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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling.

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury

inizations as defined in section 512(b)(13) must file Form 90 All other organizations with gross receipts less than \$200,000 and assets less than \$500,000 at the end of the year may use this form

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

Internal Revenue Service For the 2010 calendar year, or tax year beginning JUL 1. 2010 and ending JUN 30, 2011 Check if applicable C Name of organization D Employer identification number LOUISIANA SOCIETY OF ALLERGY, Address change ASTHMA & IMMUNOLOGY 72-0870515 Name change Number and street (or P O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 3939 HOUMA BLVD. 20 (504)885-2121Terminated City or town, state or country, and ZIP + 4 F Group Exemption METAIRIE, LA Number > **Accounting Method** X Cash Accrual H Check X if the organization is not Other (specify) WWW.LSAAI.ORG required to attach Schedule B Tax-exempt status (check only one) — \bigcirc 501(c)(3) \boxed{X} 501(c) (6) $\boxed{4947(a)(1)}$ or $\boxed{}$ 527 (Form 990, 990-EZ, or 990-PF) Check Light organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II. 63,296. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) X Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 55,205. 2 Program service revenue including government fees and contracts 4,413. Membership dues and assessments SEE SCHEDULE O 378. Investment income Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses 5h Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) Gross sales of inventory, less returns and allowances Less cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line Ratio EIVED) 7c 3,300. 63,296. SEE-SCHEDULE O 8 Other revenue (describe in Schedule O) 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 MAR 0 2 2012 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 OGDEN, LIT 12 12 Salaries, other compensation, and employee benefits 1,100. 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 310. 15 Printing, publications, postage, and shipping 15 SEE SCHEDULE O 33,759. 16 Other expenses (describe in Schedule O) 16 35,169. 17 Total expenses. Add lines 10 through 16 17 28,127. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Assets Net assets or fund balances at beginning of year (from line 27, column (A)) 84,508. (must agree with end-of-year figure reported on prior year's return) 19 ž 20 Other changes in net assets or fund balances (explain in Schedule O) 20 112,635. Net assets or fund balances at end of year Combine lines 18 through 20 21

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

ASTHMA & IMMUNOLOGY

	art II Balance Sheets. (see the instructions for Part II)		-	2 0070	<u> </u>
<u> </u>	Check if the organization used Schedule O to respond to any question	in this Part II			
_	oncok if the organization asses contents to to respond to any question) Beginning of year	(B)	End of year
22	Cash, savings, and investments		84,508.	22	112,635.
23				23	
24	Other assets (describe in Schedule O)			24	
25	Total assets		84,508.	25	112,635.
26	Total liabilities (describe in Schedule 0)			26	0.
27			84,508.	27	112,635.
P	art III Statement of Program Service Accomplishme		•		xpenses
	Check if the organization used Schedule O to respond to any question		<u>'</u>		d for section) and 501(c)(4)
	at is the organization's primary exempt purpose? SEE SCHEDULE (organizat	tions and section
	scribe what was achieved in carrying out the organization's exempt pu			e 4947(a)(for other	1) trusts, optional s)
	services provided, the number of persons benefited, and other releva SEE SCHEDULE O	nt information for each proc	jram tπie.		
28	SEE SCHEDULE O			-	
				-	
	(Grants \$) If this amount includes foreign	grants check here	> [
29	Totalits 4) If this amount includes loreign	grants, check here	<u> </u>		
				-	
			•	_	
	(Grants \$) If this amount includes foreign	grants, check here	▶ [29a	
30		<u> </u>			
				_	
	(Grants \$) If this amount includes foreign	grants, check here	▶ [30a	
31	Other program services (describe in Schedule O)		_		
	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>	31a	
	Total program service expenses (add lines 28a through 31a)	P1		▶ 32	
P	List of Officers, Directors, Trustees, and Key		en if not compensated (se	e the instructions	for Part IV)
_	Check if the organization used Schedule O to respond to any question		(2) (2	(d\ o	(5) 5, , , , , ,
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter	(d) Contributions to employee	(e) Expense account and
	(a) Name and address	position	-0)	benefit plans & deferred	other allowances
DF	R. KENNETH PARIS, 3939 HOUMA BLVD,	VICE- PRESIDE	NT	compensation	
	VITE 20, METAIRIE, LA 70006	1.00	0.	0	. 0.
	R. BENJAMIN I. OYEFARA, 3939 HOUMA	PAST-PRESIDEN			
_	LVD, SUITE 20, METAIRIE, LA 70006	1.00	0.	0	. 0.
	R. DAVID SCHNEIDER, 3939 HOUMA	PRESIDENT ELE	СТ		
BI	LVD, SUITE 20, METAIRIE, LA 70006	1.00	0.	0	. 0.
DF	R. CAROLYN B. DAUL, 3939 HOUMA	SECRETARY-TRE	ASURER		
	LVD, SUITE 20, METAIRIE, LA 70006	1.00	0.	0	. 0.
	R. LAURIANNE G. WILD, 3939 HOUMA	PRESIDENT	1		
BI	LVD, SUITE 20, METAIRIE, LA 70006	1.00	0.	0	. 0.
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33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule 0 34 Were any significant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule 0 (see instructions) 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 990-7, explain in Schedule 0 why the organization did not report the income on Form 990-7 or 501(c)(6) organization subject to section 093(e) notice, reporting, and proxy tax requirements? 36 If "Yes," and filed a tax return on Form 990-1 finity year? 37 If "Yes," and filed a tax return of porm 990-1 finity year? 38 Did the organization or form 990-1 finity year? 39 Did the organization or operation of portions governor of \$1.00 or more or was at a section 501(c)(4), 501(c)(5), or 501(c)(6) organization or form 990-1 finity year? 38 Did the organization or operation form 990-1 finity year? 39 Did the organization thorew from Form 990-1 finity year? 30 Did the organization thorew from one from 990-1 finity year? 30 Did the organization thorew from one, or make any loss 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 tax year covered by this return? 30 Did the organization borrow from one, or make any loss 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 tax year covered by this return? 31 Did the organization borrow from one, 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 tax year covered by this return? 32 Did the organization should by the organization should by the organiz	Fa	Check if the graphization (Note the statement requirements in the instructions for Part V.)			X
33		Check if the organization used Schedule O to respond to any question in this Part V		Yes	
Schedule O Schedu	33	Did the organization engage in any activity not previously reported to the IRS2 if "Yes." provide a detailed description of each activity in		163	110
34 Was any significant changes made to the organization's name Otherwise, explain the change on Schedule O (see instructions) 35 If the organization had micron from business activities, such as those reported on lines 2, 6s, and 7a (among others), but not reported on Form 1904-1, explain in Schedule O (why the organization of not report the income on Form 1904-1 and the properties of the properties on Form 1904-1, explain in Schedule O (why the organization of not report the income on Form 1904-1 and 1904-1905-1905-1906-1906-1906-1906-1906-1906-1906-1906	00		33		х
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule () (see instructions) If the organization bad income from business activities, such as those reported on lines 2.6 a. and 7 (among others), but not reported on Form 990-T, explain in Schedule () why the organization dud not report the income on Form 990-T and 7 (among others), but not reported on Form 990-T explain in Schedule () why the organization dud not report the income on Form 990-T and 7 (among others), but not reported on Form 990-T for the year? 351 ((1)6) registration undergo a fluidation, dissolution, income, income, inspiring, and provide a season of the companization of policial expenditudes, dissolution, inspiring, income in the instructions in the organization of policial expenditudes, disest on indirect, as described in the instructions in a more year and still outstanding at the end of the taxyear covered by this return? 352 Did the organization still be a season of the policial special policial pol	34	···	55		
35 If the organization had income from business activities, such as a those reported on lines 2, 5a, and 7 a (among others), but not reported on Form 990-T, explain in Schedule 0 why the organization did not report the income on Form 990-T or Soliti()(4), 501(c)(5), or 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35 Did the organization undergo a leguration, of solition, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N 36 Did the organization undergo a leguration, of solition, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N 37 Enter amount of collectic expenditures, direct or indirect, as described in the instructions 38 Did the organization borrow from, or make any losins to, any officer, director, trustee, or key employee or version any such loans made in a prior year and still outstanding at the off the tax year covered by this return? 39 Section 501(c)(7) organizations Enter amount of tax year covered by this return? 39 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A section 501(c)(3) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 39 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 39 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 39 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 39 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax in li	•		34		х
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501 ((s)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 10 If Yes, has it file a tax return on Form 990-T for this year? 15 Did the organization undergo a leguciation, discolution, termination, or significant disposition of net assets during the year? If Yes, as 8 by 1/A 15 Enter amount of pollutical expenditures, direct or indirect, as described in the instructions 15 Did the organization before from 1120-POL for this year? 15 Did the organization before from or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 15 If Yes, complete Schedule I, Part II and enter the total amount involved 16 Orses receiple, included on line 9 for public use of club facilities. 17 If Yes, complete Schedule I, Part II and enter the total amount involved 18 Section 501((s)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A 18 Section 501((s)(3) and 501(c)(4) organizations but he organization engage in any section 4955 excess benefit transaction any prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule I, Part II and enter the total information of tax imposed on organization managers or dissuantified persons during the year under sections 4912, 4955, and 4958 excess benefit transaction any prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Form 8886-T 16 Section 501(c)(3) and 501(c)(4) organizations bether amount of tax in line 40 reministrations and the programizations and the programization and prior year and sections 4912, 4955, and 4958 excess benefit transaction? If Yes, complete Form 8886-T 17 Licoted at № 39.39 HOUMA BLVD., STE. 20, METAIRIE, LA 28 Licoted at № 39.39 HOUMA BLVD., STE. 20, METAIRIE, LA 29 Licoted at № 39.39 HOUMA BLVD., STE. 20, METAIRIE, LA 20 Licoted at № 39.39 HOUMA BL	а		[]		Ì
b If Yes, has it filed a tax return on Form 990-T for this year? 350 Did the organization undergro a liquidation, discolution, termination, or significant disposition of net assets during the year? If Yes, complete applicable parts of Schedule N 371 Enter amount of political expenditures, direct or indirect, as described in the instructions	-		35a		Х
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as Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization bile form 1120-PDL for this year? 37	36	• • • • • • • • • • • • • • • • • • • •	<u> </u>		
The Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization in Form 1120-PDL for this year?			36		Х
b Did the organization file Form 1120-POL for this year? 370	37a				
38a			- [lх
m a prior year and still outstanding at the end of the tax year covered by this return? if Yes, complete Schedule I, Part II and enter the total amount involved					
b if Yes, complete Schedule L, Part II and enter the total amount involved			38a		x
39 Section 501(c)(7) organizations. Enter a Indiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 399 N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4915 № N/A section 4911 № N/A section 4912 № N/A section 4955 № N/A 50 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 № N/A 50 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? 11 'Yes,' complete Schedule L, Part I 50 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 61 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organizations. All any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 886-T 10 Located at № 39.39 HOUMA BLVD., STEP 20, METATICE, LA 11 Located at № 39.39 HOUMA BLVD., STEP 20, METATICE, LA 12 Telephone no № 50.4 – 88.5 – 2.1.2.1 12 Located at № 39.39 HOUMA BLVD., STEP 20, METATICE, LA 13 Located at № 39.39 HOUMA BLVD., STEP 20, METATICE, LA 14 Tes's, 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. 14 Alay time during the calendar year, did the organization maintain an office outside of the U.S.? 14 Yes, enter the name of the foreign country № 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form TD F.90-22.1, Report of Foreign Bank and Financial Accounts. 14 Alay Was No.A 14 Did the organization operate one or more hospital facil	b				ļ -
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b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► N/A , section 4915 ► 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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If 1'Yes,' complete Schedule L, Part I 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 1 List the states with which a copy of this return is filled ► NONE The organization's books are in care of ► CAROLYN B. DAUL, M.D. Telephone no ► 504 – 885 – 2121 Located at ► 3939 HOUMA BLVD., STE. 20, METAIRIE, LA 2 DA 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 See the instructions for exceptions and filling requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. 1 H'Yes,' enter the name of the foreign country See the instructions for exceptions and filling requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. 2 At any time during the calendar year, did the organization maintain an office outside of the U.S.? 11 'Yes,' enter the name of the foreign country See the instructions for exceptions and filling requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. 4 At 2					
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b Section 4911 ▶ N/A section 4912 ▶ N/A section 4915 ▶ N/A b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction during the year or did it engage in an excess benefit transaction during the year 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 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. a lall organizations at any time during the tax year, was the organization aparty to a prohibited tax shelter transaction? If Yes, complete Form 8886-T List the states with which a copy of this return is filed ▶ NONE List the states with which a copy of this return is filed ▶ NONE List the organization is books are in care of ▶ CARCIYN B. DAUL, M.D. Telephone no ▶ 504-885-2121 Located at ▶ 3939 HOUMA BLVD., STE. 20, METATRIE, I.A 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 accounts? 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. 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 ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? List the states with which	40 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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 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 8865-T 1 List the states with which a copy of this return is filled ► NONE 142a The organization's books are in care of ► CAROLYN B. DAUL, M.D. Telephone no ► 504-885-2121 Located at ► 3939 HOUMA BLVD., STE. 20, METARIE, 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 accounts over a financial organization of the foreign country (such as a bank account, securities account, or other financial accounts. 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 ► 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 143		27/2			
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ın Schedule O 44d					
Form 990-EZ (2010)		ın Schedule O	44d	<u> </u>	
		; <u></u> ;	Form 9	90-EZ	(2010)

LOUISIANA SOCIETY OF ALLERGY,

Form 990-EZ (2	2010) ASTHMA & IMMUNOLOGY	DERGI,		72-0870	515	Page 4
•				<u>. </u>		Yes No
	ated organization a controlled entity of the organization within	-			45	X
	rganization receive any payment from or engage in any transactio		e meaning of section	512(b)(13)?	_	
	orm 990 and Schedule R may need to be completed instead of Fo		to condidates for n		45a	X
	rganization engage, directly or indirectly, in political campaign act omplete Schedule C, Part I	ivides on behalf of or in opposition	i to candidates for pt	IDIIC OTIICE?	46	Х
A4	Section 501(c)(3) organizations and section	4947(a)(1) nonexempt	charitable trus	sts only. All		
	organizations and section 4947(a)(1) nonexempt charitable trusts	s must answer questions 47-49b a	nd 52, and complete	the tables for lu	nes 50 a	nd 51
	Check if the organization used Schedule O to respond to any ques	stion in this Part VI				
47 Did the or	rganization engage in lobbying activities? If "Yes," complete So	shadula C. Davi II		1	47	Yes No
	partization a school as described in section 170(b)(1)(A)(ii)? If "Ye		,		48	
	rganization make any transfers to an exempt non-charitable relate	•			49a	
	vas the related organization a section 527 organization?				49b	
	this table for the organization's five highest compensated employ		, trustees and key en	nployees) who e	ach rece	ived more
than \$100	0,000 of compensation from the organization. If there is none, en		(-) 0	(4)	1.,	
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(0) Contributions to employee benefit plans & deferred compensation	acc	Expense count and allowances
					\bot	
					-	
			•			
f Total nun	nber of other employees paid over \$100,000	<u> </u>				
	this table for the organization's five highest compensated indepe	endent contractors who each recen	ved more than \$100,	000 of compens	ation fro	m the
organizat	ion If there is none, enter "None" N/A					
	(a) Name and address of each independent contractor paid mo	re than \$100,000	(b) Type of ser	vice (c) Comp	ensation
d Total num	nber of other independent contractors each receiving over \$100,0	000 .	>			
52 Did the o	rganization complete Schedule A? Note : All section 501(c)(3) org	anizations and 4947(a)(1) nonexe	mpt			
charitable	e trusts must attach a completed Schedule A	accompanying schedules and statemen	ts and to the hest of m	knowledge and be	Yes	NO NO
	Inder penaltipe of penjury, I declare that I have examined this return, including orrect, and complete. Declaration of preparer (other than officer) is based on a	all information of which preparer has any	knowledge	2/12/	3011	7
Sign	Signature of officer	<u>/</u>		Date	<i>FO</i> ((
Here	CAROLYN B. DAUL, M.D., PH.D	., SECRETARY/TR	EASURER			
	Type or print name and title	· · · · · · · · · · · · · · · · · · ·				
	Print/Type preparer's name Preparer's signat	ure Date	Check	if PTIN		
Paid	GUADON GAGGETTA	& Carried al	self- emplo	yed		
Preparer	SHARON CASSIERE	EDITITE ADAC	14			
Use Only	Firm's name ▶ POSTLETHWAITE & NETT Firm's address ▶ ONE GALLERIA BLVD S	ERVILLE, APAC UITE 2100	Firm's EIN		827	-5990
	METAIRIE, LA 70001	OIIE ZIUU	Phone no	(204)	03/-	-3330
May the IRS du	scuss this return with the preparer shown above? See instruction	S	-	▶ [X Yes	NC NC
032174 03-04-11						0-EZ (2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

2010 Open to Public Inspection

Name of the organization

LOUISIANA SOCIETY OF ALLERGY, ASTHMA & IMMUNOLOGY

Employer identification number 72–0870515

ASTREA & TENTONOLOGY 72-0	6/0313
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	378.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
MISCELLANEOUS INCOME	3,300.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
SUBSCRIPTIONS	1,350.
MISCELLANEOUS	138.
WEB SITE EXPENSE	483.
TECHNOLOGY	92.
BANK CHARGES	384.
LICENSE & PERMITS	5.
CONFERENCES, CONVENTIONS, MEETINGS	31,307.
TOTAL TO FORM 990-EZ, LINE 16	33,759.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE CORPORATION	IS
ORGANIZED SOLELY AND EXCLUSIVELY FOR THE PURPOSES OF ENCOURAGING	G,
FOSTERING, PROMOTING, AND ADVANCING THE KNOWLEDGE AND PRACTICE	OF
ALLERGY MEDICINE AMONG THE SEVERAL MEMBERS OF THE CORPORATION.	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS	:
THE ANNUAL MEETING WAS HELD IN NEW ORLEANS, LA ON JUNE	000 000 FT (0010)
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 01-24-11	990 or 990-EZ) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2010 Open to Public Inspection

Department of the Treasury Attach to Form 990 or 990-EZ. Internal Revenue Service LOUISIANA SOCIETY OF ALLERGY, Name of the organization **Employer identification number** 72-0870515 ASTHMA & IMMUNOLOGY 24-26, 2011 AT THE WINDSOR COURT HOTEL. THE MEETING WAS ATTENDED BY MEMBERS & GUESTS FROM LOUISIANA, MISSISSIPPI, TEXAS, KENTUCKY, AND NORTH CAROLINA. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: 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.

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

					 	
• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	rt I and check this box			\mathbf{x}
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).		
Do not o	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	ed Fo	m 8868.	
	ic filing (e-file). You can electronically file Form 8868 if y					
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 81	368 to request an ex	dension
of time to	offile any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for Trans	sfers /	Associated With Cei	rtain
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on ti	ne elec	tronic filing of this f	orm,
	v.irs gov/efile and click on e-file for Charibes & Nonprofits					
Part I						-
A corpor	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and con	plete		
Part I on	by				▶	
	corporations (including 1120-C filers), partnerships, REM come tax returns.	IICs, and t	rusts must use Form 7004 to request ar	exten	sion of time	
Type or	Name of exempt organization			Emp	loyer identification	number
print	LOUISIANA SOCIETY OF ALLERO	GΥ,		[
	ASTHMA & IMMUNOLOGY			72-0870515		
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.		•	
filing your return See	3939 HOUMA BLVD., NO. 20					
Instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	Iress, see instructions.			
	METAIRIE, LA 70006					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 3
		,		-		
Applicat	ion	Return	Application			Return
Is For		Code	Is For			Code
Form 99	n	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
Form 99		03	Form 4720			09
Form 99		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
_	0-T (trust other than above)	06	Form 8870			12
1 0/111 55	CAROLYN B. DAU	·	*			114
• The b	ooks are in the care of 3939 HOUMA BLV			λ 7	0006	
	hone No ► 504-885-2121	U., S	FAX No ► 504-834-8252		0000	
	organization does not have an office or place of busines	a ia tha I le				
	is for a Group Return, enter the organization's four digit					
box >	. If it is for part of the group, check this box					
	equest an automatic 3-month (6 months for a corporation				ers the extension is	tor
1 1 re	FEBRUARY 15, 2012, to file the exemp				The section of the	
	for the organization's return for:	n organiza	mon return for the organization named a	шоче.	The extension	
is	<u>Γ</u> ¬					
	= ··· /· ··		id ending JUN 30, 2011			
	Lad tax year beginning	, an	d ending OON 30, ZOII		- ·	
0 16	the tax year entered in line 1 is for less than 12 months, o		and Institute Institute Institute		_	
2 lf 1		TIECK TEAS	on: Initial return Fina	al retur	n	
L-	Change in accounting period					
					1	····
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any		· .	_
	nrefundable credits. See instructions			3a	\$	0.
	this application is for Form 990-PF, 990-T, 4720, or 6069,					_
_	timated tax payments made. Include any pnor year over			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa	-	• •			
	using EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.
Caution	, If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	8879-	EO for payment inst	ructions.
LHA	For Paperwork Reduction Act Notice, see Instructions	S.			Form 8868 (Re	ev. 1-2011)

Form 8868 (Rev. 1-2011)					Page 2	
• If you are filing for an Additional (Not Automatic) 3-Month	Extension,	complete only Part II and check this bo	ox x	▶	X	
Note. Only complete Part II if you have already been granted a				868.		
 If you are filing for an Automatic 3-Month Extension, com 	plete only Pa	art I (on page 1).				
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the original (no c	opies ne	eeded).		
Name of exempt organization Employer identification					on number	
Type or LOUISIANA SOCIETY OF ALLERGY,						
ASTRIMA & IMMUNULUGI /2-08/051						
File by the extended Number, street, and room or suite no. If a P.O. box	k, see Instruc	tions.				
due date for 3939 HOUMA BLVD., NO. 20 filing your						
return See City, town or post office, state, and ZIP code. For	a foreign add	iress, see instructions.				
Instructions METAIRIE, LA 70006						
					(ATA)	
Enter the Return code for the return that this application is for	(file a separa	te application for each return)			0 3	
		T			T	
Application	Return	Application			Return	
Is For	Code	ls For			Code	
Form 990	01					
Form 990-BL	02	Form 1041-A			08	
Form 990-EZ Form 990-PF	03	Form 4720			09	
	04 05	Form 5227 Form 6069			10	
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)	06	Form 8870			11 12	
STOP! Do not complete Part II if you were not already gran			solv filo	d Earm 9969	1 12	
CAROLYN B. DA			isiy ilie	u Form 6606.		
• The books are in the care of ▶ 3939 HOUMA BI			.a 7	0006		
Telephone No. ► 504-885-2121		FAX No. ► 504-834-8252				
If the organization does not have an office or place of busing	- ness in the Ui					
if this is for a Group Return, enter the organization's four di			 us is for	the whole group o	heck this	
box ▶ . If it is for part of the group, check this box ▶		ach a list with the names and EINs of al				
4 request an additional 3-month extension of time until		15, 2012		THE WATER OF THE PARTY OF THE P	1011	
5 For calendar year, or other tax year beginning			JUN	30, 2011		
6 If the tax year entered in line 5 is for less than 12 months			Final re			
Change in accounting period	,					
7 State in detail why you need the extension						
ADDITIONAL TIME IS NEEDED TO	GATHE	R THE INFORMATION N	CES	SARY TO		
PREPARE A COMPLETE AND ACCUR	ATE RE	TURN				
8a If this application is for Form 990-BL, 990-PF, 990-T, 472	20, or 6069, e	enter the tentative tax, less any				
nonrefundable credits. See instructions.			8a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 60	69, enter any	refundable credits and estimated				
tax payments made. Include any prior year overpaymen	t allowed as	a credit and any amount paid				
previously with Form 8868.			8b	\$	0.	
c Balance due. Subtract line 8b from line 8a. Include you	r payment wi	th this form, if required, by using				
EFTPS (Electronic Federal Tax Payment System). See in			8c	\$	0.	
•	-	nd Verification				
Under penalties of perjury, I declare that I have examined this form, int is true, correct, and complete, and that I am authorized to prepare the	cluding accom	panying schedules and statements, and to the	e best of	f my knowledge and b	elief,	
				- 21.21	2	
Signature > Maron 5, Casua Title	CPA		<u>Date</u>			
•				Form 8868 (R	ev. 1-2011)	