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A For the 2009 calendar year, or tax year beginning

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)

2009

December 31

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OMB No 1545-1150

Open to Public Inspection

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Department of the Treasury nternal Revenue Service

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

January 1

2009, and ending

C Name of organization Check if applicable D Employer identification number Please Address change Taste of the South 521343458 label or Name change Number and street (or P O box, if mail is not delivered to street address) print or Room/suite E Telephone number Initial return ype P.O. Box 2826 202-331-4452 Terminated ee: Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return nstruc-Washington, DC 20013-2826 Application pending Number ▶ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) H Check ► if the organization is not I Website: ▶ www.tasteofthesouth.org required to attach Schedule B (Form 990, J Tax-exempt status (check only one) — ✓ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF) K Check 🕨 🔲 If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, gifts, grants, and similar amounts received . . . 658.630 2 Program service revenue including government fees and contracts 2 0 3 Membership dues and assessments. 0 3 4 Investment income 4 392 5a Gross amount from sale of assets other than inventory 5a 0 0 Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0 Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ 0 of contributions 0 Less: direct expenses other than fundraising expenses 6b 0 Net income or (loss) from special events and activities (Subtract line 6b from line 6a). 6c 0 C Gross sales of inventory, less returns and allowances . 7a O 7a n Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0 8 Other revenue (describe ► 8 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 659,022 164,972 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 0

S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	}} [18	<u></u> _	159,176
set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (mus	st agree with			
As	18	end-of-year figure reported on prior year's return)	[19		56,524
Ş	20	Other changes in net assets or fund balances (attach explanation)	[20		0
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶	21		215,700
Pέ	art II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more,	file Form 990	ınste	ad of	Form 990-EZ
		(See the instructions for Part II.)	(A) Beginning of	year		(B) End of year
22	Ca	ash, savings, and investments	50	6,524	22	215,700
23	La	and and buildings		0	23	0
24	Ot	ther assets (describe >		0	24	0
25	To	otal assets	50	6,524	25	215,700
26	To	otal liabilities (describe)		0	26	0
27	Ne	et assets or fund balances (line 27 of column (B) must agree with line 21)	50	6,524	27	215,700

DEC 2 0 2010

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Salaries, other compensation, and employee benefits

Printing, publications, postage, and shipping . . .

Occupancy, rent, utilities, and maintenance

Other expenses (describe > fundralsing

Total expenses. Add lines 10 through 16 .

Professional fees and other payments to independent contract

Excess or (deficit) for the year (Subtract line 17 from line 9)

Cat No 106421

Form 990-EZ (2009)

0

0

0

1,806

333,068

499,846

159,176



Part	Statement of Program Service Accom	iplishments (See the instr	uctions for Part I	II.)		Expenses
What	is the organization's primary exempt purpose?	Raise proceeds for qualified	d charitable organiz	ations	(Req	uired for section
Desc	ribe what was achieved in carrying out the org	ganization's exempt purpo	ses. In a clear a	nd concise	501(0	c)(3) and 501(c)(4)
manr	er, describe the services provided, the number of	of persons benefited, and	other relevant info	rmation for		nizations and section
	program title					(a)(1) trusts, optional thers)
28	Annual Fundraising Event - Organization of Souther	n volunteers hosting an anni	ual food tasting eve	nt for the		1
20	purpose of raising proceeds for qualified charitable		di 1000 tasting eve	int lot tile		ŀ
	purpose of raising proceeds for quantied charitable	organizations.				
	/O				l	İ
	(Grants \$ 164,972) If this amount	includes foreign grants, ch	eck nere	▶	28a	
29		••				
	***************************************				İ	
	(Grants \$) If this amount	includes foreign grants, ch	eck here .	<u> </u>	29a	
30						
	(Grants \$) If this amount	includes foreign grants, ch	eck here	▶ 🗆	30a	
31	Other program services (attach schedule)					
		includes foreign grants, ch		▶ □	31a	
	Total program service expenses (add lines 28a	Albana a sala Od al		•	32	
Part				ted. (See the		ctions for Part IV
		(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans &	account and other allowances
Locie	ey Elliott	devoted to position	611.67 -0)	deterred comper	isalion	other allowances
	Box 2826, Washington, DC 20013-2826	Chairman, 10	0			
	ifer Brooks				0	
		Vice Chairman, 10			_	_
	Box 2826, Washington, DC 20013-2826		0		0	0
	ın Spindel	Treasurer, 10				
	Box 2826, Washington, DC 20013-2826		0		0	0
	line Bryant	Secretary, 10				
P.O.	Box 2826, Washington, DC 20013-2826		0		0	0
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			_
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
þ	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			1
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	ł		
b 40a	Gross receipts, included on line 9, for public use of club facilities	-		
4 Va	section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified	_	-	
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			-
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶			
42a		202-33	1-4452	2
	Located at ► P.O. Box 2826, Washington, DC ZIP + 4 ►	20013	-2826	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	<u>No</u>
	If "Yes," enter the name of the foreign country: ▶	42b	\vdash	-√ ,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		i	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	لــــا	<u>√</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ 🗸
	and enter the amount of tax-exempt interest received or accrued during the tax year \Delta 43			
44			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		1

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	17(a)(1) nonexempt char	exempt charita itable trusts m	able trusts only. A ust answer question	II sect ons 46	ion -49b
46	Did the organization engage in direct or indirect	political campaign activit	es on behalf of	or in opposition to	,	Yes No
	candidates for public office? If "Yes," complete s	Schedule C, Part I .			46	-
47	Did the organization engage in lobbying activities	s? If "Yes," complete Sche	edule C, Part II		47	
	s the organization a school as described in section			ıle E	48	√
49a	Did the organization make any transfers to an ex	empt non-charitable relate	ed organization?		49a	─ ✓
	If "Yes," was the related organization a section 5				49b	
50	Complete this table for the organization's five hi	ghest compensated emplo	oyees (other thai	n officers, directors,	trustee	s and key
	employees) who each received more than \$100,					
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	acc	Expense ount and allowances
None						
-	Total number of other employees paid over \$100	2000	0		J	
	\$100,000 of compensation from the organizatio (a) Name and address of each independent contractor			Type of service	(c) Com	npensation
None						_
d	Total number of other independent contractors of	each receiving over \$100,0	000▶	0		
	Under penalties of perjury, I declare that I have examin and belief its true, correct, and complete Declaration	ed this return, including accompa i of preparer (other than officer) is	nying schedules and based on all informa	statements, and to the be tion of which preparer has	st of my any kno	knowledge wledge
Sign Here	Signature of officer Lesley Elliott, Chairman Type or print name and title	vor		12/14/-	201	0
Paid	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nu	mber (See	instructions)
Prepare Use On	i cinii saame to:			EIN ►		
	address, and ZIP + 4			Phone no 🕨		
May th	e IRS discuss this return with the preparer show	n above? See instructions	<u> </u>			□ No)-EZ (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047
2009
Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

		rtne South		 					52 ;		1343458
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganızatı	ons mus	t compl	ete this	part.) Se	e instru	ctions.
The	orga	inization is ne	ot a private foun	dation because it is:	(For lines	1 throug	gh 11, ch	eck only	one box.	.)	
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	_			on 170(b)(1)(A)(ii). (Att					- (- // //	,,,	
3				nospital service organ			ın sectio	n 170(b)	(1)(A)(iii).		
4				ition operated in conj							MANiii). Enter the
-			me, city, and st								70 70 110
5	\Box	•									Lunit described in
•	5 An organization operated for the benefit of a college or university owned or oper section 170(b)(1)(A)(iv). (Complete Part II.)									Cirilicina	ir drift described in
6	\Box			ernment or governme	ental unit	describe	d in sect	ion 170(h)/11/Δ)/ψ	١	
7	_										the general nublic
•	_	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	П			in section 170(b)(1)	-	Complete	Part II)				
9				receives. (1) more that				m contrib	outions, m	embersh	in fees, and gross
				ed to its exempt funct							
				ent income and unre							
		acquired by	the organization	after June 30, 1975	See sec	tion 509((a)(2). (Co	omplete F	Part III)	•	
10		An organizat	tion organized a	nd operated exclusive	elv to tes	t for publ	ic safety	See sec	tion 509	(a)(4).	
11		_	-	and operated exclusiv		-	-				r to carry out the
				blicly supported organ							
		509(a)(3). Ch	neck the box tha	at describes the type	of suppo	rting orga	anızatıon	and com	plete line	s 11e thi	rough 11h
		a 🗌 Type	1 b 🗆	Type II c	: ☐ Typ	e III-Fun	ctionally	integrate	d	d□	Type III-Other
е		• •		tify that the organizat						v one or	more disqualified
				n managers and othe							
		509(a)(1) or s	section 509(a)(2)						_		
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type	I, Type II	, or Type	III supporting
		-	, check this box								🗖
g		Since Augus	t 17, 2006, has	the organization acce					ny of the)	
_		following per	rsons?	-	-	-			-		
		(i) A person	who directly or	r indirectly controls, e	either alo	ne or tog	ether wit	th persor	is describ	oed in (ii)	
		and (III) b	elow, the gover	ning body of the supp	ported or	ganızatio	n? .				11g(i)
				rson described in (i) a							11g(ii)
			-	of a person described							11g(iii)
<u>h</u>		Provide the	following informa	ation about the support	orted org	anızatıon	(s)		,		
(i)		of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) Amount of
	org	anization		(described on lines 1–9 above or IRC section		sted in your document?		nization in of your	organizat (i) organi	zed in the	support
				(see instructions))			sup	oort?	U	S ?	
					Yes	No	Yes	No	Yes	No	
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Total

Pa	Support Schedule for Org (Complete only if you chec	ganizations liked the box	Described in on line 5, 7,	Sections 17 or 8 of Part I	'0(b)(1)(A)(iv) .)	and 170(b)	(1)(A)(vi)
Sec	tion A. Public Support						
	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.")						
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	ļ	<u> </u>				
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4.						
	tion B. Total Support				!	L	<u> </u>
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(.,,	(4, 2000	(0) 2001	(4, 2000	(6) 2003	(i) Total
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						
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 .	L	L	L		ļ	
12	Gross receipts from related activities, etc	,				12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u></u> .				
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	1, column (f))		14	<u></u>
15	Public support percentage from 2008 Sci		•			15	<u>%</u>
16a	33% % support test-2009. If the organi						
	and stop here. The organization qualifies	as a publicly	supported orga	nization			▶ 🔲
b	33% % support test-2008. If the organic					33% % or more	, check this
	box and stop here. The organization qua	•		•			▶ ∐
17a	10%-facts-and-circumstances test — 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ □						
b	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "forganization meets the "facts-and-circumstances"	acts-and-circun	nstances" test, d	check this box a	and stop here	Explain in Part	IV how the
18	Private foundation. If the organization did	not check a bo	ox on line 13, 16	a, 16b, 17a, or 1	7b, check this	box and see in:	structions 🕨 🔲

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.)

Sec	tion A. Public Support						
Ca	alendar 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.")	648,068	608,511	669,107	625,870	658,630	3,210,186
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	0	0	0	0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	. 0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	648,068	608,511	669,107	625,870	658,630	3,210,186
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0
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	0	0	0	0	0	0
_	amount on line 13 for the year	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)				-		3,210,186
	tion B. Total Support					·	
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	648,068	608,511	669,107	625,870	658,630	3,210,186
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	8,978	5,201	392	14,571
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	8,978 0	5,201	392	14,571
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	648,068	608,511	678,085	631,071	659,022	3,224,757
14	First five years. If the Form 990 is for organization, check this box and stop		n's first, secor		n, or fifth tax y		n 501(c)(3) ▶_□
Sec	tion C. Computation of Public Su	pport Percer	ntage				
15 16	Public support percentage for 2009 (In Public support percentage from 2008 S	Schedule A, Pa	rt III, line 15	e 13, column	(f)) 	15 16	99 %
Sec	tion D. Computation of Investmen				 	- <u>-</u> [•
17 18	Investment income percentage for 200 Investment income percentage from 20	008 Schedule A	A, Part III, line	17		17	0 %
19a b	33\% % support tests - 2009. If the org 17 is not more than 33\% %, check this b 33\% % support tests - 2008. If the organ	ox and stop he	re. The organi	zation qualifies	as a publicly s	supported orga	nization 🕨 🗹
20	line 18 is not more than 33½%, check the Private foundation. If the organization	s box and stop	here. The orga	nızation qualıfıe	s as a publicly	supported orga	nization 🕨 🗀
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Part IV	Supplemental Information. Part II, line 17a or 17b; and	Complete this	part to provide t	he explanations require	ed by Part II, line 10;
		<u> </u>	violido dily otti	or additional information	THE COO MIGHT CONTON
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Grants and similar amount paid		Statement 1
Recipient Camp ASCCA P.O. Box 21 Jackson Gap, AL 36861	<u>Relationship</u> None	<u>Amount</u> \$3,659
Big Brothers, Big Sisters of Central Arkansas 312 West Pershing Blvd. North Little Rock, AR 72114	None	\$4,266
The Florida Keys Children's Shelter 73 High Point Road Tavernier, FL 33070	None	\$5,545
Camp Sunshine 1850 Clairmont Rd. Decatur, GA 30033	None	\$2,321
Neighborhood House 201 North 25th St Louisville, KY 40212	None	\$1,480
Magnolia Speech School 733 N Flag Chapel Road Jackson, MS 39209	None	\$116,430
Community Food Pantry 229 Cedar St. Nevada, MO 64772	None	\$1,526
Hearts with Hands P.O. Box 6444 Asheville, NC 28816	None	\$6,170
Governor's Books from Birth Foundation P.O. Box 198062 Nashville, TN 37219	None	\$1,522
Cal Farley's Boys Ranch & Girlstown P.O. Box 1890 Amarillo, TX 79174	None	\$3,627

TOTAL		\$164,972
Washington, DC 20009		
2712 Ontario Road Northwest		
Jubilee Jobs	None	\$16,633
L'Arche Blue Ridge Mountains P.O. Box 2242 Lynchburg, VA 24505	None	\$1,793
	••	44 =0.0

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