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Form **990-ÈZ** Department of the Treasury

OMB No 1545-1150 2009

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public Inspection

	A	For the 2009 calend	dar year, or tax year beginning , and ending	<u> </u>	<u> </u>
	_	Check if applicable	Please C Name of organization	D	Employer identification number
	-	Address change	use IRS	ا	Employer identification number
		Name change	label or Cooking in Central, Inc.	i	06-1808851
	Ħ	Initial return	print or type Number and street (or P O box, if mail is not delivered to street address)	Room/suite E	Telephone number
	H	Termination	See P. O. Box 78333	Room/suite E	225-261-7484
	H	Amended return	Specific Cdu as town at the second to and 7/D L 4		Group Exemption
	H	Application pending	Instructions Baton Rouge LA 70837		Number •
	<u> </u>) organizations and 4947(a)(1) nonexempt charitable trusts must attach	G Accounting m	
		• 00000011301(0)(3	a completed Schedule A (Form 990 or 990-EZ).	Other (specify)	
	$\overline{}$	Website: WW	w.cookingincentral.com	H Check ▶	if the organization is not
		Tax-exempt status (c)		required to all	ach Schedule B (Form 990, 0-PF)
		Check ▶	If the organization is not a section 509(a)(3) supporting organization and its gross received		
			m 990 return is not required, but if the organization chooses to file a return, be sure to fi	•	
			o, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$ 287,639
			ue, Expenses, and Changes in Net Assets or Fund Balances (S	ee the instruc	
			gifts, grants, and similar amounts received		1 258,839
		2 Program sei	vice revenue including government fees and contracts		2
		3 Membership	dues and assessments		3
		4 Investment i	ncome		4
	;	5a Gross amou	int from sale of assets other than inventory 5a 5a		
		b Less cost o	r other basis and sales expenses 5b]
		c Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)		5c
	ne	6 Special events	s and activities (complete applicable parts of Schedule G). If any amount is from gaming, check he	re 🕨 🗓	
	Revenue	a Gross reven	iue (not including \$ 258,839 of contributions		1
	æ	reported on	line 1) 6a	28,800	
		b Less direct	expenses other than fundraising expenses 6b	10,000	
		c Net income	or (loss) from special events and activities (Subtract line 6b from line 6a)		6c 18,800
		7a Gross sales	of inventory, less returns and allowances 7a		<u>.</u>
		b Less cost o			1
		!	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c
		1	ue (describe		8
			ue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> </u>	9 277,639
			DECENTED T	Stmt 1	10 240,100
		i '			11
	nses	l .	rer compensation, and employee benefits I fees and other payments to independent contractors AUG 17 2010		12
	ēns				13 26,639
9	Expe		rent, utilities, and maintenance oblications, postage, and shipping		14 26,639 15 204
2010	_		ises (describe See Statement 2 OGDEN. UT	,	12 222
.73		1	nses Add lines 10 through 16		16 13,088 17 280,031
0	_	<u> </u>	deficit) for the year (Subtract line 17 from line 9)		18 -2,392
	sts	1	or fund balances at beginning of year (from line 27, column (A)) (must agree with		10 27332
SEP	Assets		figure reported on prior year's return)		19 4,272
	Net A	_	ges in net assets or fund balances (attach explanation)		20
	Z	'	or fund balances at end of year Combine lines 18 through 20	•	21 1,880
Ž	P		ce Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form	990 instead of For	
Z				Beginning of year	(B) End of year
3	22	Cash, savings, and i	nvestments	4,272	46,783
SCANNED	23	Land and buildings			23
	24	Other assets (descri	be •)		24
	25	Total assets		4,272	
	26	Total liabilities (des	scribe ► See Statement 3	<u>C</u>	11/303
	<u>27</u>		balances (line 27 of column (B) must agree with line 21)	4,272	
	P	Deliver and Alask and De-	nonwork Poduction Act Notice, see the congrete instructions		C 000 E7 (0000)

Form 990-EZ (2009) Cooking in Ce	entral, Inc.	06	-1808851			Page 2
Part III Statement of Program Ser	vice Accomplishments	See the instructi	ons for Part III.	.)	Ex	penses
What is the organization's primary exempt purpose?	•			(R	equired	for section
See Statement 4				50)1(c)(3) a	ind 501(c)(4)
Describe what was achieved in carrying out the orga	anization's exempt purposes. In a	clear and concise		or	ganızatıc	ons and section
manner, describe the services provided, the number	r of persons benefited, or other re	elevant information for		49	947(a)(1)	trusts, optional
each program title				- 1	r others	
28					1	
20						
(Grants \$) If this a	mount includes foreign grants, cl	and hara	► 1	_{28a}		
29	intodrit includes loreign grants, ci	ieck liefe		_ 20a		
25						
				1		
(O			~ [aa.		
	mount includes foreign grants, cl	neck nere	P	29a	├──	
30						
				į	ļ	
			. 1	_,	1	
····· · · · · · · · · · · · · · · · ·	mount includes foreign grants, cl	neck here	<u> </u>	30a		
31 Other program services (attach schedule)	See Statement 5		,	_		
(Grants \$ 240,100) If this a	imount includes foreign grants, cl	neck here	<u> </u>	31a	<u> </u>	278,014
32 Total program service expenses (add lines 28	8a through 31a)			▶ 32	<u></u>	278,014
Part IV List of Officers, Directors, Truste	ees, and Key Employees. List e	ach one even if not co	mpensated (See the			
(a) Na a-d add		(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contrib employee ben		(e) Expense account and
(a) Name and addr	ress	devoted to position	enter -0-)	deferred com		other allowances
Louis DeJohn, Jr.	Greenwell Springs	President				
7334 Conestoga Drive	LA 70739	12.00	o	,	0	0
Russell M Starns	Baton Rouge	Vice Presiden	t		-	
4910 Monticello Blvd, Ste C	LA 70814	8.00	О		0	0
Shelton S Watts	Baton Rouge	Vice Presiden	t.			
13445 Joor Road	LA 70818	8.00	0		0	0
	<u> </u>					
			 			
						İ
	<u> </u>					
				<u> </u>		
			·			
DAA					Fr	orm 990-EZ (2009)

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

"Yes," Form 990 must be completed instead of Form 990-EZ

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If

Form 990-EZ (2009)

45

X

45

Form 990-EZ

Form	990-EZ (2009) Cooking in Cer	ntral,	Inc.		06	-180885	51		ſ	Page 4
	t VI Section 501(c)(3) organizati			17(a)(1) no	nexempt (charitable t	rusts	only. All sec		<u> </u>
	501(c)(3) organizations and)
	and complete the tables for		, ,, ,	•				·		
	Did the organization engage in direct or indirect			es on behalf o	of or in opposi	ition to			Yes	No
	candidates for public office? If "Yes." complete	=							46	X
47	Did the organization engage in lobbying activities		•	edule C. Part	П				47	X
48	Is the organization operating a school as descr					hedule E			48	X
49a	Did the organization make any transfers to an e			• • •						X
b	If "Yes," was the related organization a section	•		ieu organizati	OII.				49a 49b	+
50	Complete this table for the organization's five h	-		wood (athor t	han officers	directors trusts	200 200	Lkov	430	Ь
30	employees) who each received more than \$100	•	•	•				•		
					itle and average	(c) Compensat		Contributions to	(e) Exper	nse
	(a) Name and address of each emplo than \$100,000	yee paid mor	re	ho	urs per week	.,	em	ployee benefit plans &	account a	and
				deve	oted to position		ge	ferred compensation	other allows	ances
None										
									 	
	· · · · · · · · · · · · · · · · · · ·						-+		 	
							_		 	
			· · · · · · · · · · · · · · · · · · ·						<u> </u>	
						<u>-</u>	_	<u> </u>	<u> </u>	
	T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.									
f 51	Total number of other employees paid over \$100.000 of compensation from the organization.	iighest com	•		actors who ea	ach received mo	ore than	n		
51	Complete this table for the organization's five h \$100,000 of compensation from the organization. (a) Name and address of each independent continuous con	nighest com	s none, enter "N	None "		ach received me			Compensation	
	Complete this table for the organization's five h \$100,000 of compensation from the organization. (a) Name and address of each independent continuous con	nighest com	s none, enter "N	None "					Compensation	
51	Complete this table for the organization's five h \$100,000 of compensation from the organization. (a) Name and address of each independent continuous con	nighest com	s none, enter "N	None "					Compensation	
51	Complete this table for the organization's five h \$100,000 of compensation from the organization. (a) Name and address of each independent continuous con	nighest com	s none, enter "N	None "					Compensation	
51	Complete this table for the organization's five h \$100,000 of compensation from the organization. (a) Name and address of each independent continuous con	nighest com	s none, enter "N	None "					Compensation	
51	Complete this table for the organization's five h \$100,000 of compensation from the organization. (a) Name and address of each independent continuous con	nighest com	s none, enter "N	None "					Compensation	
51	Complete this table for the organization's five h \$100,000 of compensation from the organization. (a) Name and address of each independent continuous con	nighest com	s none, enter "N	None "					Compensation	
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51	Complete this table for the organization's five h \$100,000 of compensation from the organization. (a) Name and address of each independent continuous con	nighest com	s none, enter "N	None "					Compensation	
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No:	Complete this table for the organization's five h \$100,000 of compensation from the organization (a) Name and address of each independent contine	nighest com on If there i	nore than \$100,000	None "					Compensation	
51	Complete this table for the organization's five h \$100,000 of compensation from the organization. (a) Name and address of each independent continuous con	nighest com on If there i	nore than \$100,000	None "					Compensation	
No:	Complete this table for the organization's five h \$100,000 of compensation from the organization (a) Name and address of each independent contine Total number of other independent contractors	ighest comon if there is interested in the community of t	nore than \$100,000	None "	(b)	Type of service		(c) (
No:	Complete this table for the organization's five h \$100,000 of compensation from the organization (a) Name and address of each independent contine	ighest comon if there is interested in the communication paid in the c	ving over \$100,	None " 0 000 luding accompa	(b)	Type of service	s, and to	the best of my known	owledge	
No.	Complete this table for the organization's five h \$100,000 of compensation from the organization (a) Name and address of each independent contine Total number of other independent contractors Under penalties of perjury, I declare that I and beleficit is true correct, and complete	ighest comon if there is interested in the communication paid in the c	ving over \$100,	None " 0 000 luding accompa	(b)	Type of service	s, and to	the best of my known	owledge	
Non d	Complete this table for the organization's five h \$100,000 of compensation from the organization (a) Name and address of each independent contine Total number of other independent contractors Under penalties of perjury, I declare that I and belief it is true correct, and complete	ighest comon if there is interested in the communication paid in the c	ving over \$100,	None " 0 000 luding accompa	(b)	Type of service	s, and to	the best of my known	owledge	
No.	Complete this table for the organization's five h \$100,000 of compensation from the organizatio (a) Name and address of each independent contine Total number of other independent contractors Under penalties of perjury, I declare that I and belief it is true correct, and complete Signature of officer	ighest comon if there is interested in the communication paid in the c	ving over \$100,	None " 0 000 luding accompa	(b)	Type of service	s, and to	the best of my known	owledge	
Non d	Complete this table for the organization's five h \$100,000 of compensation from the organization (a) Name and address of each independent contine Total number of other independent contractors Under penalties of perjury, I declare that I and belief it is true correct, and complete Signature of officer	ractor paid m	ving over \$100,	None " 0 000 luding accompa	(b)	Type of service	s, and to	the best of my known	owledge	
Non d	Complete this table for the organization's five h \$100,000 of compensation from the organizatio (a) Name and address of each independent contact Total number of other independent contractors Under penalties of perjury, I declare that I and belief it is true correct, and complete Signature of officer Louis DeJohn Type or print name and title	ractor paid m	ving over \$100,	None " 0 000 luding accompa	(b)	Type of service	s, and to	the best of my knowled	owledge	
Non d	Complete this table for the organization's five he \$100,000 of compensation from the organization (a) Name and address of each independent contine Total number of other independent contractors Under penalties of perjury, I declare that I and belief it is true correct, and complete Signature of officer Louis DeJohn Type or print name and title Preparer's	ractor paid m	ving over \$100,	None " 0 000 luding accompa	Inying schedule based on all in	es and statements formation of whice Date Sident Check is self-	s, and to	the best of my knowled	owledge edge	
Non d Sign Here	Complete this table for the organization's five he \$100,000 of compensation from the organization (a) Name and address of each independent contine. Total number of other independent contractors. Under penalties of perjury, I declare that I and belief it is true correct, and complete. Signature of officer Louis DeJohn Type or print name and title. Preparer's signature.	reach receive have examinate Declaration	ving over \$100,000 need this return, include of preferer (other	None " 0 000 luding accompa	inying schedule based on all in	es and statements formation of whice Date Sident Check is self-	s, and to	the best of my knowled and the property idea. Preparer's idea. P0028	owledge edge ntifying Number (\$	See instr
Non d Sign Here	Complete this table for the organization's five h \$100,000 of compensation from the organizatio (a) Name and address of each independent contractors Total number of other independent contractors Under penalties of perjury, I declare that I and belief it is true correct, and complete Signature of officer Louis DeJohns Type or print name and title Preparer's signature Firm's name (or yours Suzon	ractor paid macro paid	ving over \$100,000 need this return, include of preferer (other	None " 0 000 luding accompa	Inying schedule based on all in	es and statements formation of whice Date Sident Check is self-	s, and to	the best of my knowled the sany knowled	owledge edge	See instr
Non d Sign Here	Complete this table for the organization's five he \$100,000 of compensation from the organization (a) Name and address of each independent continue. Total number of other independent contractors. Under penalties of perjury, I declare that I and belief it is true correct, and complete Signature of officer Louis DeJohn Type or print name and title Preparer's signature Firm's name (or yours signature)	each received have examinate Declaration	oving over \$100,000 need this return, include of preferer (other	0000 Iuding accompar than officer) is	inying schedule based on all in Pres	es and statements formation of whice Date Sident Check is self-	s, and to	the best of my knowled and the state of my knowled and the	owledge edge ntifying Number (\$ 38472 20-1529	See instr
Sigr Here Prepuse	Complete this table for the organization's five he \$100,000 of compensation from the organization (a) Name and address of each independent continue. Total number of other independent contractors. Under penalties of perjury, I declare that I and belief it is true correct, and complete Signature of officer Louis DeJohn Type or print name and title Preparer's signature Firm's name (or yours signature)	each receive thave examinated Declaration Jr. Box 3 well 8	oving over \$100,000 Note than \$100,000 Note that the than \$100,000 Note the the than \$100,000 Note the the the than \$100,000 Note the the than \$100,000 Note the the the the the the the the t	None " 0 000 luding accompar than officer) is CPA LA 7	Inying schedule based on all in	es and statements formation of whice Date Sident Check is self-	s, and to	the best of my knowled and the state of the	owledge edge ntifying Number (\$	See instr

Form 990-EZ (2009) Cooking in Central, Inc. 06-1808851

SCHEDULE A

(Form 990 or 990-EŽ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Cooking in Central, Inc. | 06-1808851

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

1. 6	11 L I	neasi	on for Fublic Charity	status (All Organizations	musicu	Juhlere	tins p	art.) S	ee iiis	HUCHO	// IS.		
he d	orgai	nization is not a	a private foundation because	it is (For lines 1 through 11, che	eck only or	ne box.)							
1		A church, con	evention of churches, or asso-	ciation of churches described in	section 1	70(b)(1)(<i>A</i>	A)(i).						
2		A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	П	A hospital or a	a cooperative hospital service	e organization described in secti	on 170(b)	(1)(A)(iii)							
4	П			in conjunction with a hospital de-				(A)(iii).	Enter th	e hospit	tal's name,		
		city, and state						,					
5		An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	rnmenta	al unit de	scribed	ın			
		-	b)(1)(A)(iv). (Complete Part I	•	,	, ,							
6	П	•		vernmental unit described in sec	tion 170(b)(1)(A)(v).						
7	X			ubstantial part of its support from	•		•	n the aei	neral pu	blic			
		•	section 170(b)(1)(A)(vi). (Co	•	, _ g_ ,			9					
8	\Box		nunity trust described in section 170(b)(1)(A)(vi). (Complete Part II)										
9	H	-		more than 33 1/3 % of its suppo	•	ntributions	s memh	ershin fe	es and	f aross			
•	ш	_		ot functions—subject to certain e				-		-			
		•	·	f unrelated business taxable inco	•								
		• •	•	, 1975 See section 509(a)(2). (•		· · · · · ·	0111 0001	100000				
10		•	=	xclusively to test for public safety		•	a)(4)						
11	H	-	•	xclusively for the benefit of, to pe		•		carry on	it the				
• •	نــا	-	•	d organizations described in sec			-	•		tion			
				=	•								
		509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III-Functionally integrated d Type III-Other											
е	\Box		··	nization is not controlled directly			1						
•	Ш			and other than one or more public						ction			
		•	ection 509(a)(2)	and carer than one or more passion	ory ouppor	tou organ	24,0110	000000		30011			
f				mination from the IRS that it is a	Type I Ty	nell or T	vne III s	unnortin	ď				
'		-	check this box	mination from the into that it is a	Type i, Ty	γρε II, ΟΙ Ι	ype iii s	оррогии	9				
_		•		on accepted any gift or contributi	on from a	ny of the							Ш
g			_	on accepted any girt of contributi	ion nom a	ily of the							
		following per		ntrols, either alone or together wi	ith nercon	e deccribe	d in (ii)					Yes	No
			pelow, the governing body of		ilii personi	s describe	.u III (II)				11g(ı)	103	
			member of a person describe	* * *							11g(ii)	 	
		• •	ontrolled entity of a person de	, ,							11g(III)	1	
h		• •	ollowing information about the	,, ,,							[Tig(iii)	1	L
<u>n</u>	Nam	e of supported	(ii) EIN	(III) Type of organization	(w) in the	organization	(v) Did v	ou notify	(10)	ls the	(vii) Am	ount of	
(1)		ganization	(ii) Eiiv	(described on lines 1–9		sted in your		nization in	organizat		supp		
				above or IRC section	governing	document?		of your port?	(i) organı	zed in the S ?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Sche	edule A (Form 990 or 990-EZ) 2009 Coc	king in C	entral,	Inc.	06	-1808851	Page 2
Pa	art II Support Schedule for Or	ganizations D	escribed in Se	ctions 170(b)(1)	(A)(iv) and 17	0(b)(1)(A)(vi)	
	Complete only if you che	ecked the box	<u>on line 5, 7, or</u>	8 of Part I.)			
	tion A. Public Support	, —		· · · · · · · · · · · · · · · · · · ·			
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")			357,424	277,138	287,639	922,201
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			357,424	277,138	287,639	922,201
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						922,201
	tion B. Total Support			,		···	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4			357,424	277,138	287,639	922,201
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			:			
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						922,201
12	Gross receipts from related activities, etc. (see instructions)				12	78,900
13	First five years. If the Form 990 is for the	•	second, third, four	th, or fifth tax year as	a section 501(c)(3)	
	organization, check this box and stop here				<u>.</u>		<u> </u>
Sec	tion C. Computation of Public Su	• •					
14	Public support percentage for 2009 (line 6,			(f))		14	<u>%</u>
15	Public support percentage from 2008 Sche					15	%
16a	33 1/3 % support test—2009. If the organ			3, and line 14 is 33 1	/3 % or more, che	ck this box	
	and stop here. The organization qualifies a		•				▶ _
b	33 1/3 % support test—2008. If the organ				33 1/3 % or more	, check this	, [
	box and stop here. The organization qualit	•					▶ _
17a	10%-facts-and-circumstances test—200	=					
	more, and if the organization meets the "fa			•	•	/ how the	_
	organization meets the "facts-and-circumst		- :		-	. 45 . 4001	▶ [_
b	10%-facts-and-circumstances test—200	-					
	more, and if the organization meets the "fa-					now the	▶ ┌─
40	organization meets the "facts-and-circumst					atructions	[
18	Private foundation. If the organization did	HOLCHECK a DOX OF	ı iirle 13, 16a, 16b	, 17a, or 17b, cneck t	ilis dox and see in	SITUCTIONS	

	dule A (Form 990 or 990-EZ) 2009 COC					-1808851	Page 3
Pa	art III Support Schedule for Or						
Sec	(Complete only if you che tion A. Public Support	eckea the box o	on line 9 of Pa	π ι.)			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include	(4, 4, 5, 5, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6,		(0) 200.	(4) 2000	(5) 2555	
	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					ļ	
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			i			
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b					+	
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support	l .			. ,,	1 _	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	<u> </u>	<u> </u>				
14	First five years. If the Form 990 is for the o	•	second, third, four	h, or fifth tax year a	as a section 501(c)(3)	
C	organization, check this box and stop here						<u> </u>
	tion C. Computation of Public Su			/A)		145	
15 16	Public support percentage for 2009 (line 8,		-	(1))		15	<u>%</u>
16 Sec	Public support percentage from 2008 Schellion D. Computation of Investmen					16	%
17	Investment income percentage for 2009 (lir	-		column (f))		17	%
18	Investment income percentage from 2008 S		•	· +····· V//		18	<u> </u>
19a	33 1/3 % support tests—2009. If the organ			14, and line 15 is m	ore than 33 1/3 %	<u> </u>	
	17 is not more than 33 1/3 %, check this bo	ox and stop here . T	he organization qu	alifies as a publicly	supported organi	zation	▶ [
h	33 1/3 % support tests—2008. If the organ	aration did not abo	ali a bay an lina 1/	Larlina 10a and lin	a 16 is mare than	22 1/2 0/ and	

line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

Page 4

Schedule A (Form 990 or 990-EZ) 2009 Cooking in Central, Inc. 06-1808851

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions. SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Total

Supplemental Information Regarding Fundraising or Gaming Activities

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

See separate instructions.

OMB No 1545-0047

Open To Public

Name of the organization Employer identification number Cooking in Central, Inc. 06-1808851 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fund-(i) Name of individual (IV) Gross receipts (v) Amount paid to (vi) Amount paid to (II) Activity raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of contributions' col (ı) Yes No

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

Page 2

Ρ	art l		vents. Complete if the o ,000 on Form 990-EZ, li						rrepo	orted	
			(a) Event #1		(b) Event #		(c) Other events	(d)	Total e		
			(avent to an)	_ -	(-,,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		None	(add	col (a) col (d	-	h
ine			(event type)		(event type))	(total number)				
Revenue	1	Gross receipts									
œ	2	Less Charitable				-					
	,	contributions Gross revenue (line 1		_						-	
	3	minus line 2)									
	4	Cash prizes									
	5	Noncash prizes									
nses	6	Rent/facility costs									
Expe	7	Food and beverages									
Direct Expenses											
△	8	Entertainment									
	9	Other direct expenses									
	10	Direct expense summan	Add lines 4 through 9 in colum	on (d)			•	ļ			,
	11	Net income summary. Co	ombine line 3, column (d), and li	ine 10			•				
Р	art l		olete if the organization on Form 990-EZ, line 6a		ered "Yes" to F	orm 990, F	Part IV, line 19, or repo	orted m	ore		
		man \$15,000 C		<u>. </u>	(b) Pull tabs/in:	stant		(d) To	otal gam	ing (Ad	d
Revenue			(a) Bingo		bingo/progressive		(c) Other gaming) throug		
Rev	1	Gross revenue					28,800		•	28,8	300
	Ė	Gross revenue									-
es	2	Cash prizes					10,000	·		10,0	000
Expenses	3	Noncash prizes									
E EX	•	, toneson prize									
Direct	4	Rent/facility costs									
	5	Other direct expenses									
			Yes %	6	Yes	%	X Yes 100.00 %				
	6	Volunteer labor	X No		X No		No				
7 Direct expense summary Add lines 2 through 5 in column (d)							k		10,	000	
										10	000
	8 Net gaming income summary Combine line 1, column d, and line 7									18, Yes	No R O O
9	En	ter the state(s) in which the	e organization operates gaming	activitie	es LA						110
a			o operate gaming activities in ea	ach of th	nese states?				9a	Х	
b	11 "	No," Explain									
10a			s gaming licenses revoked, su	spended	d or terminated dur	ing the tax yea	ar?		10a		X
b	IT "	Yes," Explain									
11 12		-	e gaming activities with nonmer		ember of a partners	thin or other a	ntity		11	_X	
14		the organization a grantor, med to administer charitab	beneficiary or trustee of a trust le gaming?	o a me	amber of a parmers	and or orner e	nuty		12		x

Sche	edule G (Form 990 or 990-EZ) 2009 Cooking in Central, Inc. 06-180885	1	Р	age 3
		لــــــــــــــــــــــــــــــــــــــ	Yes	No
3	Indicate the percentage of gaming activity operated in			
а	The organization's facility 13a %	.		
b	An outside facility 13b 100.00 %			ĺ
4	Provide the name and address of the person who prepares the organization's gaming/special events books			
	and records			
	Name ▶ Lynn Ross			
	17839 Lake Vista Drive		i	
	Address ► Greenwell Springs LA 70739			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?	15a		_X
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the			
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party			
	Name ▶		l	
	Address ▶			
16	Gaming manager information			
	Name ▶ Lynn Ross			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶ Manages/Controls sales of raffle tickets			
	X Director/officer			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a	<u> </u>	X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			
	in the organization's own exempt activities during the tay year	1		1

Schedule G (Form 990 or 990-EZ) 2009

2117CIC Cooking in Central, Inc.

06-1808851

FYE: 12/31/2009

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations

	Book Value FMV Explanation			
	Book Value			
	Noncash Contribution			
Class of Activity	Cash Contribution	Library Materials 35,667		Library Materials
	Description of Property	Librar		Librar
Name and Address	Date of Gift	Bellingrath Hills Elementary 7/01/09 6612 Audusson	Greenwell Springs, LA 70739	Tanglewood Elementary School

7/01/09 9352 Rustling Oaks Avenue

30,629

Baton Rouge, LA 70818

Galilee Baptist Academy 7/01/09

7,091 Library Materials

Zachary, LA 70791

11050 GS - Pt Hudson Road

Central Private School 1280 Centerra Court

Library Materials

Baker, LA 70714

St. Helena High School 7/01/09

14340 Highway 37

Library Materials

Greensburg, LA 70441

2117CIC Cooking in Central, Inc. 06-1808851

Federal Statements

FYE: 12/31/2009

Explanation Book Value Explanation Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Book Value Noncash Contribution Organizations (continued) Contribution Library Materials Cash Class of Activity Description of Property Date of Gift Name and Address

10200 East Brookside Drive 7/01/09 Central High School

57,065

Baton Rouge, LA 70818

Central Intermediate School 1/01/09 10510 Joor Road

Library Materials

Baton Rouge, LA 70818

Central Middle School 7/01/09 11526 Sullivan Road

32,630

Library Materials

Baton Rouge, LA 70818

13940 Greenwell Springs Road 7/01/09 St. Alphonsus School

23,898

Library Materials

Greenwell Springs, LA 70739

Total

240,100

2117CIC Cooking in Central, Inc.

06-1808851

Federal Statements

8/13/2010 10:15 AM

FYE: 12/31/2009

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Annual Cook-Off & Boil Supplies	\$ 11,071
Expenses Bank Fees Annual SOC Filing Fee	2,012
Total	\$ 13,088

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year		End of Year
Accounts Payable and Accrued Expenses Grants Payable	\$	\$	3,837 41,066
		_	44,903

2117CIC Cooking in Central, Inc.

06-1808851 FYE: 12/31/2009

Federal Statements

8/13/2010 10:15 AM

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

Our primary exempt purpose has been to assist local schools with funds designated for educational materials and supplies along with schools in need due to disaster or devestation in neighboring parishes within the state of Louisiana. In 2009, 83% of all funds raised was granted to schools for this purpose. The balance of the funds covered expenses related to hosting the annual fundraising event.

Statement 5 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

Annual Cookoff & Boil