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# RETROACTIVE REINSTATEMENT 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)

OMB No 1545-0047

2009

Department of the Treasury

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

Open to Public Inspection

	A	For the	2009 calenda	ır year, oı	tax year beginning			, 2009, an	d ending		, 20
		Check if ap		Please		NEW ORLEANSAR	TISTS AGAINS	T HUNGER	AND HOME!	ESSNESS	D Employer identification no.
				use IRS	Doing Business As						72-1121335
	<u> </u>	Address cl	· ·	label or print or							
	===	Name cha	-	type.	1	or PO box if mail is not de		3)	Room/s	suite	E Telephone number
	( <u></u>	Initial retur		See Specific	6363 ST. CHA	ARLES AVENUE B	OX 12	· · · · · · · · · · · · · · · · · · ·			(504) 782-8907
		Terminated	1	Instruc	City or town, state or	•				<b>[</b> •	G Gross receipts
(	<b>9</b> 7	Amended	return	tions.	NEW ORLEANS,	LA 70118-614	3				\$ 8,472
		Application			and address of principal	officer					
	_		ot status  noa ganization  Summar  Briefly descri						H(a)	s this a group ret iffiliates?	Yes X No
5	¥	Tax-exemi	ot status	X 501(c) (	3 ) <b>◀</b> (insert no.)	4947(a)(1) or	527		Н(ъ)	Are all affiliates in	cluded? Yes No
-		Manhoito:	▶ noa	ahh.or	α , (,	1-			`` ı	f "No," attach a li Group exemption	st (see instructions)
!	<del>1</del> 22	vveusius.	· · · · · · · · · · · · · · · · · · ·		<u>,                                    </u>	tion Other			7.00	M State of lega	
ري)	<u> </u>	Form of or	ganization (A)	Corporatio	n Trust Associa	tion Uther	<u>                                 </u>	Year of formatio	m 2303	M State of lega	al dornicile
0	新s	irt i	Summar	<u>y</u>	<del></del>				2007002	70 00 00	
	3	1	Briefly descri	ibe the or	ganization's mission	or most significant a	ictivitiesTC	PROVIDE	ASSISTANC	JE TO THE	HUNGRY AND
			HOMELESS	PEOPLE	IN THE NEW O	RLEANS AREA.					
4	<b>(</b>	<b>;</b>									
W	τ o	:									
0	v e	2	Check this be	ox ▶	if the organization di	scontinued its opera	tions or disposed o	of more than 2	25% of its net	assets	<del></del>
$\infty$	t n	. з	Number of ve	oting mer	nbers of the governi	ng body (Part VI, line	e 1a) • • • • •	· · S.Tati	TET INTE	3	3
Ú	i a	4	Number of in	ndepende	nt voting members o	ng body (Part VI, line of the governing body	(Part VI. line 1b)	REC	SEPENT.	4	- 3
7	e n	'   _			10-4111-0	- 1				5	0
0	ě		Total numbe	a of volum	oyees (rait v, lille 2)	a) · · · · · · · · · · · cessary) · · · · ·			2 <b>9</b> 2016	6	20
9	ě.	6	Total numbe	r or volun	iteers (estimate ii ne	cessary) • • • •		5700	one (eciel & e	<del></del>	
4		7a	Total gross u	unrelated	business revenue fr	om Part VIII, column	(C), line 12 • •	· ·	BANCH.	• • • • <u>7</u> a	0
~		þ	Net unrelate	<u>d</u> busines	ss taxable income fro	om Form 990-T, line	34	2676	DEN	- · · · 7b	0
Ē	_	ļ							Pri	or Year	Current Year
	ທ <sup>R</sup>	8	Contributions	s and gra	nts (Part VIII, line 1h	)	• • • • • • • • •		•	14,768	8,472
0		9	Program ser	vice reve	nue (Rart-VIII, line-20	g) · ; · · · · ·				7	0
~	Ξ.			1 1	2 Page 1 2 1 1 1 1	lines 3, 4, and 7d)					0
<b>=</b>	œ "					5,60 8c, 9c, 10c, a				11,208	0
	<u>හි</u> වේදී					ıst equal Part VIII, co				25,976	<del></del>
	프		-		1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	column (A), lines 1-				27,480	<del></del>
		- 1	1	11 9		166.1			` <b>•</b>	27,400	3,300
	E					column (A), line 4)			· •		
	×					penefits (Part IX, colu			•		0
	р е	16a	Professional	l fundraisi	ing fees (Part IX, coli	umn (A), line 11e)	• • • • • • • • •		•		0
	n s	b	Total fundrai	ısıng expe	enses (Part IX, colun	nn (D), line 25) 🕨		0		, 2	44 12
	e	17	Other expen	ses (Part	IX, column (A), lines	11a-11d, 11f-24f)				2,191	1,778
! !	8	18	Total expens	ses Add	lines 13-17 (must eq	ual Part IX, column (	(A), line 25)			29,671	7,278
		19	_			from line 12 · · ·	•			(3,69	<del></del>
								-			<del> </del>
	Net Asse	ts 20	Total assets	(Part V I	ine 16)				segarang o	Current Year 2,120	End of Year 2,254
	or	20		•	•			• • • •	· -	- 2,120	2,234
	Fund Bal-	1	Total habilitie	•	•		• • • • • • • •		· •		- 0
	ance				lances Subtract line	e 21 from line 20 •	• • • • • • • • •	· · · · · ·	• • •	2,120	2,254
	Pa	art II	Signatu			<i></i>					
			Under penalti	es of penun	y, I declare that I have exa	mined this return, including tion of preparer (other than	accompanying schedul	les and statemen	nts, and to the bes	t of my knowledg	e
4V	ŝ		and belies, it is	3,000,000	ct, and complete by a	non or preparer (other total	onicer) is based on all	inionnauon or w	iidi preparer nas	any knowledge	-1 -1
0	≟ Sig	jn		$\wedge \bigcirc$	$\iota \prec \iota \qquad \iota$					) '	5/19/14
	Не		Signatui	re of officer						Da	ite
C			PIER	RE HIL	ZIM, VICE PRES	SIDENT					, ,
			<b> </b>	print name	<del>-</del>				<u> </u>		
	≦—		<del>                                     </del>			<del></del> _	Date	· · · · · · · · · · · · · · · · · · ·	051-5	Dronosside	anthung aught
	•		Preparer's	\	<b>.</b>		Date		Check if self-	Preparer's ide	entifying number ons)
Ć	Paid	d	signature	<b>7</b>	Mr. S	An	<u> </u>	[6	employed X	' _	<b>,</b>
ũ	Pre	parer's			mr (, Le	<b>₹ ∨</b> /	05-18-	2014		•	
4	Use	Only	Firm's name	(or yours	TERESA FOR				EIN	•	
\$	ζ	Only	rf self-employ	red),	407 ANTHON						
Ü	2		address, and	ZIP + 4	ABITA SPRI	NGS, LA 70420			Phone no	▶ 985-89	2-6599
U	May	y the IRS	discuss this	return w	ith the preparer show	vn above? (see instr	uctions) · · · ·		<del></del>		Yes No

Pai	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,"			ĺ
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	-		
	Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III · · · · · · · · · · · · · · · · ·	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		_	_ <u></u> -
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			1
	complete Schedule D, Part IV · · · · · · · · · · · · · · · · · ·	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
10	quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
•••	VII, VIII, IX, or X as applicable • • • • • • • • • • • • • • • • • • •	11		x
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	(0) P	2' :	
•	Schedule D, Part VI		٠,٠	
	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	1. 18		, NJ: 3
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more		4.44	Lis :
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	4		
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	16.0		
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			78.14
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1.04
•	the organization's separate of consolidated final cial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
40	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	33.53		120
12	Schedule D, Parts XI, XII, and XIII	12	\$ 160 m/s	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>
424		12 38 37	1 2 kg	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional • • • • • • • • • • • • • • • • • • •		ا ا الرا	
42	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del> </del>	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	174	- <del></del>	
ь	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
4.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	145	<del> </del>	<u> </u>
15	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
46		13		_^
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		v
47		10		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		v
40		<del>- ''</del> -	-	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		,,
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<b> </b>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	40		U
00		19	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	X

Checklist of Required Schedules (continued) Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ...... 21 X\_ Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 Х 23 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 23 Х 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 and complete Schedule K if "No," go to line 25 X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b X An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV ------Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M - - - - -X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O .............. 38

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
		- 4 3	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable	3% 30%	4 - 13 4	, is
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 2 2	*1 2	,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	<u> </u>		<u> </u>
	gaming (gambling) winnings to prize winners?	1c	· .	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		,	
	Statements, filed for the calendar year ending with or within the year covered by this return	2b		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2D	f }	X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	i rz	9°+ \$	Ų.
2-	Instructions)	u 🐾	× µl·	\$ s
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)? · · · · · · · · · · · · · · · · · · ·	4a		Х
h	If "Yes," enter the name of the foreign country	1. (1	1 89 1 2 1 1 38	<b>38</b> . '
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts		(* - , *); 1	m² 341
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6b		
7	Organizations that may receive deductible contributions under section 170(c).			484
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	No	<u>Ri</u>	51 <sub>1</sub> 5
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	27 1. 4	
d	if "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	114	Ž	
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7f		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? • • • • • • • • • • • • • • • • • • •	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? • • • • • • • • • • • • • • • • • • •	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1,016 3	1 23	* } *
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	Same	1	1
	organization, have excess business holdings at any time during the year?	8	i	-12
9	Sponsoring organizations maintaining donor advised funds.	338 15	v ×	in .
а	Did the organization make any taxable distributions under section 4966? • • • • • • • • • • • • • • • • • •	9a	-4	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		1	; <u> </u>
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · 10a	1 2		1 3
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • 10b	- 1½,		73 7
11	Section 501(c)(12) organizations. Enter	<b> </b>		1
а	Gross income from members or shareholders	# · *	4	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		3,3	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	amounts due or received from them )			i,
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	, ,, ,	, ·:	, 4

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and

Governance, management, and bississais	•
for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in	
Schedule O See instructions	

Sec	ction A. Governing Body and Management			
	For the contract of the common the common hadron	771 <del>18</del> 87	Yes	No.
1a	Enter the number of voting members of the governing body		*	3
ь	Enter the number of voting memorie that are independent		3.3	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		
•	any other officer, director, trustee, or key employee?	` <b> </b>		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			١,,
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? • • • • •	4	<u> </u>	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			١
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	·,	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	*	3	)
	the year by the following	13.	1	2.3
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code )		г	ı
		T 40	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	4.01		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	*. v
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	* 1	1,70%,1	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	X
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this is done	12c		<u> </u>
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	7 7 7	X
15	Did the process for determining compensation of the following persons include a review and approval by		1	و آ ٿي ۽
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		jiro.	
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	. int	X
460	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	1		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	22 20	<u> </u>	** :
	with a taxable entity during the year?	16a	A4 5 5 3	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		163	, 4
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	ction C. Disclosure		_	
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
40	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			

6363 ST CHARLES AVENUE BOX 12 NEW ORLEANS, LA 70118-6143

## 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. Use Schedule J-2 if additional space is needed.

- 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 See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

W	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	Positive Pos	l t n r s u t s i t	Off - 0 e	K	at apply) H c e m g mp h p l e e o s n e t s e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
SID BERGER										
PRESIDENT	5.00	Х		Х				(	0	(
PIERRE HILZIM										
VICE PRESIDENT	5.00	X		Х				C	0	(
SANDRA CORDRAY										
SECRETARY	5.00	Х		X					0	(
			_	-						-
		-								
			-			_				-
			-							<del>, , , _ ,</del>
				-		-				

	(A)	(B)				C)			(D)	(E)	(F)
	Name and Title	Average hours per week	Post I t d nr I d u r I s e v t c I e t d e o u r a o I r	l t n r s u t s ı t t e	O f f c e	K	at apply) H c e I o m gh p l e s s e t a e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
									<u> </u>		
		-	<del></del>	ļ <u>-</u>							
· · · · · · · · · · · · · · · · · · ·											
											-
Total · · · ·	• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	• • •	• •	• •		• • •	<b></b>	C	0	<del>  -</del>
	idividuals (including but not lim		d above	e) w	ho re	ecen	ved mo	ore t	han \$100,000 in	0	<u> </u>
Did the organization employee on line For any individual	on list any <b>former</b> officer, direct 1a? If "Yes," complete Schedul listed on line 1a, is the sum of	tor or trustee, key le J for such indivi reportable compe	idual ensatio	 n an	d ot	· ·	··· compe	 nsat	tion from		Yes N
individual • • • Did any person lis	nd related organizations greate  ted on line 1a receive or accruite to the organization? If "Yes," or	e compensation fi	rom an	· · y un	relat	 ted o	· · · organız	· ·	n for		4
Complete this table	endent Contractors le for your five highest compen								· · · ·		, L ,
compensation from	n the organization (A)		<del></del>			•	<del></del>		(B)		(C)
	Name and business a	ddress							Description of s	ervices	Compensation
	· · · · · · · · · · · · · · · · · · ·						-,				
				_							

Page 9

Part \	/111	Statement of Revenue						
				\$ • • •	(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a	Federated campaigns	1a					
	ь	Membership dues · · · · · · ·	1b		`			
Contri-	С	Fundraising events	1c		» «	, , ,		`
butions, gats,	d	Related organizations	1d			•	÷	·
grants	е		1e		, , ,	<b>*</b> •		•* *
and other		All other contributions, gifts, grants,			, ३	: 1 %	8. 1 ' 2 A.	% ; gr s,
sımilar	•		1f	8,472	% 1 A	* - ^ * 4	. ,'25 ; }	a> - }
amounts	g	Noncash contributions included in lines 1a-1	If \$		bens a A		, , , , , ,	4 2 1 4
	h	Total. Add lines 1a-1f		• • • • • • •	8,472		0 & · · · · · · · · · · ·	* *
				Business Code	. A st. 3 ft.		25.65	å } .s£
	2a							
	ь		_					
Program Service	С		_					
Revenue	d		— F				_	
	e		_					
	f	All other program service revenue - · · ·	<b>⊤.</b>					
	ı						1	· 1 -1 ( ) -1
	3	Investment income (including dividends, interother similar amounts)	• • •	• • • • • •				
	4	Income from investment of tax-exempt bond						
	5	Royalties · · · · · · · · · · · · · · · · · · ·	• • •		, , , , , , , , , , , , , , , , , , ,	1.5	'80 C- 01	1
		(i) Real		(ii) Personal	a a salla di a			
	į.	Gross Rents · · · · · ·				1 42 0 1	1 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Maria Control
	l	Less rental expenses · · · ·	_				tendid dia	(4)
	1	Rental income or (loss) · · ·	ļ					
	d	Net rental income or (loss)			. Bo so the second	1 ab a x 20 x 1 2 x 1 1 1		
	7a	Gross amount from sales of assets other than inventory		(II) Other				
•	b	Less cost or other basis and sales expenses • • • •						
t	C	Gain or (loss)						
h	d	Net gain or (loss) · · · · · · · · · · · · · · · · · ·						
e r	8a	Gross income from fundraising						
•		events (not including \$						
R		of contributions reported on line 1c)	_					
v		See Part IV, line 18 · · · · · · · · · · ·	а					1 1
<b>e</b>	ь	Less direct expenses · · · · · · · · ·	ь	•				14, 4 18
n u	С	Net income or (loss) from fundraising events	. •					
e	9a	Gross income from gaming activities	Γ		· · · · · · · · · · · · · · · · · · ·	4.46		
		See Part IV, line 19 · · · · · · · · · · ·	а				1 1 1 1 1 1 1	6 3 6 3 6
	b	Less direct expenses · · · · · · · · · ·	ь		3 * * * * *			1 2 5 4 2
	C	Net income or (loss) from gaming activities	• •	· · · · · • <u> </u>				
	10a	Gross sales of inventory, less returns and allowances • • • • • • • • • • • • • • • • • • •	а					7 7 7
	b	Less cost of goods sold	ь		·, · · · · · · · · · · · · · · · · · ·			
	c	Net income or (loss) from sales of inventory	••`					
		Miscellaneous Revenue	[	Business Code	7, × 3	1111	^ *	. 9 . 3 . 3 . 4 . 4 . 4 . 4
	11a							
	b		[					
	C		[					
	d	All other revenue	• [					
	е	Total. Add lines 11a-11d · · · · · · · · ·				* 4	. 3 % % * *	8 14 A 1 4 8
	12	Total revenue. See instructions	• •	• • • • • • • •	8,472	2	9 (	0

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### Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b. (A) Total expenses (B) Program service (C) Management and (D) Fundraising 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 4,700 4,700 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in ž ` % 800 800 the U.S. See Part IV, line 22 · · · · · · · · Grants and other assistance to governments, ara \$3.00,1° % organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . . . . . . . . . . Compensation of current officers, directors, trustees, and key employees . . . . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) · · · · · 7 Other salaries and wages ...... Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .... 10 Fees for services (non-employees) Professional fundraising services See Part IV, line 17 -Investment management fees · · · · · · · · · 12 Advertising and promotion . . . . . Office expenses · · · · · · · · · 304 304 13 14 Information technology . . . . . 15 16 Occupancy · · · · · · · · 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . . 20 21 Payments to affiliates - - - - -22 Depreciation, depletion, and amortization - -23 1,050 1,050 24 Other expenses Itemize expenses not covered above (Expenses grouped together M. 12. 19.33 and labeled miscellaneous may not exceed \* 5% of total expenses shown on line 25 below) BANK FEES 424 424 d f 25 Total functional expenses. Add lines 1 through 24f . . 7,278 7,278 0 26 Joint Costs. Check here If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation · · · · · · · · · · · · · · · · · ·

Par	t X	Balance Sheet			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	1,059	1	2,254
	2	Savings and temporary cash investments • • • • • • • • • • • • • • • • • • •		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,061	4	
	5	Receivables from current and former officers, directors, trustees, key			** **
	1	employees, and highest compensated employees. Complete Part II of		1	·
		Schedule L · · · · · · · · · · · · · · · · · ·		5	
	6	Receivables from other disqualified persons (as defined under section	A WY P G	1 3	
Α		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	<u> </u>	lk i hi	3 2 2 3 3 3
s		Part II of Schedule L		6	
s e	7	Notes and loans receivable, net		7	
t	8	Inventories for sale or use		8	
S	9	Prepaid expenses and deferred charges · · · · · · · · · · · · · · · · · · ·		9	
	10a	Land, buildings, and equipment cost or		Ì	
		other basis Complete Part VI of Schedule D · · · · · 10a		\$" &	
	b	Less accumulated depreciation · · · · · · · · · · 10b		10c	
	11	Investments - publicly traded securities • • • • • • • • • • • • • • • • • • •		11	
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14	
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,120	16	2,254
	17	Accounts payable and accrued expenses • • • • • • • • • • • • • • • • • •		17	
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
Ļ	19	Deferred revenue		19	
a a	20	Tax-exempt bond liabilities • • • • • • • • • • • • • • • • • • •		20	
b	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
i	22	Payables to current and former officers, directors, trustees, key			
i		employees, highest compensated employees, and disqualified	kaluin		لذ تُنائلُلْ نَنْ نَنْ حَدَا
t i		persons Complete Part II of Schedule L		22	
е	23	Secured mortgages and notes payable to unrelated third parties		23	<u> </u>
8	24 25	Unsecured notes and loans payable to unrelated third parties		24	
	26	Other liabilities Complete Part X of Schedule D		25	
	20	Total liabilities. Add lines 17 through 25 · · · · · · · · · · · · · · · · · ·	0	26	0
		complete lines 27 through 29, and lines 33 and 34.			
N F e u	27	Unrestricted net assets		27	
t n	28	Temporarily restricted net assets	- <u>-</u> -	<u> </u>	
d A	29	Permanently restricted net assets		28	
s B		Organizations that do not follow SFAS 117, check here			
s a		and complete lines 30 through 34.		1 m	
e I ta	30	Capital stock or trust principal, or current funds	2,120	30	2,254
s n	31	Paid-in or capital surplus, or land, building, or equipment fund	2,120	31	2,254
c o e	32	Retained earnings, endowment, accumulated income, or other funds		31	
r s	33	Total net assets or fund balances • • • • • • • • • • • • • • • • • • •	2,120	33	2,254
	34	Total liabilities and net assets/fund balances · · · · · · · · · · · · · · · · · · ·	2,120	34	2,254
					L. 2,234

orm	990	(2009)	

Page 12

Form	990 (2009) NEW ORLEANSARTISTS AGAINST HUNGER AND HOMELESSNESS 72-112133	5	Р	age 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			Jan' .
	If the organization changed its methods of accounting from a prior year or checked "Other," explain in			1 v 10 - 1
	Schedule O	3.64		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? • • • • • • • • • • • • • • • • • • •	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	™94. •	, <sub>(1)</sub>	, "
	Schedule O	16 10		¦≙, 1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	151 2.5		15:01%
	issued on a consolidated basis, separate basis, or both		l'(	laže l
	Separate basis Consolidated basis Both consolidated and separate basis		3 4 1 1 1 1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If 'Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	1	
	EEA	Form	990 (	(2009)

EEA

## (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 . Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number NEW ORLEANSARTISTS AGAINST HUNGER AND HOMELESSNESS 72-1121335 Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III-Other c Type III-Functionally integrated a Type I b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? ....... 11g(ii) (Iii) A 35% controlled entity of a person described in (i) or (ii) above? - - · · · · · · 11g(m) Provide the following information about the supported organization(s) h (II) EIN (iv) Is the organization (v) Did you notify (vii) Amount of ( Type of organization (vi) Is the Name of supported organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the US? (see instructions) ) support? Yes No Yes No Yes No

Total

72-1121335

Schedule A (Form 990 or 990-EZ) 2009

Part II	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)

Sec :	tion A. Public Support			,			<del></del>	
Calen	dar 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") • • • • •			16,869	14,768	8,472	40,109	
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 · · · · ·			16,869	14,768	8,472	40,109	
5	The portion of total contributions by each		生力。2016年					
	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)		2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	[468] York! **!				
6	Public support. Subtract line 5 from In 4	<u> </u>	i de la la company		2 3 4 1 B 1 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C	Alger Jan Ban Carrier	40,109	
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·		r		· · · · · · · · ·	<del></del>	
	dar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4			16,869	14,768	8,472	40,109	
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 -			1.182,489,88 <u>4</u> ,8			40,109	
12	Gross receipts from related activities, etc. (	see instructions)	• • • • • • • •	• • • • • • • •	• • • • • • • • •	12		
13	First five years. If the Form 990 is for the organization, check this box and stop here			h, or fifth tax year a			••••	
	tion C. Computation of Public Su							
14	Public support percentage for 2009 (line 6,	* *	-	ı (f))	• • • • • • • •	<b>└</b>	00.00 %	
15	Public support percentage from 2008 Sche						00.00 %	
16a	33 1/3% support test - 2009. If the organiza						<b>⊾</b> ( <del>***)</del>	
	and stop here. The organization qualifies a		=				· · · · ▶ <u>X</u>	
Ь	33 1/3% support test - 2008. If the organiza			•				
170	box and stop here. The organization qualif	•	· · · · · ·				••••	
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							
							<b>.</b> —	
ь	organization meets the "facts-and-circumst		•		, -		• • • • • • • • • • • • • • • • • • •	
U	10%-facts-and-circumstances test - 2008.	=						
	more, and if the organization meets the "fa organization meets the "facts-and-circumst							
18	Private foundation. If the organization did						<b>→</b>	

ParkIII	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the box on line 9 of Part I)

	(Complete am) in just an ama			<del></del>			<del></del>	
Section A. Public Support								
Cale	endar 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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or bus under sec 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 • • •							
С	Add lines 7a and 7b · · · · · · · · ·							
8	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·	4446	0 0 0 4	#**				
	ction B. Total Support					<del>r</del>		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	Amounts from line 6						<del> </del>	
ıva	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 · · · · · · ·							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·							
14	First five years. If the Form 990 is for the or organization, check this box and stop here						· · · · · ▶ □	
	ction C. Computation of Public Su							
15 46	Public support percentage for 2009 (line 8, o	• • •	•	. ,,		15	%	
16	Public support percentage from 2008 Sched			· · · · · · · · · · · · · · · · · · ·		16	%	
<u>Se</u> 17	ction D. Computation of Investme			dump (6)		17		
17 18	Investment income percentage for 2009 (line Investment income percentage from 2008 S		•			17	<u>%</u>	
	33 1/3% support tests - 2009. If the organization is not more than 33 1/3%, check this box	ation did not check	the box on line 14.	and line 15 is mo	ore than 33 1/3% a	nd line	<u>%</u>	
b	33 1/3% support tests - 2008. If the organizatine 18 is not more than 33 1/3%, check this	ation did not check	a box on line 14 or	line 19a, and line	e 16 is more than 3	3 1/3%, and		
20	Private Foundation: If the organization did r							

## (Form 990)

Department of the Treasury

### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public** Inspection

Internal Revenue Service Name of the organization Employer identification number NEW ORLEANSARTISTS AGAINST HUNGER AND HOMELESSNESS 72-1121335 01. Form 990 governing body review (Part VI, line 11) The organization makes all financial information and documents available to the public upon request. 02. Governing documents, etc, available to public (Part VI, line 19) All financial documents are available to the public upon request.

NEW ORLEANS ARTIST AGAINST HUNGER AND HOMELESSNESS, INC. REINSTATEMENT REASONABLE CAUSE STATEMENT FIN# 72-1121335

New Orleans Artist Against Hunger and Homelessness, Inc. (NOAAHH) applied and received tax exempt status in December 1998. NOAAHH filed all required tax returns and state filings from1998 to 2004. On August 29, 2005, Hurricane Katrina caused devastating damage to the greater New Orleans area with extensive flooding that impacted 80 percent of the city. The storm affected all individuals involved with NOAAHH, including the Board of Directors and the CPA for the organization. Many board members were displaced due to loss of their homes. NOAAHH has no paid employees and relies solely on its all-volunteer Board of Directors.

The CPA for the organization prepared the tax returns and maintained all financial information for the organization. Tax returns were filed late after Hurricane Katrina due to the widespread damage after the storm. The Board understood the returns were being prepared and filed by the CPA and the Treasurer.

The Board sent several correspondences to the CPA requesting status of all tax returns, but did not receive a response. Upon investigation, the board discovered that the CPA for the organization suffered a nervous breakdown after the storm. As a result, the tax returns for the years 2008 and forward were not filed by the organization.

The Board of Directors was not aware of this until November 2013. At that time, the Board immediately hired a new CPA to prepare the delinquent tax returns. The new CPA discovered that the tax exempt status for NOAAHH had been revoked in May 2011 due to the non-filing of returns for three years.

Despite numerous attempts by the Board, NOAAHH was unable to obtain records from the former CPA for the years 2008 to 2012. Records had to be ordered from the bank and reconstructed for those years. For the past four months, the information for the delinquent years has been compiled by the new CPA.

Tax returns have been completed as of April 2014 and submitted to the IRS for 2008, 2009, 2010, 2011, and 2012. The 2013 tax return will be filed in the next 30 days and an extension was requested.

NOAAHH respectfully requests that the tax exempt status of NOAAHH be reinstated and that the reinstatement be retroactive back to 2011 for the following reasons:

- 1) We relied on our CPA to file and submit the returns.
- 2) The destruction and devastation from Hurricane Katrina impacted NOAAHH, its Board of Directors, Officers, and the CPA.
- 3) All delinquent returns have been filed and all future returns will be filed on time.