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A For the 2009 calendar year, or tax year beginning 07-01-2009 , and ending 06-30-2010				
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization LOUISIANA SOCIETY OF ALLERGY ASTHMA & IMMUNOLOGY		D Employer identification number 72-0870515
		Number and street (or P O box, if mail is not delivered to street address) 3939 HOUMA BLVD No 20		E Telephone number (504) 885-2121
		City or town, state or country, and ZIP + 4 METAIRIE, LA 70006		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: ▶ www.laallergy.org		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 **►** \$ 54,231

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)				
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	49,935
	3	Membership dues and assessments	3	3,850
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here  		
	a	Gross revenue (not including \$ _of contributions reported on line 1)	6a	
	b	Less direct expenses other than fundraising expenses	6b	
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe  )	8	446	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 	9	54,231	
Expenses	10	Grants and similar amounts paid (attach schedule) 	10	5,000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,250
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	8,223
	16	Other expenses (describe  )	16	45,961
	17	Total expenses. Add lines 10 through 16 	17	60,434
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,203
	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)	19	90,711
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 	21	84,508

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	90,711	22 84,508
23 Land and buildings		23
24 Other assets (describe)		24
25 Total assets	90,711	25 84,508
26 Total liabilities (describe)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .	90,711	27 84,508

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? THE CORPORATION IS ORGANIZED SOLELY AND EXCLUSIVELY FOR THE PURPOSES OF ENCOURAGING, FOSTERING, PROMOTING, AND ADVANCING THE KNOWLEDGE AND PRACTICE OF ALLERGY MEDICINE AMONG THE SEVERAL MEMBERS OF THE CORPORATION			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 THE ANNUAL MEETING WAS HELD IN NEW ORLEANS, LA on JUNE 11-13, 2010 AT THE WINDSOR COURT HOTEL. THE MEETING WAS ATTENDED BY MEMBERS & GUESTS FROM LOUISIANA, MISSISSIPPI, TEXAS, ohio,tennessee, colorado, north carolina & florida (Grants \$ 0) If this amount includes foreign grants, check here . . . ☐		28a	0
29 (Grants \$) If this amount includes foreign grants, check here . . . ☐		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . ☐		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . ☐		31a	
32 Total program service expenses (add lines 28a through 31a)		32	

Part V 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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
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?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
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	No
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?	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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under 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	
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 . . . ▶		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
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	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ CAROLYN B DAUL MD Telephone no ▶ (504) 885-2121 3939 HOUMA BLVD STE 20 Located at ▶ METAIRIE, LA ZIP + 4 ▶ 70006		
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)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	No
c	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	No
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 . . . ▶	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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	No

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.

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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 & deferred compensation	(e) Expense account and other allowances

50(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

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

Please 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 2011-05-05	
Paid Preparer's Use Only	Preparer's signature Sharon Cassiere		Date	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Postlethwaite & Netteville APAC One Galleria Blvd Suite 2100 Metairie, LA 70001			EIN ▶
				Phone no ▶ (504) 837-5990
	May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No			

Additional Data

Software ID:
Software Version:
EIN: 72-0870515
Name: LOUISIANA SOCIETY OF ALLERGY ASTHMA &
IMMUNOLOGY

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Dr David Schneider 3939 houma BLVD SUITE 20 METAIRIE, LA 70006	Vice- president 1 00	0	0	0
DR STEELE B ROLSTON 3939 houma BLVD SUITE 20 meTAIRIE, LA 70006	PAST-PRESIDENT 1 00	0	0	0
DR BENJAMIN I OYEFARA 3939 houma BLVD SUITE 20 meTAIRIE, LA 70006	PRESIDENT 1 00	0	0	0
DR CAROLYN B DAUL 3939 HOUMA BLVD SUITE 20 METAIRIE, LA 70006	SECRETARY- TREASURER 1 00	0	0	0
DR LAURIANNE G WILD 3939 houma BLVD SUITE 20 meTAIRIE, LA 70006	PRESIDENT-ELECT 1 00	0	0	0

TY 2009 Grants and Similar Amounts Paid Schedule

Name: LOUISIANA SOCIETY OF ALLERGY ASTHMA & IMMUNOLOGY

EIN: 72-0870515

Item No.	1
Class of Activity	Research-treatment & cures of allergies & asthma
Donee's Name	allergyAsthma & Immunology Educ&Research Trust
Donee's Address	555 East Wells Street Suite 1100 Milwaukee, WI 532023823
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	none
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-06

TY 2009 Other Expenses Schedule**Name:** LOUISIANA SOCIETY OF ALLERGY ASTHMA & IMMUNOLOGY**EIN:** 72-0870515

Description	Amount
SUBSCRIPTIONS	1,440
STORAGE FEES	1,647
MISCELLANEOUS	753
WEB SITE EXPENSE	723
TECHNOLOGY	119
BANK CHARGES	296
license & permits	5
Conferences, Conventions, Meetings	40,978

TY 2009 Other Revenues Schedule

Name: LOUISIANA SOCIETY OF ALLERGY ASTHMA & IMMUNOLOGY

EIN: 72-0870515

Description	Amount
Interest Income	446

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: LOUISIANA SOCIETY OF ALLERGY ASTHMA & IMMUNOLOGY

EIN: 72-0870515

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.