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## # Form **990**

**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)

2010

---- An Dubli

Department of the Treasury

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

Open to Public Inspection

	The digularization may have to use a copy of this fetting to satisfy state			
A F	or the 2010 calendar year, or tax year beginning 7/01 , 2010, and	ending 6/		2011
B Ch	neck if applicable		D Employer Identifica	ition Number
Ī	Address change Louisiana Food Bank Association		27-066790	0
-	T IEEAC Chartery		E Telephone number	. <u>-</u>
Ļ	Baton Rouge, IA 70805		1	0.40
2	Initial return		225-359-9	940
	Terminated			
	Amended return		G Gross receipts \$	278,232.
	Application pending F Name and address of principal officer Michael Manning	H(a) Is this	s a group return for affiliate	es? Yes X No
	Same As C Above	H(b) Are a	ill affiliates included?	Yes No
			, attach a list (see instruc	tions)
	7. C.	527	_	
J	Website: ► www.lafba.org	H(c) Group	exemption number	
K	Form of organization	Formation	M State of legal	l domicile LA
Part	Summary			
	1 Briefly describe the organization's mission or most significant activities _Then	nission o	f the Associa	ation shall
	be to:			.z
Activities & Governance				
nar	1. promote communication and interaction among mem	ners		hanleine
<u>ē</u>	2 provide education and training programs on issu	es or hun	ger_and_tood	
် ဗ	2 Check this box ► if the organization discontinued its operations or disposed	or more than	25% or its net asset	iS .
8	Number of voting members of the governing body (Part VI, line 1a)		4	
es	4 Number of independent voting members of the governing body (Part VI, line 1b)			
<del>-</del>	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	
ਰੂ∣	6 Total number of volunteers (estimate if necessary)		6	
٩	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34		7b	0
			Prior Year	Current Year
-	8 Contributions and grants (Part VIII, line 1h)			278,232
월	9 Program service revenue (Part VIII, line-2g)			
Revenue	10 Investment income (Part VIII, column (A), lines, 3, 4, and 7d)			
<u> </u>	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 Total revenue — add lines 8 through 11 (must equal Part VIII) column (A), line 12	<sub>2</sub> ,		278,232
_		- <u>t</u>		80,000
	13 Grants and similar amounts paid (PartillX, column(A), lines 1-3)	<u> </u>		00,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)			
	15 Salaries, other compensation, employee benefits (Part-IX, column (A), lines 5-10	))		
Expenses	16a Professional fundraising fees-(Part IX column (A), line 11e)			
Ë				
훘	b Total fundraising expenses (Part IX, column (D), line 25)			
<b>"</b>   '	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			126,623
-	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			206,623
.	19 Revenue less expenses Subtract line 18 from line 12			71,609
-		Region	ing-of Current Year	End of Year
t Assots or	20 Total assets (Part X, line 16)	Degiiii	71,146.	159,864
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	9,800.	26, 909
o <u>≒</u> I	21 Total liabilities (Part X, line 26)	<b> </b>		
Z P	Net assets or fund balances Subtract line 21 from line 20		61,346.	132,955
Par	t II Signature Block			
		, and to the best of	f my knowledge and belief.	it is true, correct, and
compl	penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements etc. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	Michael of Maring		2/6/12	
C:~-	Signature of officer		Date /	
Sigr Here	1	T7.	Droaddont	
пен			- President	
	Type or print name and title	.1.1.1	——————————————————————————————————————	161
	Print/Type preparer's name flu may Preparer's signature flu may Crip Date	2/6/12	Check If PT	HV
Paic		/06/12	self-employed N	/A
	parer Firm's name ► TWRU CPAs & Financial Advisors	· · ·	1	
			Firm's EIN N/A	
J 3C	<u> </u>		<del></del>	026 1050
	Baton Rouge, LA 70806-6515		Phone no (225)	926-1050
May	the IRS discuss this return with the preparer shown above? (see instructions)			X Yes No
BAA	For Paperwork Reduction Act Notice, see the separate instructions.	TEEA0113L	12/21/10	Form 990 (201
			^	•

	Bank Association	27-06	67900 Page 2
Part III Statement of Program S	ervice Accomplishments		
Check if Schedule O contains	a response to any question in this Part IIL		X
1 Briefly describe the organization's mi	ssion		
See Schedule O			
2 Did the organization undertake any se	ignificant program services during the year wh	ich were not listed on the prior	
Form 990 or 990-EZ?	See Schedule O		X Yes No
If 'Yes,' describe these new services	on Schedule O		
3 Did the organization cease conducting	g, or make significant changes in how it condu	ucts, any program services?	Yes X No
If 'Yes,' describe these changes on S	Schedule O		
4 Describe the exempt purpose achieve	ements for each of the organization's three lare	gest program services by expen	ses Section 501(c)(3)
and 501(c)(4) organizations and sections expenses, and revenue, if any, for ea	ion 4947(a)(1) trusts are required to report the	amount of grants and allocation	ns to others, the total
expenses, and revenue, it any, for ea	acii program service reported		
	150 710		
4a (Code) (Expenses \$	159,710. including grants of \$	) (Revenue \$	·
4b (Code (Expenses \$	including grants of \$	) (Payanua S	
(Code) (Expenses V	Including grants of \$		' <del></del>
c (Code (Expenses \$	including grants of \$	) (Revenue	3
		, , , , , , , , , , , , , , , , , , , ,	
			<b>-</b>
<b></b>			
	<b></b>		
4d Other program services (Describe in	Schedule O)		
	including grants of \$	) (Revenue \$	)
4e Total program service expenses ▶	159,710.		
AA	TEEA0102L 10/06/10		Form <b>990</b> (2010

¥ 27-0667900 Form 990 (2010) Louisiana Food Bank Association Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Schedule A 2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 2 Х 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 Х 3 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 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, X 6 Part I 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 Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 complete Schedule D. Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Х 9 Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? In 10 X Yes.' complete Schedule D. Part V If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a D. Part VI b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VII 11 b c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11 c Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Х 11 d in Part X, line 16? If 'Yes,' complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D. Part X 11 e Х f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X X 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b Х X 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV 15 Х 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, Parts III and IV Х 16 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 (see instructions) 17 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х lines 1c and 8a? If 'Yes,' complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'

X

Х

19

20

20 b

complete Schedule G, Part III

20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990

filers that operate one or more hospitals must attach audited financial statements (see instructions)

Part IV Checklist of Required Schedules (continued) Yes No 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 Х 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III 22 Х 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 employees? If 'Yes,' complete Х Schedule J 23 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a 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 25 a X 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 990-EZ? If 'Yes.' complete Schedule L, Part I 25b Х 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 26 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? If 'Yes,' complete Schedule L, Part III Х 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedúle L, Part IV 28b Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Х X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I 31 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 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х - 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 Х a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Yes X No Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 36 Х 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, Part VI 37 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 Note. All Form 990 filers are required to complete Schedule O X 38

BAA

Form **990** (2010)

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a 1 b Ō b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 10 (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-0 ments, filed for the calendar year ending with or within the year covered by this return 2 b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a b 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 over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a Х **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Х 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 50 c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6b not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a Х 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Х Form 8282 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7g as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business 8 Х holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Х **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 11 b against amounts due or received from them ) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans 13c c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

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Par	t VI	<b>Governance, Management and Disclosure</b> For each 'Yes' response to lines 2 through 7b to a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chastic processes, or	elow, anges	and ın	for
		Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion /	A. Governing Body and Management			
		the number of voting members of the governing body at the end of the tax year the number of voting members included in line 1a, above, who are independent  1b	5	Yes	No
2	Did ar office	ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other r, director, trustee or key employee?	2		X
3	Did th	e organization delegate control over management duties customarily performed by or under the direct supervision cers, directors or trustees, or key employees to a management company or other person?	3		X
4		e organization make any significant changes to its governing documents the prior Form 990 was filed?	4		<u>X</u> _
5 6		e organization become aware during the year of a significant diversion of the organization's assets?  the organization have members or stockholders? See Schedule 0	5 6	Х	X
7 a	Does gover	the organization have members, stockholders, or other persons who may elect one or more members of the ning body? See Schedule 0	7a	Х	
ŀ	Are a	ny decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b	·	X
8		e organization contemporaneously document the meetings held or written actions undertaken during the year by llowing			
	-	overning body?	8a		<b></b>
		committee with authority to act on behalf of the governing body?	8b		X
	organ	re any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the ization's mailing address? If 'Yes,' provide the names and addresses in Schedule Q	9		Х
Sec	tion	3. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10:	Does	the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X
		s,' does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and b	ranches to ensure their operations are consistent with those of the organization?	10b	_	
		he organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	l
		ibe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O			200 j
		the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	<del> </del>	X
	to cor	fficers, directors or trustees, and key employees required to disclose annually interests that could give rise inflicts?	12 b		
	Sche	the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in dule O how this is done	12 c		X
		the organization have a written whistleblower policy? the organization have a written document retention and destruction policy?	14		X
			-	+	1 3841
	perso	ne process for determining compensation of the following persons include a review and approval by independent ins, comparability data, and contemporaneous substantiation of the deliberation and decision?	 15 a		X
		officers of key employees of the organization	15b	+	X
		s'tto line 15a or 15b, describe the process in Schedule O (See instructions)			
16	a Did th	ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a	ļ	X
	partio organ	s,' has the organization adopted a written policy or procedure requiring the organization to evaluate its ipation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the iization's exempt status with respect to such arrangements?	16 b		
Sec	ction	C. Disclosure			
		ne states with which a copy of this Form 990 is required to be filed <a href="Mone">None</a>			
18	ınspe	on 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) ction. Indicate how you make these available. Check all that apply	avaılat	ole for	public
	_	own website Another's website X Upon request			
	state	ribe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest prents available to the public See Schedule O			ancıal
		the name, physical address, and telephone number of the person who possesses the books and records of the chael Manning 5546 Choctaw Baton Rouge LA 70805 225-359-9940	rganıza – – –	ition — — —	<b>-</b>

form <b>990</b> (2010)	Louisiana	Food	Bank	Association

27-0667900

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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, Part VII and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

### 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
- 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, if any 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

X Check this box if neither the organizatio	n nor any	relate	d or	gan	ızat	ion co	mpe	ensated any current o	fficer, director, or trus	tee
(A)	(B)			((				(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organiza- tions in Schedule O)	ndividual trustee or director			Key employee	Highest compensated employee	Former	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
(1) Jayne Wright-Velez										
President	0							0.	0.	0.
(2) Michael Manning Vice President	0							0.	0.	0.
(3) Richard King										
Secretary	0						ļ	0.	0.	0.
(4) Natalie Jayroe										
Board Member	0		_				_	0.	0.	0.
(5) Martha Marak								_	_	
Board Member	0							0.	0.	0.
_(6)										
		_				_	_			
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)							-			
(15)										
<u>(16)</u>										·
(17)										
BAA		1	EEA	01071	. 12	2/21/10				Form <b>990</b> (2010)

· (A)	(B)			((	-			(D)	(E)	(F)
<ul> <li>Name and title</li> </ul>	Average hours per week (describe hours for related organi- zations in Sch O)			oheck Officer			ply) Former	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
(18)										
(19)										
(20)							_			
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
27)	_									
[28]										
(29)										
1 b Sub-total							<b>-</b>	0.	0	
c Total from continuation sheets to Part VII, Section	A						<b>&gt;</b>	0.	0	<del></del>
d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited from the organization ► 0	d to thos	se lı	sted	labo	ove)	who	rec	0. ceived more than	<del></del>	<u> </u>
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in -4-  For any-individual-listed on-line 1a, is the sum of-rep the organization and related organizations greater the such individual.	ndividua portable nan \$15	/ cor 0,00	npei	nsat If 'Y	ion es' d	and- comp	othe	er-compensation- e Schedule J for	from	Yes 1
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' of Section B. Independent Contractors	ompens complete	ation Sc.	n tro hedi	om a lule .	ny i <i>J for</i>	unrel Suc	ate h pe	a organization or erson	ındıvıdual	5
Complete this table for your five highest compensation from the organization	ed inde	pend	lent	con	trac	tors	tha	t received more t	nan \$100,000 of	
Name and business address	5							Description (	of services	(C) Compensation
							$\dashv$			

<u>[Pai</u>	T VIII   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
GRANTS	1a Federated campaigns     1a       b Membership dues     1b       c Fundraising events     1c		revende		012, 010, 01 011
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	d Related organizations. e Government grants (contributions)  1 d 237,000.				1
CONTRIBUT AND OTHE	f All other contributions, gifts, grants, and similar amounts not included above 1f 41, 232.  g Noncash contributions included in lns 1a-1f \$ h Total. Add lines 1a-1f	278,232.			;
	Business Code 2a				
PROGRAM SERVICE REVENUE	b				
PROGRAN	e				
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> </ul>				
	5 Royalties (i) Real (ii) Personal 6a Gross Rents		ş		× ×
!	b Less rental expenses c Rental income or (loss) d Net rental income or (loss)		, 	= -n	
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
ENUE	8a Gross income from fundraising events (not including \$				
OTHER REVEN	of contributions reported on line 1c) See Part IV, line 18  b Less direct expenses  b				
_	c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19  a		-		
	b Less direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns				-
	and allowances a  b Less cost of goods sold b  c Net income or (loss) from sales of inventory				1
	Miscellaneous Revenue Business Code				
	b				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	278,232.	0.	0.	0.

Page 10

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)

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	80,000.	80,000.		,
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16			-	
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				<del></del>
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	a Management				
I	<b>b</b> Legal				
•	C Accounting				
	d Lobbying.				
•	Professional fundraising services See Part IV, line 17			,	
1	Investment management fees				
,	g Other	100,182.	58,072.	42,110.	<u> </u>
12	Advertising and promotion				
13	Office expenses				
14	Information technology	525.	210.	315.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	1,531.	612.	919.	
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	F	1,996	798.	- 1,198.	
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	2,300.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,	4.
	a SNAP Program Reimbursement Exp	18,436.	18,436.		
	b Telephone	1,619.	648.	971.	
	c Postage and Shipping	1,162.	465.	697.	
	d Miscellaneous	1,034.	414.	620.	
	e Office Expense	138.	55.	83.	
	f All other expenses				
_25	Total functional expenses Add lines 1 through 24f	206,623.	159,710.	46,913.	0.
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BA	1	<u> </u>			Form <b>990</b> (2010)

Part X **Balance Sheet** (A) End of year Beginning of year 56,146 1 138,632. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 15,000 21,232. Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 10b 10 c **b** Less accumulated depreciation 11 Investments - publicly traded securities 11 12 12 Investments - other securities See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 71,146. 16 159,864. Total assets Add lines 1 through 15 (must equal line 34) 16 9,800. 17 26,909. Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 21 1 3 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 10% 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 25 25 9,800 26 26,909 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here and complete lines 27 through 29 and lines 33 and 34. 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets R X and complete Organizations that do not follow SFAS 117, check here lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 132,955. 32 Retained earnings, endowment, accumulated income, or other funds 61,346 32 61,346 33 132,955. Total net assets or fund balances

BAA

34

Total liabilities and net assets/fund balances.

159,864. Form **990** (2010)

71,146.

34

Form <b>990</b> (2010) Louisiana Food Bank Association	27-0667900		Page 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response to any question in this Part XI			
•			
1 Total revenue (must equal Part VIII, column (A), line 12)	1	278	,232.
2 Total expenses (must equal Part IX, column (A), line 25)	2	206	<u>,623.</u>
3 Revenue less expenses Subtract line 2 from line 1	3	71	<u>,609.</u>
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	61	,346.
5 Other changes in net assets or fund balances (explain in Schedule O)	5		0.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	132	<u>, 955.</u>
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response to any question in this Part XII			
1 Accounting method used to prepare the Form 990 X Cash Accrual Other		Ye	s No
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		;	لمنا
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
<b>b</b> Were the organization's financial statements audited by an independent accountant?		2b 2	ζ
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversi review, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,	2c	х
If the organization changed either its oversight process or selection process during the tax year, expla in Schedule O	n		
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we separate basis, consolidated basis, or both	ere issued on a		1 30 ( )
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single	3a	Х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits	the required audit	3 b	
BAA		Form 99	<b>90</b> (2010)

TEEA0112L 12/21/10

# 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.

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	t the	organization							Employer	identificat	tion number		
Lou	is:	iana Food Bank	Association						27-06	67900	)		
Part	Ī	Reason for Publ	ic Charity Status	(All organizations	must c	omple	te this	part.)	See ir	nstruct	ions.		
Гһе о	rga	nization is not a priva	te foundation becaus	e it is (For lines 1 throi	ugh 11,	check o	nly one	box )					
1		A church, convention	of churches or associ	ciation of churches desc	cribed in	section	170(b)	(1)(A)(i).					
2		A school described in	section 170(b)(1)(A)	(ii). (Attach Schedule E	Ξ)								
3		A hospital or a coope	rative hospital servic	e organization describe	d in sec	tion 170	)(b)(1)(A	X(iii).					
4		A medical research o	rganization operated	in conjunction with a h	ospital o	describe	d in sec	tion 170	)(b)(1)(A	)(iii) Er	nter the hos	spital's	
		name, city, and state											
5		An organization opera 170(b)(1)(A)(iv). (Cor	ated for the benefit o mplete Part II)	f a college or university	owned	or opera	ated by	a gover	nmental	unit de	scribed in s	section	1
6	Ш			overnmental unit descri									
7		An organization that in section 170(b)(1)(4)	normally receives a s <b>\()vi).</b> (Complete Pai	substantial part of its su rt II)	pport fr	om a go	vernme	ntal unit	or from	the ger	neral public	descr	ibed
8	Ц	A community trust de	scribed in section 17	<b>'0(b)(1)(A)(vi).</b> (Complet	te Part I	1)							
9	X	from activities related	I to its exempt function and unrelated busines	) more than 33-1/3% of ons — subject to certain s taxable income (less mplete Part III)	except	ions, an	d (2) no	more t	han 33-	1/3% of	its support	from o	gross
10	L.	•	•	xclusively to test for pu		•		• • •					
11	Ш	more publicly support	ted organizations des	xclusively for the benef scribed in section 509(a ion and complete lines	)(1) or s	section 5	09(a)(2	ctions o	f, or car <b>ection 5</b>	ry out th 5 <b>09(a)(3)</b>	ne purpose ). Check th	s of or e box	ne or that
		a Type I	<b>b</b> Type II	c Type III		-		ed		d $\square$	Type III -	- Other	r
е		By checking this box.	I certify that the org	anization is not controll than one or more publ	ed direc	tlv or in	directly	bv one	or more scribed	disquali in section	ified persor	าร	
f		If the organization recheck this box	ceived a written dete	rmination from the IRS	that is a	Type I	Type II	or Type	e III sup	porting (	organızatıo	n,	
g		Since August 17, 200	96, has the organizati	on accepted any gift of	r contrib	ution fro	m any	of the fo	flowing	persons	37		
												Yes	No
		(i) A person who debelow, the gove	lirectly or indirectly co erning body of the su	ontrols, either alone or oported organization?	together	r with pe	rsons d	escribed	d in (ii) a	and (III)	11 g (i)		
		(ii) A family member	er of a person descri	oed in (i) above?							11 g (ii)		
		(iii) A 35% controlle	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		
h		Provide the following	information about th	e supported organization	n(s)								
		(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i	Is the cation in in listed in overning ment?	(v) Did y the organ colum your su	n (ı) of	(vi) l: organiz colun organize U S	ation in nn (i) ed in the	(vii) Amour	nt of supp	port
					Yes	No	Yes	No	Yes	No			
(A)													
(B)_													
(C)													
(D)													
(D)	_					ļ <u> </u>				-	<del> </del>		
(E)													
<u>-,                                      </u>	_			_	<del> </del>	<del> </del>							
Total													

Schedule A (Form 990 or 990-EZ) 2010

# Schedule A (Form 990 or 990 EZ) 2010 Louisiana Food Bank Association 27-0667900 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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

	· A D III 6			•	<u> </u>		
	tion A. Public Support	I	<del>-</del>				
	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants').						
2	Tax revenues levied for the organization's benefit and either paid to it 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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	344				· Care	
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	(f) Total
7	Amounts from line 4						
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			á .	**	3.	
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	r fifth tax year as	a section 501(c)(3	· [
	tion CComputation of Pu						
	Public support percentage for 20	•		e 11, column (f))		14	<u>%</u>
15	Public support percentage from	2009 Schedule A,	Part II, line 14			15	%_
16	a 33-1/3% support test — 2010. If and stop here. The organization	the organization of qualifies as a pul	did not check the l blicly supported o	oox on line 13, ar rganization	nd the line 14 is 33	3-1/3% or more, ch	neck this box
i	33-1/3% support test — 2009. If and stop here. The organization	the organization o qualifies as a pul	did not check a bo blicly supported or	x on line 13 or 16 ganization	5a, and line 15 is 3	33-1/3% or more, o	check this box
17 a	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	e. Explain in Part	IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstance: test The organiz	s' test, check this ation qualifies as	box and stop her a publicly suppor	e. Explain in Part ted organization	IV how the ►
18 BAA	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a		is box and see inst nedule <b>A</b> (Form 99	

# Schedule A (Form 990 or 990-EZ) 2010 Louisiana Food Bank Association 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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support					,,	
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants ')						0.
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.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or						0.
	facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	0.	0.	0.	0.	0.	0.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
t	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		0				
	for the year : Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
	Public support (Subtract line 7c from line 6)			U.	0.	0.	0.
Sec	tion B. Total Support	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				<u> </u>	<u></u>
	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
9	Amounts from line 6	0.	0.	0.	0.	0.	0.
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				·		0.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.				·		0.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is	0.	0.	0.	0.	0.	0. 0. 0.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income Do not include gain or loss from the sale of capital assets (Explain in	0.	0.	0.	0.	0.	0. 0. 0. 0.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0.	0.	0.	0.	0.	0. 0. 0. 0.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12)	0.	0.	0.	0.	0.	0. 0. 0. 0.
10 a t 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. 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. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0.  0.  s for the organiza	0.  0.  ition's first, secon	0.	0.	0.	0. 0. 0. 0.
10 a  th  11  12  13  14  Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  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  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c. 11, and 12)  First five years. If the Form 990 organization, check this box and	0. 0. s for the organizastop here	0. otion's first, seconercentage	0.  0.  0.  d, third, fourth, or	0.	0.	0. 0. 0. 0.
10 a  11  12  13  14  Sec  15  16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. 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. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).  Total support. (Add lins 9, 10c, 11, and 12). First five years. If the Form 990 organization, check this box and tion C. Computation of Pu. Public support percentage from	0.  Is for the organiza stop here  blic Support P  10 (line 8, column 2009 Schedule A,	0.  otion's first, seconercentage of (f) divided by line	0.  0.  od, third, fourth, or  le 13, column (f))	0.	0. 0. a section 501(c)(3)	0. 0. 0. 0. 0. 0. 0. 0.
10 a  11  12  13  14  Sec  15  16	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. 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. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV).  Total support. (Add lins 9, 10c, 11, and 12). First five years. If the Form 990 organization, check this box and tion C. Computation of Pu.	0.  Is for the organiza stop here  blic Support P  10 (line 8, column 2009 Schedule A,	0.  otion's first, seconercentage of (f) divided by line	0.  0.  od, third, fourth, or  le 13, column (f))	0.	0. 0. a section 501(c)(3)	0. 0. 0. 0. 0. 0. 0.   X
10 a  11  12  13  14  Sec  15  16  Sec  17	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from those support percentage for those support percentage for those support percentage from those support percentage f	0.  Is for the organization here  blic Support P  10 (line 8, column 2009 Schedule A, restment Incon or 2010 (line 10c,	0.  otion's first, seconercentage of of divided by line Part III, line 15 one Percentage column (f) divide	0.  0.  od, third, fourth, or  le 13, column (f))	0.  0.  fifth tax year as	0. 0. a section 501(c)(3)	0. 0. 0. 0. 0. 0. 0. 1. 1. 2. 3. 4. 3.
10 a 11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage for 20  Public support percentage from tion D. Computation of Inv Investment income percentage f	0. Is for the organizatop here blic Support P 010 (line 8, column 2009 Schedule A, restment Incomor 2010 (line 10c, from 2009 Schedul	0.  otion's first, seconercentage of (f) divided by line Part III, line 15 1e Percentage column (f) divide e A, Part III, line	0.  0.  od, third, fourth, or  le 13, column (f))  d by line 13, colur	0. fifth tax year as	0. 0. a section 501(c)(3) 15 16 17 18	0. 0. 0. 0. 0. 0. 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
10 a  11  12  13  14  Sec  17  18  19 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from Investment income percentage finvestment income percentage fins 33-1/3% support tests — 2010. It is not more than 33-1/3%, check	0.  Is for the organization of the organization of the the stop of the organization of the organization of this box and stop of the organization of the	0.  otion's first, seconercentage of (f) divided by line Part III, line 15 one Percentage column (f) divide e A, Part III, line did not check the one here. The organ	0.  0.  d, third, fourth, or  17  box on line 14, ar  ization qualifies ar	0.  of ifth tax year as  mn (f))  and line 15 is more sa publicly support	0.  0. a section 501(c)(3)  15 16  17 18 e than 33-1/3%, an orted organization	0.  0.  0.  0.  0.  0.  0.  0.  0.  0.
10 a 11 12 13 14 Sec 17 18 19 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources of Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. 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.  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (Add lins 9, 10c. 11, and 12)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from thousand tion D. Computation of Investment income percentage for 133-1/3% support tests — 2010. In 133-1/3% support tests — 2010. In 153-1/3%	0.  Is for the organization of the organizatio	0.  otion's first, seconercentage of (f) divided by line Part III, line 15 one Percentage column (f) divide e A, Part III, line did not check the othere. The organ did not check a bind stop here. The	0.  0.  10.  11.  12.  13. column (f))  14. d by line 13, column (f)  15.  16.  17.  18.  19.  19.  19.  10.  10.  11.  11.  12.  12.  13.  14.  15.  16.  17.  17.  18.  18.  19.  19.  19.  19.  19.  19	0.  ofifth tax year as  mn (f))  nd line 15 is more a publicly suppone 19a, and line alifies as a public	0.  0. a section 501(c)(3)  15 16  17 18 e than 33-1/3%, an orted organization 16 is more than 33 by supported organization	0. 0. 0. 0. 0. 0. 0. 1/3% and

Schedule	(Form 990 or 990-EZ) 2010	Louisiana	Food Bank	Association	27-0667900	Page 4
Part IV	Supplemental Information Part II, line 17a or 17b (See instructions).	ation. Complete o; and Part III, I	this part to ine 12. Also	provide the explan complete this part	ations required by Part for any additional inforn	I, line 10; nation.
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### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2010

Open to Public Inspection

Employer identification number

Lou	isiana Food Bank Association	27-0667900		
Pai	t I Organizations Maintaining Dono	r Advised Funds or Other Similar Fur	nds or Accounts. Complete if	
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	·	
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
·				
5	funds are the organization's property, subject		∐Yes ∐ No	
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advisor, or fo	ds can be r any other Yes No	
Par	rt II Conservation Easements. Compl	ete if the organization answered 'Yes'	to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by	y the organization (check all that apply)		
	Preservation of land for public use (e g , r	recreation or education) Preservation	of an historically important land area	
	Protection of natural habitat	Preservation	of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organizati	on held a qualified conservation contribution in	the form of a conservation easement on the	
	last day of the tax year			
			Held at the End of the Tax Year	
•	Total number of conservation easements			
	Total acreage restricted by conservation ease		2b	
•	Number of conservation easements on a certi	fied historic structure included in (a)	2c	
(	d Number of conservation easements included in structure listed in the National Register	n (c) acquired after 8/17/06, and not on a histo	oric 2d	
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, or termina	ated by the organization during the	
4	Number of states where property subject to co	onservation easement is located >		
5	Does the organization have a written policy reand enforcement of the conservation easeme	egarding the periodic monitoring, inspection, hants it holds?	andling of violations, Yes No	
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing conservation eas	ements during the year	
7	Amount of expenses incurred in monitoring, is \$	nspecting, and enforcing conservation easeme	nts during the year	
8	Does each conservation easement reported o 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of so	ection Yes No	
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and expe to the organization's financial statements that	nse statement, and balance sheet, and describes the organization's accounting for	
Pa	rt III Organizations Maintaining Collection Complete if the organization ans	ections of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	r Other Similar Assets. 8.	
1	a If the organization elected, as permitted unde art, historical treasures, or other similar assel in Part XIV, the text of the footnote to its fina	is held for public exhibition, education, or resea	enue statement and balance sheet works of arch in furtherance of public service, provide,	
	b If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items	er SFAS 116 (ASC 958), to report in its revenue eld for public exhibition, education, or research	e statement and balance sheet works of art, in furtherance of public service, provide the	
	(i) Revenues included in Form 990, Part VIII	, line 1	<b>&gt;</b> \$	
	(ii) Assets included in Form 990, Part X		<b>►</b> \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other similar assets 116 (ASC 958) relating to these items	for financial gain, provide the following	
	a Revenues included in Form 990, Part VIII, line		▶\$	
	b Assets included in Form 990, Part X		<b>►</b> \$	

Schedule <b>D</b> (Form 990) 2010 Louis	siana Food P	ank Associa	tion		27-066	7900		Page 2
Part III Organizations Mainta				easures, or C	ther Similar Ass	ets (co	ntınu	ed)
3 Using the organization's acquisition (check all that apply)	on, accession, and	d other records, ch	eck any o	of the following th	nat are a significant u	ise of its	collect	ion
a Public exhibition	a Public exhibition d Loan or exchange programs							
<b>b</b> Scholarly research	b Scholarly research e Other							
c Preservation for future gener	c Preservation for future generations							
4 Provide a description of the orga Part XIV	nization's collectio	ns and explain ho	w they fur	ther the organiza	ation's exempt purpo:	se in		
5 During the year, did the organiza assets to be sold to raise funds r	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No							
Part IV Escrow and Custodia	Arrangement	s. Complete if	organiza			90, Pa	rt IV,	line
9, or reported an amo	unt on Form 99	90, Part X, line	21.					
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or	other intermediary	for contr	butions or other	assets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and c	omplete the follow	ıng table					
						Amount		
c Beginning balance					1c			
<b>d</b> Additions during the year					1 d			
e Distributions during the year					1e			
f Ending balance			_		1f		Г	<del></del>
2a Did the organization include an a		90, Part X, line 21	7			Yes	L	No
b If 'Yes,' explain the arrangement				Wasi to Farm	OOO Dort IV June	10		
Part V. Endowment Funds. Co						7	our voor	- hook
1 - D	(a) Current year	(b) Prior yea	r   <u>.</u>	c) Two years back	(d) Three years back	(e) r	our year:	S DACK
1 a Beginning of year balance					3.74	3	_A2	
<b>b</b> Contributions					73 14 Wegang 27		* • 3000 TOPPO **	94.38XC
c Net investment earnings, gains, and losses					- 12 M	- 3	<b>1</b> . 5	
<b>d</b> Grants or scholarships					3 th A		, and the	
e Other expenditures for facilities and programs						<u> </u>	-	<u> </u>
f Administrative expenses					10,000 50,000	- 1 AM AND 1 1	<u> 40 "</u>	
g End of year balance						.   % / >		
2 Provide the estimated percentag		balance held as						
a Board designated or quasi-endov								
<b>b</b> Permanent endowment ►	%							
c Term endowment ►	6							
3a Are there endowment funds not organization by	in the possession	of the organization	that are	held and adminis	stered for the		Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		
<b>b</b> If 'Yes' to 3a(II), are the related	-					3b		
4 Describe in Part XIV the intende								
Part VI Land, Buildings, and								<del> </del>
Description of investmen	i (a) (	Cost or other basis (investment)		ost or other is (other)	(c) Accumulated depreciation	(d) E	Book va	alue ———
1a Land	<u> </u>	-						
<b>b</b> Buildings		<del></del>						
c Leasehold improvements	ļ		ļ			-		
<b>d</b> Equipment	<u> </u>		ļ <u>-</u>					
e Other			<u> </u>					
Total. Add lines 1a through 1e (Colum	ın (d) must equal i	Form 990, Part X,	column (E	s), line 10(c) )	Saha.	tulo D /E	orm OC	0.

Schedule D (Form 990) 2010 LOUISIANA FOOD BANK ASSOCIATION	27-0667900	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	———	A
1 Total revenue (Form 990, Part VIII,column (A), line 12)	ļ <del></del>	278,232.
2 Total expenses (Form 990, Part IX, column (A), line 25)	ļ	206,623.
3 Excess or (deficit) for the year Subtract line 2 from line 1	ļ	71,609.
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities.		
6 Investment expenses		
7 Prior period adjustments.		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		71,609.
Part XII <sup>®</sup> Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1 Total revenue, gains, and other support per audited financial statements	1	278,232.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities.		
c Recoveries of prior year grants		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	278,232.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	, ý	
a Investments expenses not included on Form 990, Part VIII, line 7b	*	
<b>b</b> Other (Describe in Part XIV )		
c Add lines 4a and 4b	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	278,232.
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1 Total expenses and losses per audited financial statements	1	206,623.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		· · · · · · · · · · · · · · · · · · ·
a Donated services and use of facilities.		
b Prior year adjustments 2b		
c Other losses 2c		
d Other (Describe in Part XIV )		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	206,623.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV )  4b		
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	206,623.
Part XIV: Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also com any additional information	rt IV, lines 1b and a	2b, rovide 
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Schedule **D** (Form 990) 2010

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Schedule D	(Form 990) 2010	Louisiana Food	l Bank Associa	tion	27-0667900	Page 5
Part XIV	Supplemental	Louisiana Food Information (cont	ınued)	-		
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Schedule **D** (Form 990) 2010

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Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2010

OMB No 1545-0047

Open to Public Inspection

Employer identification number

**ջ** □ XX Partilia Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 27-0667900 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part'l \* General Information on Grants and Assistance Louisiana Food Bank Association

1 (a) Name and address of organization   1 (b) ENN   (c) IRC section   (d) Amnount of cash grant   (e) Amnount of non-cash organization   1 (a) Name and address of organization   1 (a) Name and address of organization   1 (a) Amnount of non-cash   1 (a			
Food Bank of Central L   7,376.   3223 Baldwin   7,376.	(f) Method of valuation (g) C (book, FMV, appraisal, non-capter)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alexandria, IA 71301			
Food Bank of Northeast 4600 Central Ave Monroe, LA 71203			
Monroe, LA 71203       72-1333809       7,376.         Greater Baton Rouge Fo. 5546 Choctaw       14,184.         Baton Rouge, LA 70805       72-1065318       14,184.         Northwest LA Food Bank Shreveport, LA 71103       72-1328890       9,078.         Second Harvest Food Bank Shreveport, LA 71103       72-0956468       41,986.         New Orleans, LA 70123       72-0956468       41,986.			
Greater Baton Rouge Fo			
Northwest LA 70805			
Northwest IA Food Bank       9,078         2307 Texas Ave       9,078         Shreveport, IA 71103       72-1328890         Second Harvest Food Ba       41,986         700 Edwards Ave       72-0956468         New Orleans, IA 70123       72-0956468			
2307 Texas Ave 72-1328890			
Shreveport, LA /1103       /2-1328830       9,078.         Second Harvest Food Ba       700 Edwards Ave       41,986.         New Orleans, LA 70123       72-0956468       41,986.			
Second Harvest Food Ba         700 Edwards Ave       Ave         New Orleans, LA 70123       72-0956468			
New Orleans, LA 70123       72-0956468       41,986.			
		_	
2 Enter total number of section 501(c)(3) and government organizations		•	5
3 Enter total number of other organizations		<b>A</b>	0

Page 2 Schedule I (Form 990) 2010 Schedule I (Form 990) 2010 Louisiana Food Bank Association

Partill Grants and Other Assistance to Individuals in the United States. Complete If the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Part IV. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance BAA

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#### **SCHEDULE O** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number				
Louisiana Food Bank Association	27-0667900				
Form 990, Part III, Line 1 - Organization Mission					
The mission of the Association shall be to:					
1. promote communication and interaction among members					
2. provide education and training programs on issues of hunger and food banking					
3. facilitate coordination of statewide resources to benefit food banks					
4. develop and create new resources for food and funds					
5act_as_a_liaison_with_state_agencies_on_issues_that_impact_i	Good_banking				
6coordinate_statewide_disaster_plan					
7. advocate with state officials on issues of hunger and food by	oanking				
Form 990, Part III, Line 2 - New Services					
Receipt of government reimbursements which are passed on the me	ember_food_banks_in				
the state.					
Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder					
The board is made up of a representative from each voting member	er food bank in the				
state.					
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Boo	dy				
The board member acts on behalf of the member food bank they re	epresent.				
Form 990, Part VI, Line 11b - Form 990 Review Process					
A draft of the 990 is presented at the board prior to filing the	ne return.				
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available					
Documents are available on the entity's website and upon reques	st. 				
	- <b></b>				
	<b></b>				