	0.	0.
		ļ. <u>.</u>				_	-			
					ļ 					
		-					_			
				-						
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Form 990 (2011)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2011)

# 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 respon	se to any question in th	is Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	j			
2	Grants and other assistance to individuals in		<del></del>		<del> </del>
	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				
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				
8	Pension plan accruals and contributions (include				·- · · · · · · · · · · · · · · · · · ·
	section 401(k) and section 403(b) employer contributions)	ļ			
9	Other employee benefits				
10	Payroll taxes		<del></del>	·	
11	Fees for services (non-employees).				
а	Management	ŀ			
b	Legal				
c	Accounting	2,200.		2,200.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	12,430.		12,430.	-
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FOREIGN TAXES	367.		367.	
b					
C					
d			· · · · · · · · · · · · · · · · · · ·		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	14,997.	0.	14,997.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)	<u></u>	<del> </del>	L	

•		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	73,586.	1	20,282.
I .	Savings and temporary cash investments	707000	2	LOTECE
	Pledges and grants receivable, net		3	<del></del>
1	Accounts receivable, net		4	
f	Receivables from current and former officers, directors, trustees, key		-	<del></del>
1	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
i	Receivables from other disqualified persons (as defined under section		<del>-                                    </del>	······································
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
- 1	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
န္ စီ 7	Notes and loans receivable, net		7	
77	Inventories for sale or use	<del></del>	8	
-	Prepaid expenses and deferred charges			
4	Land, buildings, and equipment: cost or other		9	
1				
	• • • • • • • • • • • • • • • • • • • •			
	Less: accumulated depreciation 10b	635 035	10c	600 266
	Investments - publicly traded securities	635,925.	11	698,266
1	Investments - other securities. See Part IV, line 11	<del></del>	12	·
1	Investments - program-related. See Part IV, line 11		13	
1	Intangible assets	004	14	0.500
1	Other assets. See Part IV, line 11	924.	15	2,599
	Total assets. Add lines 1 through 15 (must equal line 34)	710,435.	16	721,147
	Accounts payable and accrued expenses	4,827.	17	
1	Grants payable		18	
1	Deferred revenue		19	
	Tax-exempt bond liabilities		_20	
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			
_   '	of Schedule L		22	
1	Secured mortgages and notes payable to unrelated third parties		23	
1	Unsecured notes and loans payable to unrelated third parties		24	
	Other liabilities (including federal income tax, payables to related third		1	
1	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	4 005	25	
	Total liabilities, Add lines 17 through 25	4,827.	26	0
1	Organizations that follow SFAS 117, check here   X  and complete			
Se	lines 27 through 29, and lines 33 and 34.			
ğ 27	Unrestricted net assets	705,608.	27	721,147
5 28 T	Temporarily restricted net assets		28	·
29	Permanently restricted net assets		_29	·
- 1	Organizations that do not follow SFAS 117, check here   and			
5   4	complete lines 30 through 34.			
30 g	Capital stock or trust principal, or current funds		30	
g   31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
<b>z</b>   33 ·	Total net assets or fund balances	705,608.	33	721,147
34	Total liabilities and net assets/fund balances	710,435.	34	721,147

Form **990** (2011)

Form	990 (2011) SCI-PORT FOUNDATION	72-149	9941	Pad	ae 12	
Pa	rt XI Reconciliation of Net Assets			•		
	Check if Schedule O contains a response to any question in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	58	3,0	01.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	14	1,9	<u>97.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	43	3,0	04.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	705	5,6	08.	
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<27	7,4	<u>65.</u> >	
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	721	1,1	47.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII		,			
			$\rightarrow$	Yes	No	
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
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 oversight of the	ie audit,	1 1			
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	]			
	separate basis, consolidated basis, or both.		1			
	Separate basis Consolidated basis Both consolidated and separate basis					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit				
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit	1 1		İ	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b			
			Form 9	<b>990</b> (	2011)	

# **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

Name	of t	he organizat	ion			-			E	mployer i	dentification	n num	ber
			SCI-POR	T FOUNDATION	<u> </u>					72	-1499	941	
Part		Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.				
The or	rgani			because it is: (For lines	_		-	•					
1 🛓	_	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)					
2	_			<b>'0(b)(1)(A)(ii).</b> (Attach Sc									
3 <u>L</u>	ᆜ			tal service organization (									
4 L				operated in conjunction	with a hos	prtal descr	ibed in <b>se</b>	ction 170	(b)(1)(A)(i	ii). Enter th	ne hospital'	s name	),
_	_	city, and stat											
5 L				benefit of a college or u	niversity o	wned or op	erated by	a governi	nental un	rt describe	d in		
_	_		(b)(1)(A)(iv). (Comple	•									
6 L	╣.			ent or governmental uni									
7	X			eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	e general p	ublic descr	ibed in	
	_		(b)(1)(A)(vi). (Comple		<b>.</b>								
8	=			section 170(b)(1)(A)(vi).									
9 L				eives: (1) more than 33						-		-	
				nctions - subject to certa							_		
				axable income (less sec	tion 511 ta	ix) irom bu	sinesses a	acquirea b	y the orga	anization a	mer June 3	0, 1975	•
10	$\neg$		509(a)(2). (Complete	perated exclusively to te	et for publ	ic cafety S	Soo poetic	= E00/a\/					
11	╡			perated exclusively to te perated exclusively for the					-	ny out the r	nurnosas o	f one o	
		_		ations described in secti		•					•		•
				organization and compl				.,. 000 <b>30</b> 0	Juli 000	(4)(6). 5.16	on the box		
		а П Туре		_ *		e III - Func		tegrated		αП	Type III - C	ther	
e [				at the organization is not					more dis				
				han one or more publicl		_	-	-					
f				tten determination from		_							
			rganization, check th					•••					
g		Since Augus	t 17, 2006, has the c	organization accepted ai	ny gift or c	ontribution	from any	of the follo	owing per	sons?			
		(i) A perso	n who directly or ind	lirectly controls, either a	lone or tog	ether with	persons o	lescribed	n (ii) and	(III) below,		Yes	No
		the gov	erning body of the s	upported organization?	•						11g(i)		
		(ii) A family	member of a persor	n described in (î) above?	•						11g(ii)		
		(iii) A 35%	controlled entity of a	person described in (i)	or (ii) abov	e? .			-		11g(iii)		
h		Provide the f	ollowing information	about the supported or	ganization	(s).							
				1	Т		ı		1				
		of supported	(ii) EIN	(iii) Type of organization		organization			(vi) l organizati	s the	(vii) Am	ount of	
	orga	inization	:	(described on lines 1-9		sted in your document?			(i) organi U.S	zed in the	supp	oort	
				above or IRC section (see instructions))	Yes				ļ				
				(see manuchons))	Tes	No	Yes	No	Yes	No			
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Total			j										

132021 01-24-12

Form 990 or 990-EZ.

2011.04040 SCI-PORT FOUNDATION

Schedule A (Form 990 or 990-EZ) 2011

LHA For Paperwork Reduction Act Notice, see the Instructions for

# 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 less 5.7 and 6.0 are 1.2.

(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)

Calendar year (or fiscal year beginning in) Mark (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total membership fiese received (Do not include any "unusual grants.")  2 Tax revenues lawed for the organization benefit and either paid to ore expended on fis behalf or expended on fisher and fisher expended on fisher expended	Sec	ction A. Public Support				_	· · · · · · · · · · · · · · · · · · ·	
1 Office, grants, contributions, and membership fees necewed (Do not include any *unusual grants.*)  72,540.  73,541.  74,541.  75,541.  76,544.  78,644.  78,644.	Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
micude any "unusual grants.")  Tax revenues leved for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  To the organization without charge  To the organization without charge  To the organization without charge  To the organization without charge  To the organization 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. Selectives benins.  To the organization included on the 1 that exceeds 2% of the amount shown on line 11, column (f)  Public support selection benins.  To the organization included on the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the selection of the suburness is regularly carried on the selection of the	1	Gifts, grants, contributions, and						
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Section B. Total Support  Calendar year (or fiseal year beginning in)    (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total  7 Amounts from line 4 72,540 5,524 480 78,544.  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 28,601 24,166 21,151 24,038 20,470 118,426.  9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part IV)  11 Total support. Add lines 7 through 10  12 Gross receipts from related activities, etc (see instructions) 12  13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  14 Public support percentage from 2010 Schedule A, Part II, line 14 15 39.88 %  15 Public support percentage from 2011 (line 6, column (f) divided by line 11, column (f)) 14 39.88 %  16a 33 1/3% support test - 2011. If the organization did not check a 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 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 meets the "facts-and-circumstances" test, check this 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 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, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization	6	• • • • •						78 544
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more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> 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	j.		_	•		•	17a_and line 15 ie	10% or
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								
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		· · · · · · · · · · · · · · · · · · ·				•		<b>▶</b> □
	10	•		<del>-</del>			•	
Schedule A (Form 990 or 990-EZ) 2011		1 114 Bite 10 dilidation. Il dilo organizatio	die not enoon a	202 01 110 10, 10	<u>., .00, 170, 01 170</u>	-		

# 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 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	ow, please com	piete Fait II.)				· · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and			(6)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ti) . Ola.
membership fees received (Do not						
include any "unusual grants.")					<del> </del>	
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 bus- iness 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>(b)</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>b</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 t	he organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sect	on 501(c)(3) organız	ation,
check this box and stop here	<u> </u>	<u></u>		· · · · · ·	·· · · · ·	<u>▶□</u>
Section C. Computation of Public				<del></del>	T - T	
15 Public support percentage for 2011 (lin		•	olumn (f))		15	%
16 Public support percentage from 2010 S			<u>•</u>	·	16	<u>%</u>
Section D. Computation of Invest					T I	
17 Investment income percentage for 201			e 13, column (f))		17	%
18 Investment income percentage from 20	•	•			18   23.1/39/ and line 1	%
19a 33 1/3% support tests - 2011. If the o	=					I I IS NOT
more than 33 1/3%, check this box and b 33 1/3% support tests - 2010. If the o	=	=		=		and
line 18 is not more than 33 1/3%, check	k this box and s	top here. The orga	nization qualifies	as a publicly sup	ported organization	▶□
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ii	nstructions	

### **SCHEDULE 0**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Inspection

SCI-PORT FOUNDATION	72-1499941
FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM	
TO THE GOVERNING BODY FOR REVIEW BEFORE IT IS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF DIRE	CTORS REGULARLY
MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INT	EREST POLICY BY
REVIEWING THE OPERATIONS OF THE ORGANIZATION ON A REGULAR	BASIS.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKE ITS GOVERNING
DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE	E PUBLIC UPON
REQUEST.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-27,465.
<del></del>	<del></del>

SCHEDULE R (Form 990)

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 72–1499941 Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Attach to Form 990.

See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) SCI-PORT FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service Part

	(a)	(q)	(0)	6	(e)	9
	Name, address, and EIN of disregarded entrty	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year.)		if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 because	it had one or more rela	ated tax-exempt

(a)	(q)	(c)	(p)	(e)	3	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	2(b)(13)
of related organization		foreign country)	section	status (if section		entity?	6
				501(c)(3))		Yes	ę
SCI-PORT: LOUISIANA'S SCIENCE CENTER -	HANDS-ON SCIENCE CENTER						
72-1136273, 820 CLYDE FANT PARKWAY,	FOR SCIENCE AND TECHNOLOGY						
SHREVEPORT, LA 71101	EDUCATION	LOUISIANA	501(C)(3)	LINE 9	N/A		×
				-			

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

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Schedule R (Form 990) 2011

132161 01-23-12 LHA

Page 2 72-1499941

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2011 SCI-PORT FOUNDATION

(a)	(q)	(c)	(p)	(a)	<b>(</b> )	(6)	Ð	(9)	9	8
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportion- ate allocations?	Code V-UBI amount in box	General or   managing partner?	General or Percentage managing ownership partner?
		country)		sections 512-514)		doorio	Yes No	K-1 (Form 1065)	Yes	
		_					-			
					• ,					
	,				•					
									•	
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								•		
Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990. Part IV line 34 because it had one or more related	ganizations Taxable	is a Corpo	ration or Trust (Cor	mplete if the organization	on answered "Yes	" to Form 990. Pa	t IV. line 34	because it had one	e or more	related

organizations treated as a corporation or trust during the tax year.) Part IV

Ene Direct controlling Type of entity Share of total Share of entity (C corp. S corp. income end-of-year assets or trust)	(a)	(q)	(2)	(G)	(e)	ε	(6)	(3)
	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership

18

Schedule R (Form 990) 2011

Page 3

# Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.						207	1
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listec	I in Parts II-IV?			-	1
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			:	:	1a	×	
b Gift, grant, or capital contribution to related organization(s)				:	<b>1</b>	×	1
c Gift, grant, or capital contribution from related organization(s)			:		10	×	
d Loans or loan guarantees to or for related organization(s)			•		4	×	ı
e Loans or loan guarantees by related organization(s)	:			:	<b>1</b>	×	ı
							ı
T Sale of assets to related organization(s)			:		<b>=</b>	×	
g Purchase of assets from related organization(s)					19	×	
h Exchange of assets with related organization(s)	:		:		ŧ	×	
i Lease of facilities, equipment, or other assets to related organization(s)			:		;=	×	
j Lease of facilities, equipment, or other assets from related organization(s)				:	ij	×	
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)	:	:		¥	×	
I Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			•	=	×	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)	:	:	•	T X	_	
n Sharing of paid employees with related organization(s)	•	:		:	1n X	<u></u>	
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>	:				10	×	
p Reimbursement paid by related organization(s) for expenses		:		:	d d	×	
							1
<ul> <li>q Other transfer of cash or property to related organization(s)</li> </ul>		:	:	:	19	×	
r Other transfer of cash or property from related organization(s)		•			1r	X	
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete t	mation on who must complete this line, including covered relationships and transaction thresholds	relationships and trans	saction thresholds.			
(a) Name of other organization	(b) Transaction	(c) Amount involved	,	(d) Method of determining			
	type (a-r)			amount involved			
(1) SCI-PORT: LOUISIANA'S SCIENCE CENTER	M	0.		ī			
(2) SCI-PORT: LOUISIANA'S SCIENCE CENTER	N	0.					
(3)							
(4)							
(5)							
132180 01-23-12	19			Schedule B (Form 990) 2011	R (Form 90	2013011	
21-22-12	ì				るこうシェ		

Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) Percentage ownership		
(j) General or managing partner?		
20 Gen		 
(h) (i) (j) (k)  Dispupor- binations  Code V-UBI amount in box 20 managing ownership allocations? Schedule K-1 pariner?  Ves No (Form 1065) Yes No		
Disproportional disprayments		
Dis Dis		
(g) Share of end-of-year assets		
(f) Share of total income		
Are all Are all Solicity of your Are all Solicity of your Ares No Are all Area No Area No		
Predominant income parties ser (related, unrelated, ongs ongs ounder section 512-514) Yes No		
(c) Legal domicile (state or foreign country)		
(b) Primary activity		
(a) Name, address, and EIN of entity		

Schedule R (Form 990) 2011

Schedule R	(Form 990) 2011	SCI-PORT	FOUNDATION	72-1499941 Page 5
Part VII	(Form 990) 2011  Supplemental Infor	mation		, 2 2 2 3 3 3 4 1 age 5
<u> </u>	Complete this part to are:	vida additional info	rmation for roomance to supplicate as Oak 11 5	(
	Complete triis part to pro	viue additional into	mation for responses to questions on Schedule R	(see instructions).
			-	
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## Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			$\rightarrow x$			
	are filing for an Additional (Not Automatic) 3-Month Ex			this form)	•				
	omplete Part II unless you have already been granted				rm 8868.				
	ic filing (e-file). You can electronically file Form 8868 if y					rporation			
	to file Form 990-T), or an additional (not automatic) 3-mo								
	file any of the forms listed in Part I or Part II with the ex								
	Benefit Contracts, which must be sent to the IRS in pag								
	urs.gov/efile and click on e-file for Chanties & Nonprofits		· · · · · · · · · · · · · · · · · · ·		· ·	•			
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).		-			
A corpora	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete					
Part I only						▶ □			
All other o	corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time				
to file inc	ome tax returns.								
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification nu	mber (EIN) or			
print						` ,			
	SCI-PORT FOUNDATION			X	72-14999	941			
File by the due date for	Number, street, and room or suite no. If a P.O box, s	ee instruc	tions.	Social se	curity number (S				
filing your return See	820 CLYDE FANT PARKWAY				,	•			
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
	SHREVEPORT, LA 71101	•							
		-							
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			01			
				·					
Application Return Application									
ls For		Code	Is For			Code			
Form 990		01	Form 990-T (corporation)			07			
Form 990	·BL	02	Form 1041-A			08			
Form 990	-EZ	01	Form 4720	•		09			
Form 990	·PF	04	Form 5227			10			
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
_	-T (trust other than above)	06	Form 8870			12			
	SCI-PORT FOUNDA	ATION				I·. <del>=</del>			
• The bo	ooks are in the care of > 820 CLYDE FANT		WAY - SHREVEPORT.	LA 71	101				
	ione No. ► (318) 424-3466		FAX No. >			•			
	organization does not have an office or place of business	s in the Un			<del></del>				
	s for a Group Return, enter the organization's four digit			If this is fo	r the whole group	check this			
	. If it is for part of the group, check this box								
	quest an automatic 3-month (6 months for a corporation				ors the extension	113 101.			
			tion return for the organization name		The extension				
ıs fo	or the organization's return for:	· g · · · ·							
_	X calendar year 2011 or								
▶[	tax year beginning	an	d ending						
		,			<del>-</del> ·				
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on Initial return	Final retur	n				
	Change in accounting period	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· indirectar	''				
3a If th	us application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069 e	nter the tentative tax less any			<del></del>			
	refundable credits See instructions.	اع , 5005, <del>و</del> ا	me tentative tax, less ally		e	Λ			
	us application is for Form 990-PF, 990-T, 4720, or 6069,	enter on:	refundable credits and	3a		0.			
		•			<b>.</b>	^			
	mated tax payments made. Include any prior year overp			3b	\$	0.			
	ance due. Subtract line 3b from line 3a Include your pa	-	·	_		^			
	using EFTPS (Electronic Federal Tax Payment System).			3c	50.4	<u> </u>			
caution.	If you are going to make an electronic fund withdrawal v	<u>vito tois</u> Fo	orm 8453-EO and Fo	orm 8879-	∟∪ tor payment it	nstructions			

123841 01-04-12

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2012)

Form 8	868 (Rev. 1-2012)					Page 2
• If yo	u are filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check this	s box		X
	Only complete Part II if you have already been granted an a				8868.	
	u are filing for an Automatic 3-Month Extension, comple					
Part	II Additional (Not Automatic) 3-Month E	xtensio	<b>n of Time.</b> Only file the origir	nal (no c	copies needed)	
			Enter filer's	identifyi	ng number, see in	structions
Туре о	<ul> <li>Name of exempt organization or other filer, see instru</li> </ul>	ctions		Employe	r identification nun	nber (EIN) or
print						
File by th				X	<u>72-14999</u>	41
due date filing you	, Inditiber, street, and room or suite no ir a r.o. box, s	ee instruc	tions	Social se	curity number (SS	N)
return Se	820 CLYDE FANT PARKWAY					
instructio	City, town or post office, state, and zir code. For a it	oreign add	lress, see instructions.			
	SHREVEPORT, LA 71101					
Enter the	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
		Γ.	<b>,</b>			<del></del>
Applica	ation	Return	Application			Return
Is For		Code	Is For	Santy n	E-83-3-2-23-3-3	Code
Form 9		01		\$4.13.4.	4 大学 - YXX 8 - 40 表	
Form 9		02	Form 1041-A		<del></del>	08
Form 990-EZ         01         Form 4720         09           Form 990-PF         04         Form 5227         10						
Form 990-PF 04 Form 5227 10						
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11						
	90-T (trust other than above)	06	Form 8870		15 0000	12
STOP	<u>Do not complete Part II if you were not already granted</u> SCI-PORT FOUNDA		natic 3-month extension on a prev	iously file	ed Form 8868.	
• The	books are in the care of ► 820 CLYDE FANT		MAN GRAEMEDUDU .	ra 71	101	
	phone No. ► (318) 424-3466	FARN	FAX No F	UA /I	101	<del></del>
	e organization does not have an office or place of business	in the Un		_		
	s is for a Group Return, enter the organization's four digit (			f this is fo	r the whole group	check this
box >	. If it is for part of the group, check this box		ch a list with the names and EINs of			
			BER 15, 2012.	an mornio	icio trio exterision	5 101.
	or calendar year 2011, or other tax year beginning		, and ending	7		
	the tax year entered in line 5 is for less than 12 months, cl	heck reas		Final	return	·
Ï	Change in accounting period	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
7 S	tate in detail why you need the extension					
	DDITIONAL TIME IS NEEDED TO	ATHE	R DATA REQUIRED TO	FILE	A COMPLE	TE
_	ND ACCURATE RETURN.					·····
_						
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, of	or 6069, ea	nter the tentative tax, less any			
n	onrefundable credits. See instructions.		· · · · · · · · · · · · · · · · · · ·	8a	\$	0.
b If	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	3 - 71 2 3 - 42		
ta	x payments made. Include any prior year overpayment alle	owed as a	credit and any amount paid	2.5		
Ŀ	reviously with Form 8868.			8b	\$	0.
с В	alance due. Subtract line 8b from line 8a. Include your pa	yment with	h this form, if required, by using			
E	FTPS (Electronic Federal Tax Payment System). See instru	ctions.		8c	\$	0.
	Signature and Verificat	ion mus	t be completed for Part II o	nly.		
Under po	nalties of perjury, I declare that I have examined this form, includi correct, and complete, and that Jam authorized to prepare this fo	rm.	anying schedules and statements, and to	the best o	of my knowledge and	belief,
Signatur	e > E. Caline Haston CPATITIE > C	CPA		Date	▶ 8-6-1	2
			·		Form 8868 (F	

Certified Mail Receipt #7012 1640 0000 3615 1564

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