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DLN: 93493320142716

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Return of Organization Exempt From Income Tax

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Inspection

			lendar year, or tax year b C Name of organization	eginning 01-01-2015 , and ending	12-31-201	.5	D 5		
	ck if app		Arts Council of New Orleans				D Empi	oyer iae	entification number
•	dress ch	-					72-0	77825	8
	ime chai itial retui		Doing business as						
		1111					F Telen	hone nun	nher
	terminat	ted	Number and street (or P O 935 Gravier Street	box if mail is not delivered to street addres	ss) Room/su	ite	· ·		
Am	ended re	eturn					(504) 523-	1465
App	olication	pending	City or town, state or provir New Orleans, LA 70112	nce, country, and ZIP or foreign postal code					+ 2 452 445
			·			1	G Gross	receipts	\$ 2,452,415
			F Name and address of	principal officer		H(a)	Is this a grou	p returi	
							subordinates	7	Yes 🗸
						H(b)	No Are all subor	dinates	-
[Ta:	c-exemp	ot status	√ 501(c)(3)	() ◄ (insert no)	527	!!(5)	ıncluded?		⊤Yes 🗸 No
ı w	ebsite:	. ► arts	sneworleans org				•		(see instructions)
							Group exemp		
K Form	n of orga	anızatıon	✓ Corporation Trust	Association		L Ye	ar of formation	.975 M	State of legal domicile LA
-		<u> </u>							
Рa	rt I		mary						
			_	nission or most significant activities New Orleans is to support and expai		ortuniti	es for diverse	artistic	expression and to
				ebration of our rich multicultural he					·
Activities & Governance	_								
Ē	_								
ě	2 CI	heck th	us box 🕨 🗀 if the organiza	ation discontinued its operations or	disposed (of more	than 25% of i	ts net a	ssets
3		neek tii	is box F If the organize	trion discontinued its operations of	алэроэса .	01 111010	23 70 011	is net a	3300
5	3 N	umber	of voting members of the g	governing body (Part VI, line 1a) .				3	25
ě	4 N	umber	of independent voting mer	nbers of the governing body (Part V	I, line 1b)			4	24
5	5 To	otal nur	mber of individuals employ	yed ın calendar year 2015 (Part V , l	line 2a) .			5	12
ACI	6 To	otal nur	mber of volunteers (estima	ate if necessary)				6	
	7a ⊤o	otal unr	related business revenue	from Part VIII, column (C), line 12				7a	0
				ome from Form 990-T, line 34				7b	
							Prior Year	'	Current Year
	8	Contri	butions and grants (Part '	VIII, line 1h)		1,594,281		1,974,540	
<u>⊈</u>	9		,	VIII, line 2g)			565,091		469,564
Ravenua	10	_	·	column (A), lines 3, 4, and 7d)				795	(
œ.	11		•	nn (A), lines 5, 6d, 8c, 9c, 10c, and			21	,473	8,311
	12		•	ugh 11 (must equal Part VIII, colur	•	e 💳			•
		12)					2,181	,640	2,452,415
	13	Grants	s and sımılar amounts paı	d (Part IX, column (A), lines 1–3)			827	,421	878,992
	14	Benefi	ts paid to or for members	(Part IX, column (A), line 4)					(
	15			mployee benefits (Part IX, column ((A), lines		665	,815	698,462
Expenses		5-10)	•						
æ	16a		•	Part IX, column (A), line 11e)	• •	•			
표	Ь	Total fu	ındraısıng expenses (Part IX, co	lumn (D), line 25) ▶20,000					
	17			nn (A), lines 11a-11d, 11f-24e) .				,355	887,273
	18		•	17 (must equal Part IX, column (A),	•		2,371	,591	2,464,727
- /8	19	Reven	ue less expenses Subtra	ct line 18 from line 12		-	-189	,951	-12,312
Net Assets or Fund Balances						Begin	ning of Curren	Year	End of Year
aar	20	Total	assets (Part X, line 16)				1,576	893	1,578,017
A B	21		liabilities (Part X, line 26)				1,297		1,344,224
چ چ	22			ubtract line 21 from line 20		-		,141	233,793
	† 111		ature Block	btract fille 21 from fille 20			273	,141	233,793
Jnde	r penal	ties of	perjury, I declare that I h	ave examined this return, including indicate of prepare					
			nowledge	•					
		****	z * *				2016 11 15		
~: ~		I —	ature of officer				2016-11-15 Date		
Sign Here		, -							
	-		Stillman President & CEO or print name and title						
		<u> </u>	rınt/Type preparer's name	Preparer's signature	l D	ate		PTIN	
Paid	1		Aaron Ready	Aaron Ready			Check If self-employed	P0159	8603
	ı parer	, F	Firm's name	y apac			Fırm's EIN ▶		
		1 1	Firm's address 🟲 1100 Poydras :	Street Suite 2510			Phone no (50	4) 598-5	5245
use	Only	y	New Orleans, I	A 70163					

. ✓Yes No

Artists Investing in our Cultural Assets Professionalizing the capabilities of local artists and organizations while seeking markets and exchange opportunities TRAINING & WORKSHOPS Program provides services to individual artists, start-up art businesses, and arts non-profits through business and career planning and business development workshops ELLA Entertainment Law Legal Assistance program provides free legal assistance to artists COMMUNITY ARTS GRANTS Administration of the City of New Orleans Arts Grants program providing much-needed operation support for Orleans-based arts and cultural organizations and support for arts projects that have a community impact DECENTRALIZED ARTS FUND - Acting as the regional distributing agency for the LA Division of the Arts. It serves Jefferson, Orleans, Plaquemines, St. Charles, St. James, St. John the Baptist, and Terrebonne Parishes. Funds are provided on a per capita basis to be used 146.648)

People Inspiring and Connecting Supporting participatory arts, youth arts education, and events that inspire and connect. Specific programming includes - ARTS MARKET Monthly free open-air marketplace of airwork made by New Orleans and Gulf Coast artists. LUNA FETE Light up NOLA Arts - A visionary initiative to utilize our city's iconic architecture as the canvas for contemporary light installation, motion graphics, and video mapping practices to create a series of artistic large-scale outdoor architectural projection mapping installations across the city COMMUNITY ARTS AWARDS Annual awards ceremony honoring excellence, inspired vision, unique achievements, perseverance, and continuous commitment to the arts and local community (Code) (Expenses \$ 436,593 including grants of \$) (Revenue \$ 323.096) 4c Place Transforming Landscape Emphasizing design solutions and a heightened awareness of the built environment. Specific programming includes - YOUTH

SOLUTIONS Aiming at addressing youth trauma, neighborhood blight, and under-investment in local artists as change agents, the initiative will enable the Arts Council to leverage a core asset - artists - to implement neighborhood projects designed for our primary future asset youth PERCENT FOR ART Supported through funding generated by 1 of eligible municipal capital bonds, the program includes artwork acquisition for the city's collection, community outreach and education, and maintenance of the Percent collection FAT CITY MURAL Arts Council was selected by Jefferson Parish government task force Fat City Friends to coordinate a series

of artists' murals that will grace highly visible walls of Fat City entities

Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$

4d

Total program service expenses ▶ 2.165.091

Page 2

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 9	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 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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		No
	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	11 c		No
	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	11 d		No
е	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	11 f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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 and XII 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, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions)	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		No
202	"Yes," complete Schedule G, Part III	19		No
		20a		No
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

30

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Yes

Form 990 (2015)

Pai	rt IV Checklist of Required Schedules (continued)		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	
22			Ī

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

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

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II, III, or IV,

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

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

Yes

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		.,			_
		Check if Schedule O contains a response of flote to any line in this	Pait	v		Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	6			
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b	0			
c		e organization comply with backup withholding rules for reportable payments to ig (gambling) winnings to prize winners?	vend	lors and reportable	1 c		No
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered					
b	If at le	s return east one is reported on line 2a, did the organization file all required federal emp			2b	Yes	
32		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file ie organization have unrelated business gross income of \$1,000 or more during	•	·	За		No
		s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanatic</i>			3b		No
		y time during the calendar year, did the organization have an interest in, or a si			- 55		110
	over,	a financial account in a foreign country (such as a bank account, securities account)?			4a		No
Ь		s," enter the name of the foreign country ▶	and f	Financial Accounts			
5a	Was tl	he organization a party to a prohibited tax shelter transaction at any time durin	g the	tax year?	5a		Νo
b	Did ar	ny taxable party notify the organization that it was or is a party to a prohibited t	ax sh	elter transaction?	5b		Νo
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6 a		the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable cont			6a		No
b	If"Ye	s," did the organization include with every solicitation an express statement th not tax deductible?			6b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contribution of the payor?		d partly for goods and	7a		No
b	If"Ye	s," did the organization notify the donor of the value of the goods or services pi	rovide	d?	7b		
	file Fo	le organization sell, exchange, or otherwise dispose of tangible personal proper irm 8282?	•	which it was required to	7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year \dots	7d	0			
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal be	enefit contract?	7 f		No
g	If the require	organization received a contribution of qualified intellectual property, did the ored?	rganız • •	ation file Form 8899 as	7 g		No
h		organization received a contribution of cars, boats, airplanes, or other vehicles	, did t	the organization file a	7h		No
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus g the year?	siness	s holdings at any time	8		No
9a	Did th	e sponsoring organization make any taxable distributions under section 49667			9a		No
b	Did th	ie sponsoring organization make a distribution to a donor, donor advisor, or rela	ited p	erson ⁷	9b		Νo
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club les	10b				
11	Section	on 501(c)(12) organizations. Enter					
а	Gross	income from members or shareholders	11a				
b		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		No
b	If"Ye: year	s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? N oonal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		No
b		the amount of reserves the organization is required to maintain by the states ch the organization is licensed to issue qualified health plans	13b				
c	Enter	the amount of reserves on hand	13c				
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explana	tion in	Schedule O	14b		

orm	990 (2015)			Page
Par	TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, a describe the circumstances, processes, or changes in Schedule O. See instructions.)b belo	w,
_	Check if Schedule O contains a response or note to any line in this Part VI			
Se	ection 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 25			
	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 O			
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	Yes	
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			
а	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
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Re	vent	ue Cod	e.)
	_		Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10 a		No
h	If "Yes," did the organization have written policies and procedures governing the activities of such chapters			

10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **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 . . . **12**a Yes Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes Did the organization have a written whistleblower policy? 13 13 Nο Did the organization have a written document retention and destruction policy? 14 Νo 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 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 16a Νo **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 7 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 V Upon request Other (explain in Schedule O)

9 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

State the name, address, and telephone number of the person who possesses the organization's books and records

The Organization 935 Gravier Street STE 850 New Orleans, LA 70112 (504) 523-1465

6

Part VII

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

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

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

- 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, 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 no	r an y rela ted or	ganıza	tion	com	pen	sated	lany	current officer, o	lirector, or truste	e	
(A) Name and Title	(B) A verage hours per week (list any hours for related	(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-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
(1) Tıffany Adler	1 00	l x		X				0	0	0	
Chairman	0 00	^		^					0	0	
(2) Shawn M Barney	1 00	х						0	0	0	
Director	0 00										
(3) Alex Beard Director	0 00	x						0	0	0	
(4) Richard Cortizas	1 00										
Director	0 00	X						0	0	0	
(5) Susan Brennan		х						0	0	0	
(6) Patrick Comer	0 00	x						0	0	0	
Director	0 00										
(7) David Teich	1 00	l x						0	0	0	
Director	0 00							, and the second			
(8) William French Director	0 00	×						0	0	0	
(9) Donald E Harnson Jr	1 00									_	
Director	0 00	Х						0	0	0	
(10) David Kerstein	0 00	x						0	0	0	
(11) Ouida Martin Laudumiey Director	1 00	х						0	0	0	
(12) Josh Mayer	1 00										
Director	0 00	X		×				0	0	0	
(13) Dr R Ranney Mıze	1 00										
Secretary	0 00	Х		X				0	0	0	
(14) Deforest Mark Preston	1 00	х		х				0	0	0	
Treasurer	0 00								0		
										Form 990 (2015)	

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

	(A) Name and Title	(B) A verage hours per week (list any hours for related	m unle:	ore t ss pe	han erso cer tor/t	not one n is and trus			(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the	
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations	
, ,	homas Reese	1 00	.,		,,							
Directo	DT	0 00	X		X				0	0	0	
. ,	ee Reid	1 00	.,						_	_		
Directo	DT	0 00	X						0	0	0	
(17) Pamela Reynolds Ryan		1 00							_	_	_	
Director		0 00	X						0	0	0	
. ,	larcı Schramm	1 00										
Directo	or	0 00	X						0	0	0	
	eopold Sher	1 00										
Directo	or	0 00	X						0	0	0	
	ız Sloss	1 00										
Directo	or .	0 00	X						0	0	0	
	urt Weigle	1 00										
Directo	or	0 00	Х						0	0	0	
	homas Westervelt	1 00										
			Х		X				0	0	0	
Directo	im Williamson	0 00										
		0.00	Х						o	0	0	
Directo	manda Mantle Winstead	0 00										
			х		X				0	0	0	
Director (35) Kim Cook		0 00 45 00										
(25) Kim Cook					×				115,000	0	0	
	Sub-Total	0 00			▶Ï					<u> </u>		
1b c	Sub-Total			•	┢							
d	Total (add lines 1b and 1c)	•	٠		 			1:	15,000			
2	Total number of individuals (including but n \$100,000 of reportable compensation from	ot limited to tho	se list		oove	e) w	ho red					

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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 I for such			
	ındıvıdual	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 I for such person			N

Section B. Independent Contractors

L 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.

Name and business address	Description of services	Compensation

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

Form 99								Page 9
Part V	/ !!! !	Statement o						
		Check if Schedi	ule O contains a respon	se or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s	1a	Federated cam	paigns 1a					
Grants mounts	ь	Membership du	es 1b	27,003				
G. Gr	С	Fundraising eve	ents 1 c					
iffs, ar A	d	Related organiz	rations 1d					
S, G	e	Government grants	s (contributions) 1e	1,158,756				
ion I Si	f		ons, gifts, grants, and 1f	788,781				
Contributions, Gifts, Grants and Other Similar Amounts	g	similar amounts no	ot included above					
a di		1a-1f \$ 1 Total. Add lines 1a-1f						
Comt	h	Total. Add lines	s 1a-1f	•	1,974,540			
Пе				Business Code				
Program Service Revenue	2a b	Arts Market Community Arts Av	wards		123,360	123,360		
ı α <u>¥</u>	, c	Contracted Service			23,108 323,096	23,108 323,096		
۲ اد	d	-			323,030	323,030		
<i>3</i> 6 =	e							
gran	f	All other progra	am service revenue					
Ě	g	Total. Add lines	[s 2a-2f	▶	469,564			
	3	Investment inc	ome (including dividend		0			
	4	and other similar	ar amounts) Itment of tax-exempt bond p	roceeds	0			
	5			•	0			
			(ı) Real	(II) Personal				
	6a	Gross rents	3,600					
	b	Less rental expenses						
	c	Rental income or (loss)	3,600					
	d		me or (loss)		3,600			3,600
	_	Cuana	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or other basis and sales expenses						
	d	Gain or (loss)	s)		0			
venue	1	Gross income f events (not inc	rom fundraising					
Other Revenue	Ь	See Part IV, lin						
0	c		(loss) from fundraising e	vents ▶	О			
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	ь	Less direct ex	penses b					
	С	Net income or ((loss) from gaming activ	ities	0			
	10a	Gross sales of returns and allo						
	b c		oods sold b (loss) from sales of inve	ntory ▶	0			
	44	Miscellaneous	s Revenue	Business Code	4,711	4,711		
	11a b	Miscellaneous			4,/11	4,711		
	C				-			
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	🕨	4,711			
	12	Total revenue.	See Instructions		2,452,415	474,275		3,600
					2,132,113	., 1,2,3		3,000

Part IX Statement of Functional Expenses

Section	501(c)(3)) and $501(c)(4)$ o	rganizations must coi	mnlete all columns	All other organizations	must complete column (A)

	✓				
	ot include amounts reported on lines 6b, o, 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 domestic organizations and				
	domestic governments See Part IV, line 21	878,992	878,992		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	115,000	75,000	20,000	20,000
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	449,748	373,642	76,106	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	373,612	70,100	
9	Other employee benefits	85,684	66,733	18,951	
10	Payroll taxes		•		
		48,030	37,287	10,743	
11	Fees for services (non-employees)				
а	Management	0			
Ь	Legal	0			
C	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f -	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	451,948	363,866	88,082	
12	Advertising and promotion	15,465	12,137	3,328	
13	Office expenses	28,938	15,460	13,478	
14 15	Information technology	32,685	7,051	25,634	
15 16	Occupancy		16 702	101 540	
17	Travel	118,251 46,092	16,702	101,549 20,884	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	46,092	25,208	20,884	
19	Conferences, conventions, and meetings	1,176	273	903	
20	Interest	0	2,3	303	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	5,203		5,203	
23	Insurance	12,115	3,027	9,088	
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 O)		,	,	
а	Catering & Food	41,660	30,129	11,531	
b	Security	27,602	27,602		
c	Equipment Rental	23,977	13,593	10,384	
d	Event Rentals	20,835	20,835		
e	All other expenses	61,326	197,554	-136,228	
25	Total functional expenses. Add lines 1 through 24e	2,464,727	2,165,091	279,636	20,000
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)				

0

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36 979

1,578,017

250,332

644,656

449,236

1,344,224

-29,136

262,929

233,793

1,578,017

Form 990 (2015)

10,465

274,956

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4,000

43,593

36 988

1,576,893

294,776

614,333

388,643

1,297,752

115,177

163,964

279,141

1,576,893

155 215

144,750

355,170

Part X	Balance	She

Check if Schedule O contains a response or note to any line in this Part X $\,$. $\,$. (A) (B) Beginning of year End of year 1,137,142 1,255,617 1 Cash-non-interest-bearing 1 2 2 Savings and temporary cash investments

10a

10b

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Schedule L .

II of Schedule L

Grants payable

Deferred revenue .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Pledges and grants receivable, net

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation

Intangible assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Accounts receivable, net . .

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Net Assets or Fund Balances

Form 990 (2015)

Part X	Balance Sheet						
	Check if Schedule						

01111 330 (2013)	
Part X	Balance	Sheet

If the organization changed its method of accounting from a prior year or checked "Other," explain in

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

If the organization changed either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

2a

2b

2c

3a

3b

Yes

Yes

Νo

Nο

Form 990 (2015)

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(b)(1)(A)(vi). (Complete Part II)

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.

Open to Public Inspection

OMB No 1545-004

DLN: 93493320142716

Employer identification number

72-0778258

Treasury Internal Revenue Service Name of the organization Arts Council of New Orleans

SCHEDULE A

(Form 990 or

990EZ)

Part I

1

2

3

Department of the

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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

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

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

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No Total Cat No 11285F For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ. Schedule A (Form 990 or 990-EZ) 2015

instructions

Schedule A (Form 990 or 990-EZ) 2015 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

S	ection A. Public Support	acion fano co qu	amy ander are	tests listed belo	Wy produce comp	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
(or 1	fiscal year beginning in) ► Gifts, grants, contributions, and	(-,	(-/	(-)	(-/	(-/	(-,
-	membership fees received (Do	1,733,151	1,341,790	1,667,947	1,626,413	1,974,5	8,343,841
	not include any unusual grants)						
2	Tax revenues levied for the						
	organization's benefit and either						0
3	paid to or expended on its behalf The value of services or facilities						
	furnished by a governmental unit						0
	to the organization without						
_	charge	1 722 151	1 241 700	1.667.047	1 626 412	1 074 5	40 0 242 044
4	Total. Add lines 1 through 3 The portion of total contributions	1,733,151	1,341,790	1,667,947	1,626,413	1,974,5	40 8,343,841
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						0
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5						0.242.044
	from line 4						8,343,841
S	ection B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) ⊤otal
(or 7	fiscal year beginning in) ► A mounts from line 4	1,733,151	1,341,790	1,667,947	1,626,413	1,974,5	40 8,343,841
8	Gross income from interest,	1,733,131	1,311,730	1,007,517	1,020,113	1,57 1,5	0,313,011
	dividends, payments received on	10 217	14,970	2,970	795		36,952
	securities loans, rents, royalties	18,217	14,970	2,970	793		36,932
_	and income from similar sources						
9	Net income from unrelated business activities, whether or						
	not the business is regularly						0
	carried on						
10	Other income Do not include						
	gain or loss from the sale of capital assets (Explain in Part	770					770
	VI)						
11	Total support. Add lines 7						8,381,563
12	through 10 L Gross receipts from related activit	uss sta /ssaunst	rustions)			T T	
12						12	V(2.)
13	First five years. If the Form 990 is				•	<u>`</u>)(3) organization, -
	check this box and stop here ection C. Computation of Pu				<u> </u>		
14	Public support percentage for 201	• • • • • • • • • • • • • • • • • • • •		1.1 column (f))		14	99 550 %
15	Public support percentage for 201	•		11, column (1))		 	
	33 1/3% support test—2015. If the	•		on line 12 and li	20 14 10 22 1/20/	15	97 990 %
104	and stop here. The organization qu	-			16 14 15 33 1/3%	or more, chec	k tills box ▶ ✓
b	33 1/3% support test—2014.If the				and line 15 is 33	1/3% or more,	
	box and stop here. The organizatio	=					▶□
17a	10%-facts-and-circumstances test			_	13,16a, or 16b,	and line 14	·
	is 10% or more, and if the organiza						
	in Part VI how the organization me	ets the "facts-and	d-circumstances"	test The organiz	ation qualifies as	a publicly sup	·
h	organization 10%-facts-and-circumstances test	_2014 If the oran	anization did not of	neck a hov on line	113 162 16h ar	17a and line	
, J	15 is 10% or more, and if the orga						
	Explain in Part VI how the organiza			,			licly
	supported organization						▶┌
18	Private foundation. If the organizat	ion did not check	a box on line 13,	16a, 16b, 17a, or	17b, check this	box and see	

▶ □

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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
•	iscal year beginning in)	(4)2011	(5)2012	(6)2010	(4)2011	(0)2010	(1)10ta1
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						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support				1		I
	Calendar year			1	I	I	
(or f	iscal year beginning in)	(a) 2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f) Total
9	A mounts 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 Add lines 10a and 10b						
c	Net income from unrelated						
11	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						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is f	or the organization	n's first second	thurd fourth or	fifth tay year ac a	section 501/c	V3) organization
14	•	or the organization	on s mist, second	, tillia, louitii, oi	ilitii tax yeal as a	1 5600001 501(0)(3) organization, ▶ □
	check this box and stop here	lia Cunnant D					
	ction C. Computation of Pub						
15	Public support percentage for 2015	(line 8, column	(f) divided by line	: 13, column (f))		15	
16	Public support percentage from 201	l 4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ae			
17	Investment income percentage for				nn (f))	14-1	
	· · · · · · · · · · · · · · · · · · ·	•		•	···· (1 <i>))</i>	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	1 /		18	
19a	33 1/3% support tests—2015. If the	organization did	not check the bo	ox on line 14, and	l line 15 is more t	than 33 1/3%, a	ind line 17 is not
	more than 33 1/3%, check this box	and stop here. T	he organization q	ualıfıes as a publ	icly supported or	ganızatıon	▶┌
b	33 1/3% support tests—2014. If the	organization did	not check a box	on line 14 or line	19a, and line 16	ıs more than 3	3 1/3% and line
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiz	ation 🕨 🗍
20	Private foundation. If the organizati	on did not check	a box on line 14	. 19a. or 19b. ch	eck this box and	see instruction	s ▶⊤ˈ

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
	Averally of the community of community of community of community of the community of community o		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
	509(a)(1) or (2)			<u> </u>
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")?			l
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2) ? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported	4c		
	organization was used exclusively for section 170(c)(2)(B) purposes			l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in	5b		
c	the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	J.		
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued

I GIC IV		аррог	9	Oi guilleu	LIOIIS	(continue	ч,
Section	n R	Tyne	T Si	innorting	Orga	nization	_

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organization	Section	C.	Type	II	Supporting	Organization	s
--	---------	----	------	----	------------	--------------	---

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or			
	trustees of each of the organization's supported organization(s)?			
	If "No," describe in Part VI how contiol or management of the supporting organization was vested in the same persons			
	that controlled or managed the supported organization(s)	1		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes." describe in Part VI the role the organization's supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test Complete line 2 below
- The organization is the parent of each of its supported organizations. Complete line 3 below

С		i ne orga instructi	nization supported a governmental entity. Describe in Part VI now you supported a government entity (see ons)	эe
2	<u>A ctivit</u>	ies Test	_Answer (a) and (b) below.	Y
а			all of the organization's activities during the tax year directly further the exempt purposes of the	

	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of 3a each of the supported organizations? Provide details in Part VI
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
i	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
;	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see	1		
_	instructions for short tax year or assets held for part of year)	—		
a L	A verage monthly value of securities	1a 1b		
b	A verage monthly cash balances			
C	Fair market value of other non-exempt-use assets	1c 1d		+
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	La		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting	organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)					
Section D - Distributions			Current Year					
1 Amounts paid to supported organizations to accomp	olish exempt purposes							
2 Amounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	oorted organizations, in						
3 Administrative expenses paid to accomplish exemp	Administrative expenses paid to accomplish exempt purposes of supported organizations							
4 Amounts paid to acquire exempt-use assets								
5 Qualified set-aside amounts (prior IRS approval rec								
6 Other distributions (describe in Part VI) See instru								
·	ic tions							
7 Total annual distributions. Add lines 1 through 6								
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide						
9 Distributable amount for 2015 from Section C, line	6							
10 Line 8 amount divided by Line 9 amount								
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015					
1 Distributable amount for 2015 from Section C, line 6								
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)								
3 Excess distributions carryover, if any, to 2015								
a .								
b c								
d From 2013								
e From 2014								
f Total of lines 3a through e								
g Applied to underdistributions of prior years								
h Applied to 2015 distributable amount								
i Carryover from 2010 not applied (see instructions)								
j Remainder Subtract lines 3g, 3h, and 3i from 3f								
4 Distributions for 2015 from Section D, line 7 \$								
a Applied to underdistributions of prior years			-					
b Applied to 2015 distributable amount								
c Remainder Subtract lines 4a and 4b from 4								
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)								
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)								
7 Excess distributions carryover to 2016. Add lines 31 and 4c								
8 Breakdown of line 7								
a								
b								
c Excess from 2013								
d From 2014								
e From 2015								
		Schodulo A	/Form 990 or 990-F7) /2015					

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SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

OMB No 1545-0047

DLN: 93493320142716

Department of the Treasury Internal Revenue Service

Name of the organization Arts Council of New Orleans

Open to Public Inspection Employer identification number

							778258		
Pa	rt I Organizations Maintaining Dono					unds	or Account	s.	
	Complete if the organization answer				art IV, line 6.				
_		(a) Donor advised	funds	5		(b)	Funds and oth	ner account	S
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor funds are the organization's property, subject to					nor advi	sed	☐ Yes	□No
6	Did the organization inform all grantees, donors,	-			_	s can be		163	140
-	used only for charitable purposes and not for the			-	-				_
—	conferring impermissible private benefit?						- 000 P- L	Yes	No
	rt II Conservation Easements. Comple					on Forn	n 990, Part .	IV, IIne 7.	
1	Purpose(s) of conservation easements held by th		k all t	tha	at apply)				
	Preservation of land for public use (e g , recreducation)	eation or			Preservation of a	an histor	ically importa	int land area	a
	Protection of natural habitat		Ė		Preservation of				-
	Preservation of open space		'						
2	Complete lines 2a through 2d if the organization	held a qualified cons	ervat	וחו	n contribution in	the form	of a conserv	ation	
_	easement on the last day of the tax year	nera a quannea const	civac	101	ii contribution iii	the form	ora conscive	acton	
							Held at th	e End of th	e Year
а	Total number of conservation easements					2a			
b	Total acreage restricted by conservation easeme	ents				2b			
c	Number of conservation easements on a certified	historic structure in	clude	ed	ın (a)	2c			
d	Number of conservation easements included in (historic structure listed in the National Register	:) acquired after 8/17	7/06,	, a	nd not on a	2d			
3	Number of conservation easements modified, tra	nsferred, released, ex	ktıngı	uis	shed, or terminat	ted by th	e organization	during the	
	tax year ▶								
4	Number of states where property subject to cons	ervation easement is	loca	ite	d ▶				
5	Does the organization have a written policy regar					—— ndling of			
	violations, and enforcement of the conservation of Staff and volunteer hours devoted to monitoring,	easements it holds?		_		J	•		lo na tha
6	year	inspecting, nandring	01 V10	Лa	tions, and emore	ting cons	servation ease	ements dun	ng the
	-								
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of vio	olatio	ns	s, and enforcing	conserva	ition easemer	nts during th	ne year
	> \$								
8	Does each conservation easement reported on Ii (B)(i) and section $170(h)(4)(B)(ii)$?	ne 2(d) above satisfy	the i	re	quirements of se	ction 17	· · · · · —	Yes	ło
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the							
2a r	t III Organizations Maintaining Collec		tori	ca	al Treasures,	or Oth	ner Similar	Assets.	
	Complete if the organization answer								
1a	If the organization elected, as permitted under Si works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for publi	ıc ext	hıb	oition, education	, or rese	arch in further		
b	If the organization elected, as permitted under Si works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for publi							olic
((i) Revenue included on Form 990, Part VIII, line	1				> \$			
	ii) Assets included in Form 990, Part X								
2 `	If the organization received or held works of art, l	nistorical treasures -	or oth	าคา	r sımılar assets				
	following amounts required to be reported under S							rac circ	
а	Revenue included on Form 990 Part VIII line 1						▶ ¢		

Assets included in Form 990, Part X

Par	Organizations Maintaining (continued)	Collections of	Art, Hi	storic	al Tre	easures, o	or Oth	ner Similar A	sset	s
3	Using the organization's acquisition, acc collection items (check all that apply)	ession, and other re	ecords, c	heck ar	y of the	e following t	hat are	e a significant us	se of it	s
а	Public exhibition		d		Loan o	rexchange	progra	ms		
b	Scholarly research		е		Other					
c	Preservation for future generations									
4	Provide a description of the organization	's collections and e	xplain ho	ow they	further	the organiza	ation's	exempt purpose	e in	
5	During the year, did the organization soli	cit or receive donat	ons of a	art, histo	rical tr	easures or	other s	ımılar		
-	assets to be sold to raise funds rather th		d as part	of the o	rganıza	ation's colle	ction?		es [No
Pa	Complete if the organization a Part X, line 21.		n Form	990, F	art IV	, line 9, or	repo	rted an amou	nt on	Form 990,
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?	stodian or other inte	ermediar	y for co	ntributi	ons or other	asset	s not	es [No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	ollowing	table		[An	nount	
C	Beginning balance						1 c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance					L	1 f			
2 a	Did the organization include an amount o	n Form 990, Part X	, line 21	, for esc	row or	custodial ac	count	liability? TY6	es [No No
b	If "Yes," explain the arrangement in Part									. 🗆
- 6	ert V Endowment Funds. Comple	(a)Current year		Iswered Prior year				art IV, line 10 I)Three years back		our years back
1a	Beginning of year balance	(a)current yeur	(5)	nor year	1	c) wo years b	dek (C	Tyrrinee years back	(6)	our years buck
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships								<u> </u>	
e	Other expenditures for facilities and programs									
f	Administrative expenses								1	
g	End of year balance									
2	Provide the estimated percentage of the	current year end ba	ılance (lı	ine 1g, c	olumn	(a)) held as				
а	Board designated or quasi-endowment >									
b	Permanent endowment ▶									
c	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2c	should equal 100%								
3a	Are there endowment funds not in the pos organization by	_	anızatıor	n that ar	e held a	and adminis	tered f			Yes No
	(i) unrelated organizations								a(i)	
b	(ii) related organizations If "Yes" on 3a(ii), are the related organiz		uıred on	 Schedu	٠٠. Ie R?			<u> </u>	a(ii) 3b	
4	Describe in Part XIII the intended uses		s endowr	ment fun	ds					
Pa	Land, Buildings, and Equip Complete if the organization a		Form (990. Pa	rt IV.	line 11a.S	ee Fo	rm 990. Part 1	X. line	10.
	Description of property	answered res to		Cost or of	i) :her basi:	(b)) ier basis	Accumulate	:d ((d)Book value
1a	Land					,	-		\top	
b	Buildings		[
c	Leasehold improvements									
	Equipment		·				155,215	144,	750	10,465
	Other		art X. colu	umn (B).	line 10	(c))		<u> </u>	+	10,465
	J (======= (3)ds	,	,	1-//			-		D (Fo	rm 990) 2015

	See Form 990, Part X, line 12.			
	(a) Description of security or categ (including name of security)	ory	(b)Book value	(c)Method of valuation Cost or end-of-year market valu
1) Financia	al derivatives			Cost of end-of-year market valu
2) Closely-	-held equity interests			
3) O ther				
otal. (Colun	nn (b) must equal Form 990, Part X, col (B) line 12	} ▶		
art VIII	Investments—Program Related	•		
	Complete if the organization answe	red 'Yes' on Form 9		
	(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market valu
otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 13)	•		
	onn (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organiz	-	n Form 990, Part IV, line	11d See Form 990, Part X, line 15
	Other Assets. Complete if the organiz	-	n Form 990, Part IV , line	11d See Form 990, Part X, line 15 (b) Book value
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV , line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete if the organiz	ation answered 'Yes' o	n Form 990, Part IV, line	
Part IX	Other Assets. Complete if the organiz (a) De	ation answered 'Yes' description		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) De	ne 15)		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) De (a) De (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the complete if the complete in the complet	ne 15)		(b) Book value
otal. (Colu	Other Assets. Complete if the organiz (a) De	ne 15)		(b) Book value
otal. (Colu	Timn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization of the Complete in the organization.	ne 15) organization answer		(b) Book value
otal. (Colu	Timn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization of the Complete in the organization.	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
otal. (Colu	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
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Part IX Otal. (Colu Part X	other Assets. Complete if the organiz (a) Decomplete if the organiz (a) Decomplete if the organiz (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organiz See Form 990, Part X, line 25. (a) Description of liability	ne 15) organization answer		(b) Book value
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Return Reference

Schedule D (Form 990) 2015

	Total revenue, gains, and other support per audited financial statements	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
	Net unrealized gains (losses) on investments 2a	
	Donated services and use of facilities	
	Recoveries of prior year grants	
ı	Other (Describe in Part XIII)	
•	Add lines 2a through 2d	2e
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
)	Other (Describe in Part XIII) 4b	
	Add lines 4a and 4b	4c
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	1
		1
ı	Total expenses and losses per audited financial statements	1
	Total expenses and losses per audited financial statements	1
)	Total expenses and losses per audited financial statements	1
a o :	Total expenses and losses per audited financial statements	1
) :	Total expenses and losses per audited financial statements	1 2e
	Total expenses and losses per audited financial statements	
)	Total expenses and losses per audited financial statements A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e
) : [Total expenses and losses per audited financial statements A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e
	Total expenses and losses per audited financial statements A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 A mounts included on Form 990, Part IX, line 25, but not on line 1:	2e
	Total expenses and losses per audited financial statements	2e

Explanation

Schedule D (Form 990) 2015		Page 5						
Part XIII Supplemental Information (continued)								
Return Reference	Explanation							

Schedule I
(Form 990)

Grants and C
Governments
Complete if the organiza

Treasury

Internal Revenue Service

Name of the organization

Arts Council of New Orleans

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

DLN: 93493320142716

Open to Public Inspection

Employer identification number

						72-0778258	
Part I General Informati	on on Grants ar	d Assistance					
 Does the organization maintain the selection criteria used to a Describe in Part IV the organical 	ward the grants or a	ssistance?				tance, and	√ Yes
Part III Grants and Other Assist				plete if the organization	answered "Yes" on F	orm 990, Part IV, line 21	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grar or assistance
See Additional Data Table							
2 Enter total number of section 5	501(c)(3) and gover		ted in the line 1 table .			▶	43
3 Enter total number of other org							1
For Paperwork Reduction Act Notice s				Cat No. 50055P			le I (Form 990) 2015

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(a) ⊤ype	of grant or assistan	ce	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
			reespiesses	eus in gruine	non each assistance	i i i i i gapitalodi, otnor,	
Part IV	Supplemental I	nformat	t ion. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.
Peturn Pefere	nco	Evolanati	on				

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 3THE ARTS COUNCIL CONDUCTS A PRE-GRANT INQUIRY TO ENSURE THAT THE GRANTEE IS APPROPRIATE, SUCH AS HAVING TAX-EXEMPT STATUS UNDER SECTIO 501C3

Grantmaker's Description of How Grants are Used OR BEING A GOVERNMENTAL ENTITY A SIGNED LETTER OF AGREEMENT DETAILS THE VARIOUS TERMS OF THE GRANT IT PROHIBITS THE USE OF FUNDS 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 ACTIVITIES, 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 la wa RD

Additional Data

New Orleans, LA 70117

Software ID: 15000316 **Software Version:** 2015v2.0

EIN: 72-0778258

Name: Arts Council of New Orleans

Form 990,Schedule I, Par	t II, Grants and	d Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ArtSpot Productions 609 St Ferdinand Street New Orleans, LA 70117	72-1499547		14,140	0			Operating Support
Birdfoot Chamber Music Festiv 6055 General Meyer Avenue New Orleans, LA 70131	27-5011337		7,275	0			O perating Support
Black Forest Fancies 900 Congress St	20-8410782		7,445	0			Operating Support

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Community Works of 26-4472656 5,440 Operating Support Louisiana

6,715

Operating Support

3900 General Taylor New Orleans, LA 70125					
Contemporary Arts Center 900 Camp Street	72-0798830	40,430	0		O perating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

New Orleans, LA 70130

94-3316972

CubaNOLA Arts Collective

11109 Wales Street New Orleans, LA 70128

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Dancing Grounds 45-5084235 9,175 Project Support 3705 St Claude Ave ing Support

New Orleans, LA 70117					
Delta Festival Ballet PO Box 7425 Metairie, LA 70010	23-7057459	8,500	0		O perating Support
Efforts of Grace Inc	72-1266819	40,060	0		Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1712 Oretha Castle Haley

New Orleans, LA 70113

Blvd

(a) Name and address of (b) EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 6,819 Friends of the Chauvin Sculpt Operating Support 5337 Bayouside Dr ating Support

9,350

Project Support

Chauvin, LA 70344					
Friends of WWO Z Inc PO Box 51840 New Orleans LA 70151	58-1702220	40,060	0		O peratı

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

26-3248111

Goat in the Road Productions

3726 DAUPHINE ST 204 New Orleans, LA 70117

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) 6,000 Jefferson Ballet Theatre Operating Support 3621 Florida Ave Kenner, LA 70065 Soc 72-0861706 21,651 Operating Support

Operating Support

16,260

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Jefferson Pe	rforming Arts S
1118 Cleary	riew Parkway
Metairie, LA	70001

Junebug Productions Inc

New Orleans, LA 70176

PO Box 2331

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 24,020 KID smART 72-1437355 Operating Support 1024 Elysian Fields Ave ing Support

New Orleans, LA 70117			
Le Petit Theatre de Terrebone	7,31		O perating
7829 W Main St			
Houma, LA 70360			1

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

New Orleans, LA 70116

Le Petit Theatre du Vieux Car 72-0423626 5,700 Operating Support 616 St Peter St

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 20-3598297 5,700 Operating Support Louisiana Cultural Economy Fο 1540 Canal St

7,080

Operating Support

New Orleans, LA 70112					
Louisiana Philharmonic Orches	72-1189023	44,060	0		O perating Support
1010 Common Street					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

New Orleans, LA 70112

Musical Arts Society of NO

339 Octavia St New Orleans, LA 70115

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 5,950 Musicians for Music 72-0811093 Operating Support PO Box 750698 iting Support

New Orleans, LA /01/5					ı
National Performance Network	06-1522546	18,300	0		O peratır
PO Box 56698					i
New Orleans, LA 70156					l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Operating Support

Neighborhood Story Project 26-2775048 12,656

PO Box 19742

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) New Orleans Arts & Cultural 31-1696655 15,490 Operating Support 124 Roselvn Park Place ng Support

New Orleans, LA 70131					1
New Orleans Ballet Associatio	23-7122403	42,430	0		O perating
935 Gravier Street STE 850 New Orleans, LA 70112					

7,300

Operating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

New Orleans Film and Video

New Orleans, LA 70130

Fe

900 Camp St

(a) Name and address of (b) EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 12,290 New Orleans Film Society 72-1136068 Operating Support 900 Camp Street ng Support

Operating Support

New Orleans, LA 70130					
New Orleans Friends of Music 5500 Prytania Street New Orleans, LA 70115	72-6021704	9,760	0		O perating

10,375

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

New Orleans Fringe Inc

732 France Street New Orleans, LA 70117

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) New Orleans Jazz & Heritage 72-0692744 31,350 Operating Support 120E N Dampart Ct ng Support

Operating Support

New Orleans, LA 70116					
New Orleans Museum of Art 1 Collin Diboll Circle New Orleans, LA 70124	72-6000331	22,300	0		O perating
				1	

34,620

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

New Orleans Opera

Association 616 Girod Street New Orleans, LA 70130

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government assistance other) 23-7453854 8,705 Operating Support New Orleans Video Access Cent 532 Louisa Street New Orleans, LA 70117 72-1479496 38,885 Operating Support

8,710

Operating Support

Oaden Museum of Southern A rt

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

925 Camp Street New Orleans, LA 70130

Press Street 3718 St Claude Ave New Orleans, LA 70117

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Southern Repertory Theatre 72-1088017 21,845 Operating Support 6221 S Claiborne Ave Now Orleans IA 7012E ing Support

New Offeans, LA 70125					
Stage to Stage Inc 305 Baronne St Suite 302 New Orleans, LA 70112	72-1319092	12,010	0		O perating Support
Symphony Chorus of New	72-1202296	5,990	0		O perating Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Orlean PO Box 50542

New Orleans, LA 70150

(a) Name and address of (b) EIN (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (c) IRC section (d) A mount of cash organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance grant or government other) assistance 12,055 Tennessee Williams Literary F 72-1088036 Operating Support 938 Lafayette Street ing Support

Operating Support

New Orleans, LA 70113					
The NOCCA Institute 2800 Chartres St	72-0972102	21,800	0		O peratin
New Orleans IA 70117					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Tipitinas Foundation Inc

4040 Tulane Ave Suite 6000 New Orleans, LA 70119

56-2343978

29,090

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance arant or aovernment assistance other) ing Support

Operating Support

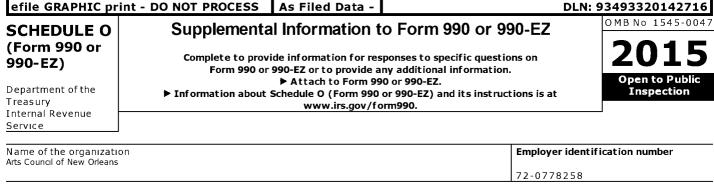
18,300

Young AspirationsYoung Artis	72-1132928	6,700	0	1	O peratin
3322 Lasalle St				1	
New Orleans, LA 70115					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Young Audiences of Louisiana

615 Baronne Street Suite 201 New Orleans, LA 70113



990 Schedule O, Supplemental Information

990 Schedule O, Supplemental Information	
Return Reference	Explanation
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Board Member Meghan Ryan Bonavita is the daughter of Board Member Pamela Reynolds Ryan
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The Mayor of the City of New Orleans is allowed to appoint board members

990 Schedule O, Supplemental Information

Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	The Mayor of the City of New Orleans is allowed to appoint board members
Form 990, Part VI, Line 11b Form 990 Review Process	Upon completion of the Form 990, a draft will be presented to the

Explanation

Form 990, Part VI, Line 11b Form 990 Review Process

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 will be provided to all board members afte.

I the process of the Form 990, a draft will be presented to the board finance committee.

Return Reference

990 Schedule O, Supplemental Information Return Reference

	· ·
	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
Enforcement of Conflicts	handbook was completed and approved by the board in the Fall of 2013. 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

Explanation

Form 990, Part VI, Line 15a 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 Their decisi Compensation Review & Approval Process - CEO, Top on is contemporaneously documented Management

990 Schedule O, Supplemental Information

Form 990, Part VI, Line 15b	The process for determining compensation of other employees is outlined in the employee handbook it
Compensation Review and	contains a schedule of staff review that must occur prior to any changes in compensation. Comparability
Approval Process for Officers	data for compensation is gathered from Americans for the Arts and Guidestar Board input is provided for
and Key Employees	decisions regarding staff retention and dismissal. All staff and salary changes are recorded in the board

Return Reference

Organization Documents Publicly

Available

minutes and/or written notification to financial staff

Form 990, Part VI, Line 19 Other This information is available upon request. In addition, audited financial statements are

Explanation

available on the Louisiana Legislative Auditor's website