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**Short Form
Return of Organization Exempt From Income Tax**

2009

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 6/01 , 2009, and ending 5/31 , 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See Specific Instructions. LIADA, INC. 1600 NORTH PLAINERY 15481 AIRLINE HWY BATON ROUGE, LA 70817	D Employer identification number 72-0801664
		E Telephone number
		F Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method. Cash Accrual
Other (specify) ▶

I Website: ▶ N/A

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (6) (insert no) 4947(a)(1) or 527

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.

L 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. ▶ \$ 200,102.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5c	6c	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
REVENUE	1	Contributions, gifts, grants, and similar amounts received																				
	2	Program service revenue including government fees and contracts																				
	3	Membership dues and assessments																				
	4	Investment income																				
	5a	Gross amount from sale of assets other than inventory																				
	5b	Less cost or other basis and sales expenses																				
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																				
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																				
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)																				
	6b	Less direct expenses other than fundraising expenses																				
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																					
7a	Gross sales of inventory, less returns and allowances																					
7b	Less cost of goods sold																					
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																					
8	Other revenue (describe ▶ _____)																					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ 200,102.																					
EXPENSES	10	Grants and similar amounts paid (attach schedule)																				
	11	Benefits paid to or for members																				
	12	Salaries, other compensation, and employee benefits																				
	13	Professional fees and other payments to independent contractors																				
	14	Occupancy, rent, utilities, and maintenance																				
	15	Printing, publications, postage, and shipping																				
	16	Other expenses (describe ▶ See Statement 2)																				
	17	Total expenses. Add lines 10 through 16 ▶ 201,215.																				
18	Excess or (deficit) for the year (Subtract line 17 from line 9) -1,113.																					
ASSETS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 13,094.																				
	20	Other changes in net assets or fund balances (attach explanation)																				
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 11,981.																				
	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p align="center">RECEIVED See Statement 1 OCT 04 2010 OGDEN, UT IRS-OSC</p> </div>																					

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	10,566.	9,453.
23	Land and buildings		
24	Other assets (describe ▶ See Statement 3)	2,528.	2,528.
25	Total assets	13,094.	11,981.
26	Total liabilities (describe ▶ _____)	0.	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	13,094.	11,981.

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

Form 990-EZ (2009)

SCANNED JUL 20 2010

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Part V Other Information (Note the statement requirements in the instrs 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		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
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		
a 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?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations Enter.		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A		
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	
c 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 ▶ 0.		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e 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	X
41 List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The organization's books are in care of ▶ BYRON WRIGHT Telephone no. ▶ (225) 922-9910
 Located at ▶ 1630 NORTH FLANNARY BATON ROUGE LA ZIP + 4 ▶ 70815

	Yes	No
42b 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)? If 'Yes,' enter the name of the foreign country ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts		
42c 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: ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ N/A
 ▶ **43** | N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
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		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(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 and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

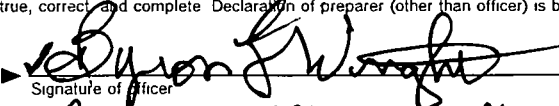
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

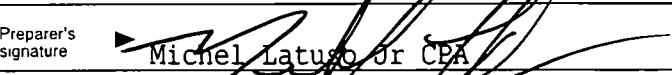
Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

▶  Signature of officer Date 10-29-10

▶ BYRON L. WRIGHT EX. DIRECTOR Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶  Date 9/15/10 Check if self employed Preparer's Identifying Number (See instructions) N/A

Firm's name (or yours if self employed), address, and ZIP + 4 ▶ LATUSO & JOHNSON CPA, LLC EIN N/A

114 East Ascension Phone no ▶ 225-647-2824

Gonzales, LA 70737

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

LIADA, INC.

72-0801664

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

Donee's Name: NIADA
 Cash Amount Given: \$ 29,900.

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

Advertising and Promotion	\$	1,858.
BANK CHARGES		90.
Cash Donations		450.
Dues and Subscriptions		300.
EDUCATION/TRAINING		1,396.
GIFTS		2,113.
Office Expenses		15,071.
OPERATING SUPPLIES		4,680.
Travel		19,008.
VEHICLE EXPENSE		14,740.
Total	\$	<u>59,706.</u>

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Inventories	\$ 2,528.	\$ 2,528.
Total	<u>\$ 2,528.</u>	<u>\$ 2,528.</u>

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

THE ORGANIZATION PUBLISHES A PERIODIC NEWSLETTER AND AN ANNUAL MAGAZINE THAT PROVIDES INFORMATION ON THE ASSOCIATION AND THE AUTO INDUSTRY. APPROX 500 COPIES ARE PRINTED AND DISTRIBUTED.

Client LIADA

LIADA, INC.

72-0801664

9/15/10

09 06AM

Statement 5
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
DOUG PERRY 734 BAYOU SHORES DRIVE MONROE, LA 71203	Fmr. President 0	\$ 0.	\$ 0.	\$ 0.
J.L. RICHARD P.O. BOX 481 CARENCRO, LA 70707	President Emeri 0	0.	0.	0.
SCOTT LEDET P.O. BOX 1505 GONZALES, LA 70707	Board Member 0	0.	0.	0.
JOHN POTEET 18310 WOODSCALE ROAD HAMMOND, LA 70401	Treasurer 0	0.	0.	0.
DANNY MOORE 17485 OPPORTUNITY AVE BATON ROUGE, LA 70817	Board Member 0	0.	0.	0.
STEVE TAYLOR 319 NORTH 3RD STREET MONROE, LA 71201	Board Member 0	0.	0.	0.
DINO TAYLOR 601 TRENTON STREET WEST MONROE, LA 71291	Secretary 0	0.	0.	0.
VAL CLARY 3570 GREENWOOD ROAD SHREVEPORT, LA 71105	President 0	0.	0.	0.
BRAD SAIA 7212 GOODWOOD AVE BATON ROUGE, LA 70806	Vice President 0	0.	0.	0.
BENNIE GORUM 903 CARTER STREET VIDALIA, LA 71373	Board Member 0	0.	0.	0.
JUNIOR GONZALEZ 201 CHALET DRIVE LAFAYETTE, LA 70508	Board Member 0	0.	0.	0.
KEVIN REMBERT P.O. BOX 320 SLIDELL, LA 70459	Board Member 0	0.	0.	0.

Client LIADA

LIADA, INC.

72-0801664

9/15/10

09 06AM

Statement 5 (continued)
 Form 990-EZ, Part IV
 List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
JOHN BRAKEFIELD 8308 AIRLINE HWY BATON ROUGE, LA 70815	Board Member 0	\$ 0.	\$ 0.	\$ 0.
PHILIP CRAIN 319 NORTH 3RD STREET MONROE, LA 71201	Board Member 0	0.	0.	0.
JEFF MODJESKI P.O. BOX 320 SLIDELL, LA 70459	Board Member 0	0.	0.	0.
	Total	<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>