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DLN: 93493227043502

Form 990

Department of the Treasury

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 D Employer identification number B Check if applicable COOKING IN CENTRAL INC Address change 06-1808851 Doing Business As E Telephone number Name change ∏ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 217,554 P O BOX 78333 Terminated City or town, state or country, and ZIP + 4 BATON ROUGE, LA 70837 Amended return Application pending Name and address of principal officer **H(a)** Is this a group return for LOUIS DEJOHN JR ┌ Yes ┌ No affiliates? 7334 CONESTOGA DRIVE GREENWELL SPRINGS, LA 70739 ┌ Yes ┌ No H(b) Are all affiliates included? If "No," attach a list (see instructions) **▽** 501(c)(3) **□** 501(c) ( ) **◄** (insert no ) Tax-exempt status ☐ 4947(a)(1) or ☐ 527 H(c) Group exemption number 🕨 Website: ► WWW COOKINGINCENTRAL COM

			I		
		ganization 🔽 Corporation 🦳 Trust 🦳 Association 🦳 Other 🕨	L Year of formation 20	007	<b>M</b> State of legal domicile LA
Pa	rt I	Summary			
GOYFIIIGIIIVE		Briefly describe the organization's mission or most significant activities OUR PRIMARY EXEMPT PURPOSE HAS BEEN TO ASSIST LOCAL SCHOOLS W EDUCATIONAL MATERIALS AND SUPPLIES ALONG WITH SCHOOLS IN NEE NEIGHBORING PARISHES WITHIN THE STATE OF LOUISIANA WE HAVE AL ORGANIZATIONS SWITHIN EAST BATON ROUGE PARISH SUCH AS BLUE ST ASSISTANCE FOUNDATION EVENT EXPENSE ARE HELD AT A MINIMUM SO CAN THE GRANTED TO ORGANIZAITONS IN NEED	D DUE TO DISASTE SO ASSISTED OTH AR MOMS AND TH	R OF ER C E CEI	R DEVESTATION IN HARITABLE NTRAL COMMUNITY
	2	Check this box ▶┌─ if the organization discontinued its operations or disposed of i	more than 25% of its	s net	assets
ٽ ڪ	3	Number of voting members of the governing body (Part VI, line 1a)		3	15
Acumines &	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15
ť	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a) .		5	C
	6	Total number of volunteers (estimate if necessary)		6	225
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	C
	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	
			Prior Year		Current Year
_	8	Contributions and grants (Part VIII, line 1h)	190,	137	191,454
n He	9	Program service revenue (Part VIII, line 2g)			0
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,	000	16,100
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	195,	137	207,554
	13	Grants and similar amounts paid (Part IX, column (A ), lines 1–3 )	104,	000	115,700
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$ )			0
₩ ₩	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶21,719			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	28,	664	28,506
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	132,	664	144,206
	19	Revenue less expenses Subtract line 18 from line 12	62,	473	63,348
8 <b>9</b>			Beginning of Curre	ent	End of Your

Year Total assets (Part X, line 16) . 122,526 256,330 20 21 128,632 Total liabilities (Part X, line 26) . . . 58,176 64,350 127,698 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here	****** Signature of officer  LOUIS DEJOHN JR PRESIDENT Type or print name and title		Dat	12-08-14 te		
Paid	Preparer's signature SUZONNE V COWART CPA	Check if self-employed	Preparer's taxpayer identification number (see instructions)			
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶			
May the IR	GREENWELL SPRINGS, LA 70739 S discuss this return with the preparer shown above	Phone no ▶ (225) 261-7484 ▼ Yes				

Form	1990 (2011)						Page
Par	Statement of Check if Schedule			<b>lishments</b> uestion in this Part :	III		<del>/</del>
MAT WITI ROU	Briefly describe the org PRIMARY EXEMPT PUR ERIALS AND SUPPLIES HIN THE STATE OF LOU GE PARISH SUCH AS BL DAT A MINIMUM SO TH	POSE HAS BEE ALONG WITH S ISIANA WE HA UE STAR MOM	N TO ASSIST LO SCHOOLS IN NEE VVE ALSO ASSIS S AND THE CEN	ED DUE TO DISAS <sup>.</sup> TED OTHER CHAR TRAL COMMUNITY	TER OR DEVESTATIO LITABLE ORGANIZATI ' ASSISTANCE FOUNI	N IN NEIGHB ONS SWITHI DATION EVE	ORING PARISHES N EAST BATON NT EXPENSE ARE
2	Did the organization und the prior Form 990 or 99 If "Yes," describe these	90-EZ?					s 🔽 No
3	Did the organization ceaservices?					. Г үе	es ✓ No
4	Describe the organization expenses Section 501( grants and allocations to	c)(3) and 501(c	:)(4) organizations	s and section 4947	(a)(1) trusts are require	ed to report the	easured by e amount of
4a	(Code SEE OTHER 4D	) (Expenses \$		including grants of \$	) (Reve	enue \$	)
4b	(Code	) (Expenses \$		including grants of \$	) (Reve	enue \$	)
	(Code	) (Expenses \$		ıncludıng grants of \$	) (Reve	enue \$	)
•		у (Емрепосо ф		meating grants of \$\psi\$	, (new	ande ¢	,
	(Code ANNUAL COOKOFF & BOIL	) (Expenses \$	115,700	including grants of \$	115,700 ) (Re	venue \$	)
4d	Other program service: (Expenses \$		Schedule O) including grants o	of \$ 11	15,700 ) (Revenue \$		)
	Total program service e	expenses + 4	115.70	0			

Part TV	Checklist of	Required	Schedules
	CHCCKHSCOL	IXCUUII CU	Scriculics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		N o
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If</i> " <i>Yes,"</i> complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	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 Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
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.	11c		No
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 in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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.	11f		No
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		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
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 U S ? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	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 $\textcircled{\textbf{5}}$	21	Yes	
22	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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 Schedule J	23		N o
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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	25a		No
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		N o
26	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		No
27	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	27		No
28	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		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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 owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	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	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> " <i>Yes</i> ," <i>complete Schedule R, Part V, line 2</i>	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	(2011)
		Fo	orm <b>990</b>	(2011)

•	,
Part V	Statements Regarding Other IRS Filings and Tax Compliance

Either the number reported in Box 3 of Form 1096 Enter-10- if not applicable  b Enter the number of Forms W-2G included in line 1 a. Enter-40- if not applicable  c Did the organization combit with beckup withholding rules for reportable payments to ventions and reportable permitting of the properties of the propertie		Check if Schedule O contains a response to any question in this Part V	•		
b Enter the number of Forms W-2C included in line 1a. State-0- if not applicable  C Did the organization camply with backup withholding rules for reportable payments to windors and reportable general (gamble) with making by the action of the companies of the co				Yes	No
b Enter the number of Forms W-2G included in time 1a. Enter-0-finet applicable.  c Did the organization comply with backup withholding rules for reportable payments to vendors and registrate.  1c Type 3 common (paramitely) writing the common of the commo	а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
Did the arganization comply with backup withholding rules for reportable payments to venders and reportable gaming (genthing) winnings to prize winners?		<b>1a</b> 1			
sperming (gambling) winnings to ginze winners?  Eithers the number of employees reported an Form W-3, 7xmsmithal of Wage and Tax Statements filed for the cleaned ryear ending with or within the year covered by this 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	b				
a Binet the number of employees reported on from W-3, Transmottal of Mage and Tax Statements that on the programmation within the year covered by this Statements that one is repaired on line 2a, did the organization file all required federal employment has returns?  Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the arganization have unrelated business gress incrine of \$3,000 or more during the view?  At any time during the calendar year, did the organization have an interest in, or a significant or other authority over, a thinking the calendar year, did the organization have an interest in, or a significant or other authority over, a thractical account in a foreign country. It is a shark account or securities of the organization and the foreign country. It is a shark account or securities for him, requirements for from 10 F 90-22 1, Report of Foreign Bank and Pinancial Accounts see instructions for him, requirements for from 10 F 90-22 1, Report of Foreign Bank and Pinancial Accounts see instructions for him, requirements for from 10 F 90-22 1, Report of Foreign Bank and Pinancial Accounts see instructions for him, requirements for from 10 F 90-22 1, Report of Foreign Bank and Pinancial Accounts see instructions of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did th	С		1c	Yes	
Freturn 1.   2a   0   0   1   1   1   1   1   1   1   1	а	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note. If the sum of lines 1 a and 2 a is greater than 250, you may be required to e-file (see instructions)  a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If TYPES, has it filed a Form 990-T for the year? If the provide an explanation in Schedule 0.  30 At any time during the cellandary 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 or securities account).  b If TYPES, existe the name of the foreign country   Schedule 0.  If Yes, existe the name of the foreign country   Schedule 0.  If Yes, existe the name of the foreign country   Schedule 0.  If Yes, existe the name of the foreign country   Schedule 0.  If Yes, existe the name of the foreign country   Schedule 0.  If Yes, existe the name of the foreign country   Schedule 0.  If Yes, existe the name of the foreign country   Schedule 0.  If Yes, existe the name of the foreign country   Schedule 0.  If Yes, existe the name of the foreign country   Schedule 0.  If Yes, existe the name of the foreign country   Schedule 0.  If Yes, existe the name of the foreign country   Schedule 0.  If Yes, existe the name of the foreign country   Schedule 0.  If Yes, existe the name of the foreign country   Schedule 0.  If Yes, existe the name of the foreign country   Schedule 0.  If Yes, if yes the organization and grass receipted that exert not 10 executively   Schedule 0.  If Yes, if yes the organization name of the verification and partly for poods and services provided?  If Yes, if yes the organization name of the value of the goods or services provided?  If Yes, if yes   Yes, if yes		return			
Die the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  At any time during the calentary year, did the organization have an interest in, or a signature or other authority account?  At any time during the calentary leaves of the organization have an interest in, or a signature or other authority account?  If "Yes," after the name of the bringin country, [Endison a bask accountry assembled as a country or a prohibited tax shelter transaction?  If "Yes," after the name of the bringin country, [Endison at any time during the tax year?  Did any taxable party notify the organization that it was on is a party to a prohibited tax shelter transaction?  Did any taxable party notify the organization that it was on its a party to a prohibited tax shelter transaction?  Did any taxable party notify the organization that it was on its a party to a prohibited tax shelter transaction?  Does the organization appears to the organization that it was on its a party to a prohibited tax shelter transaction?  So If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts organization solicit any contributions that were not tax deductible?  Organization shelt may receive deduct the every solicitation an express statement that such contributions or gifts organization solicit any contributions that were not tax deductible?  Organization shelt may receive deduct the every solicitation an express statement that such contributions or gifts organization solicit any contributions that were not tax deductible?  Organization shelt may receive deduct the contributions under section 170(c).  If "Yes," did the organization receive payment in excess of 575 made party as a contribution and partly for goods and section 170(c).  If "Yes," indicate the number of forms 202 filed during the year.  If "Yes," indicate the organization receive any payment in excess o	b		2b		
year?  b If Year, has it filed a Form 990-T for this year If Year, provide an explanation in Schedule 0.  b If Am think 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 or securities).  b If Year, financial account in a foreign country (such as a bank account or securities).  If Year, financial account in a foreign country (such as a bank account or securities).  b If Year, financial account in a foreign country (such as a bank account or securities).  If Year is the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  b Old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If Year's line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  b Deas the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt were not tax deductible?  b Deas the organization is organization include with every solicitation an express statement that such contributions orgins were not tax deductible?  b Dear the organization that may receive deductible contributions under section 170(c).  b Did the organization that may receive deductible contributions under section 170(c).  b Did the organization more than that is under section 170(c).  c Did the organization organization in access of \$75 made party as a contribution and partly for goods and a contribution of the value of the goods or services provided?  70 Yes but the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and a contribution of the subject of the goods of the organization received a contribution of case, boats, arripades, or other vehicles, did the organization of the form \$222 filed during the year.  b Did the organization access account of the year payments of the goods of the payments of the paymen		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a handla account in a freegree country (such as a bank account or securities accounts)?  If Yes, "either the name of the foreign country but the properties of the	3		3a		Νo
over, a financial account in a foreign country (such as a bank account or securities account)?  b. If 'Yes,' enter the name of the foreign country.  b. If 'Yes,' enter the name of the foreign country.  commendation is a commendation of the property of th	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
See instructions for filing requirements for Form TO F 90-22 1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TO F 90-22 1, Report of Foreign Bank and Financial Accounts  Do Many taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  Do Many taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes," to line 5a or 5b, did the organization file Form 8885-17.  Does the organization beve annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Do the organization that may receive deductible contributions under section 170(c).  Do the organization that may receive deductible contributions under section 170(c).  Do the organization organization ontify the donor of the value of the goods or services provided?  To Under organization ontify the donor of the value of the goods or services provided?  To Under organization on the value of the value of the goods or services provided?  To Under organization selected and provided that the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  To Under organization organization of the value of the goods or services provided?  To Under organization organizat	a	over, a financial account in a foreign country (such as a bank account or securities	4a		Nο
See instructions for filling requirements for Form TD F 90-22 J. Report of Foreign Bank and Financial Accounts  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  50 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  50 Dies the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  50 Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization collect any contributions that were not tax deductible?  50 Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any collect with the organization solicit any collect with a services statement that such contributions or gifts were not tax deductible?  50 Dif the organization that may receive deductible contributions under section \$170(c).  51 Dif the organization shall exceed doubtible contributions under section \$170(c).  52 Dif the organization shall exceed a payment in excess of \$75 made partly as a contribution and partly for goods and \$74 Yes services provided?  53 Dif the organization shall exceed a payment in excess of \$75 made partly as a contribution and partly for goods and \$74 Yes services provided?  54 Dif the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and \$74 Yes services provided?  55 Dif the organization receive a payment of the value of the spood or services provided?  56 Dif the organization for service any funds, directly or indirectly, to pay premiums on a personal benefit contract?  56 Dif the organization for the value of forms \$282 filed during the year.  57 Diff the organization forms and the payments deviced funds and section \$900(a) as supporting organizations. Did the organization make a distribution of cars, boats, ariplanes, or other vehicles, did	b	·			1,10
b Did any texable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5	1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
Does the organization have annual gross-receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  Dranizations that may receive deductible contributions under section 170(c).  Dranizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly so a contribution and partly for goods and services provided to the payor?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to fine form \$282?  Diff Yes, "indicate the number of Forms \$282 filed during the year.  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To No. The organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7.  Sponsoring organization maintaining donor advised funds and section 509(a) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 500(c)(12) supporting organizations. Enter  Did the organization make any taxable distributions under section 4966?  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advised, or related person?  Section 501(c)(12) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12.  Form 1098-101(c)(12) organizations. Enter  Did the organization incensed to issue qualified health plans in more than o	b		5b		Νo
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  D IF "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  D If "Yes," did the organization notify the donor of the value of the goods or services provided?  D If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to fife form \$252?  D If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to fife form \$252?  D If the organization received a contribution of qualified intellectual property, did the organization fife Form 8899 as required?  D If the organization received a contribution of qualified intellectual property, did the organization fife Form 8899 as required?  Form 1098-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations make any taxable distributions under section 4966?  D Did the organization make any taxable distributions under section 4966?  D Did the organization make any taxable distributions under section 4966?  D Did the organization make any taxable distributions under section 4966?  D Did the organization make any taxable distributions under section 4966?  D Did the organization make any taxable distributions under section 4966?  D Did the organization make any taxable distributions under section 4966?  D Did the organization make any taxable distributions under section 4966?  D Did the organization make any taxable distributions under section 4966?  D Did the organization funder the section 4	С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
b. If "Yes," and the organization include with every solicitation an express statement that such contributions or gifts were 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?  7a Yes  7b If "Yes," and the organization notify the donor of the value of the goods or services provided?  7c Did the organization notify the donor of the value of the goods or services provided?  7d If "Yes," indicate the number of Forms 8282 filed during the year  8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  9 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 8899 as required?  1 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1988-C?  Sponeoring organizations maintaining donor advised funds and section 599(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 599(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 599(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  10 Did the organization make any taxable distributions under section 4966?  9a Did the organization make any taxable distributions under section 4966?  9b Did the organization make any taxable distributions under section 4966?  9c Section 501(c)(7) organizations. Enter  1 Initiation fees and capital contributions included on Part VIII, line 12  1 Forest received from them 1  2 Section 501(c)(7) organizations. Enter  1 Initiation fees and capital contributions included on Part VIII, line 12  3 Forest received from them 1  3	1				No
were 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?  b If "Yes," indicate the number of Forms 8282 filed during the year.  c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 198-C?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations make a distribution of the supporting organization, have excess business holdings at any time during the year?  Sponsoring organizations make a distribution of a donor, donor advisor, or related person?  9a Did the organization make and starbution to a donor, donor advisor, or related person?  9b Did the organization make and starbutions included on Part VIII, line 12  a fross income from members or shareholders  a fross income from members or shareholders  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(2) organizations. Enter  a fross income from members or shareholders  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section	h				
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?  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 Form 88.282?  d If "Yes," indicate the number of Forms 8.282 filed during the year  d If "Yes," indicate the number of Forms 8.282 filed during the year  D Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To I will be organization of the year, pay premiums, directly or indirectly, on a personal benefit contract?  To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  To Did the organization increased a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?  Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations make adistribution to a donor, donor advisor, or related person?  Sponsoring organization make a distribution to a donor, donor advisor, or related person?  Sponsoring organization make adistribution to a donor, donor advisor, or related person?  Sponsoring organization make adistribution to a donor, donor advisor, or related person?  Sponsoring organization make adistribution to a donor, donor advisor, or related person?  Sponsoring organization make adistribution to a donor, donor advisor, or related person?  Sponsoring organization make any taxable distributions included on Part VIII, line 12.  Gross income from other sources (Do not net amounts due or paid		were not tax deductible?	6b		
services provided to the payor?  7b	_				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	a		/a	Yes	
file Form 8,282?			<u> </u>	Yes	
d If "Yes," indicate the number of Forms 8282 filed during the year	C				No
contract?	d				
contract?	e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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 holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  Intellection of the organization fees and capital contributions included on Part VIII, line 12 . 10a		contract?			No
required?					No
Form 1098-C?		required?			Νo
the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	h	Form 1098-C?	7h		No
Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?		the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess	o		
a Did the organization make any taxable distributions under section 4966?					
Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12	а		9a		
a Initiation fees and capital contributions included on Part VIII, line 12 10a   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders			9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders					
facilities  Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders					
a Gross income from members or shareholders	J				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)					
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state  Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  Enter the aggregate amount of reserves on hand  13b  13b  13b  13c  Note. All 501 (c) (29) organization is licensed to issue qualified health plans  13a					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state  b Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the aggregate amount of reserves on hand  13b  13b  13b  13c  14a  No	ט	· · · · · · · · · · · · · · · · · · ·			
year  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state  b Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the aggregate amount of reserves on hand  13b  13b  13b  13b  13c  14a  No	2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state  b Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the aggregate amount of reserves on hand  13b  13b  13c  14a No	b	126			
Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state  b Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the aggregate amount of reserves on hand  13c  14a No	3				
b Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the aggregate amount of reserves on hand  13c  4a Did the organization receive any payments for indoor tanning services during the tax year?	а	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization	13a		
c Enter the aggregate amount of reserves on hand  13c  1a Did the organization receive any payments for indoor tanning services during the tax year?	b	Enter the aggregate amount of reserves the organization is required to maintain by			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No	c	Enter the aggregate amount of reserves on hand			
	<b>4</b> a		14a		No
		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			140

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes	
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)		1	
		40	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Νo
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νo
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Νo
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νo
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	100		
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			

☐ O wn website ☐ A nother's website ☑ U pon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► SUZONNE V COWART CPA 16435 WAX ROAD GREENWELL SPRINGS, LA 70739 (225) 261-7484

# <u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Chack this box if neither the erganization per any related erganizations compensated any current or former efficer, director, or trustee

◆ 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

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee										
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	unles: an	on (d e thai	n one son er ar	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) LOUIS DEJOHN JR PRESIDENT	12 00	х		Х				0	0	0
(2) RUSSELL M STARNS VICE PRESIDE	8 00	х		х				0	0	0
(3) LYNN ROSS SECRETARY	8 00	х		Х				0	0	0
(4) SUZONNE V COWART TREASURER	5 00	х		Х				0	0	0
(5) RODNEY BONVILLIAN BOARD OF DIR	4 00	х						0	0	0
(6) MIKE BREAUX BOARD OF DIR	3 00	х						0	0	0
(7) RON ERICKSON BOARD OF DIR	3 00	х						0	0	0
(8) DENISE GILES BOARD OF DIR	3 00	х						0	0	0
(9) JOHN A ANDERSON BOARD OF DIR	3 00	х						0	0	0
(10) BRIAN FIFE BOARD OF DIR	4 00	х						0	0	0
(11) TIM LAZAROE BOARD OF DIR	3 00	х						0	0	0
(12) WAYNE LEADER BOARD OF DIR	4 50	х						0	0	0
(13) BILL MCLIN BOARD OF DIR	5 00	х						0	0	0
(14) BILL PARSONS BOARD OF DIR	3 00	х						0	0	0
(15) LORETTA WATTS BOARD OF DIR	4 50	х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (describe hours	unles an	on (d e tha	n on son er ai	e bo is b nd a	x, oth		Repo compo fro organiz	(D) ortable ensation m the eation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estima mount o compens from t	ited fother sation :he on and
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compens⊄ed employee	Former			MISC)		relati organiza	
1b	Sub-Total			<u></u>		•		<u>▶</u>						
	T 1 1 ( 11 !! 41 . 14 )						_	<b> </b>						
2	Total number of individuals (incli \$100,000 of reportable compens	udıng but not lın	nited to	thos	e lıs			) who	receive	d more tha	an			
3	Did the organization list any <b>forr</b> on line 1a? <i>If "Yes," complete Sch</i>									t compens	ated employee		Yes	No
4	For any individual listed on line 1 organization and related organization and related organization.	.a, is the sum of	report	able	com	pens	sation	and	other cor			3 4		No
5	Did any person listed on line 1a services rendered to the organiz									anızatıon (	or individual for •	5		No
Se	ction B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio ear									ng with			
	Nan	(A) ne and business add	dress							Desc	(B) ription of services		(C Comper	
	Total number of independent conti \$100,000 of compensation from t			ot lır	nıted	l to	those	liste	d above)	who recei	ved more than			

Part V	ш	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
表表	1a	Federated campaigns 1a					
문문	ь	Membership dues 1b	3,450				
ಕಾರ್ಣ	_		188,004				
्रके हें	С	Fundraising events 1c					
きき	d	Related organizations 1d					
<u>.∞</u> ≣	e	Government grants (contributions) 1e					
등등	f	All other contributions, gifts, grants, and <b>1f</b>					
重る	ı	similar amounts not included above					
호	g	Noncash contributions included in					
듇픙		lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	▶-	191,454			
<u> </u>							
<u> 9</u>		Busine	ess Code				
Ē	2a						
æ. ≻	ь						
a T	С						
2							
) S	d						
Ξ	е						
Program Serwce Revenue	f	All other program service revenue					
۶							
	g	Total. Add lines 2a-2f	+				
	3	Investment income (including dividends, inter	est				
		and other similar amounts)	►				
	4	Income from investment of tax-exempt bond proceeds	► [				
	5	Royalties	. ▶				
			ersonal				
	6a	Gross rents (1) (1)	CISCHAI				
	b	Less rental					
	D	expenses					
	С	Rental income					
	d	or (loss)  Net rental income or (loss)	<u></u>				
	u						
	_		Other				
	7a	Gross amount from sales of					
		assets other than inventory					
	b	Less cost or					
		other basis and					
	С	sales expenses Gain or (loss)					
	d		▶				
		Net gain or (loss)	• • •				
	8a	Gross income from fundraising events (not including					
ĕ		\$ 143,004					
<u>₹</u>		of contributions reported on line 1c)					
ě		See Part IV, line 18					
Other Revenue		а					
<del>p</del>	b	Less direct expenses b					
ŏ	С	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities	ŀ				
		See Part IV, line 19					
		a	26,100				
	b	Less direct expenses b	10,000				
	С	Net income or (loss) from gaming activities .		16,100	16,100		
	10a	Gross sales of inventory, less	-				
		returns and allowances .					
	b	Less cost of goods sold <b>b</b>					
	С	Net income or (loss) from sales of inventory .	. ►				
		Miscellaneous Revenue Busine	ess Code				
	11a						
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
			▶				
	12	<b>Total revenue.</b> See Instructions	<b>•</b>	207,554	16,100		

#### Part IX Statement of Functional Expenses

organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

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) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 115,700 115,700 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . Other employee benefits . . . . . . 10 Fees for services (non-employees) 11 Management . . . . . 5 5 Legal . . . . . . . . . Lobbying . . . . . . . . . . . . Professional fundraising See Part IV, line 17 . . Investment management fees . . . . . . g Other . . . . . . . . . . . . . Advertising and promotion . . . 12 Office expenses . . . . 326 13 326 14 Information technology . . . . . 15 Royalties . . 16 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . . 20 21 Payments to affiliates . . . . 22 Depreciation, depletion, and amortization . . . . . 1,556 23 1,556 24 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) REPAIRS/MAINT/RENTALS 15,491 15,491 SUPPLIES 5,184 5,184 MEMBER SHIRTS 1,897 1,897 1,656 **BANK FEES** 1,656 d е All other expenses 2,391 1,347 1,044 25 Total functional expenses. Add lines 1 through 24f 144,206 115,700 6,787 21,719 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the

Pa	irt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		98,658	1	215,776
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, ke highest compensated employees Complete Part II of	y employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section persons described in section $4958(c)(3)(B)$ Complete Part II of	on 4958(f)(1)) and			
16		Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
SS	8	Inventories for sale or use			8	
۹.	9	Prepaid expenses and deferred charges		23,868	9	40,554
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a			
	ь	Less accumulated depreciation	10b		<b>10</b> c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		122,526	16	256,330
	17	Accounts payable and accrued expenses .		2,500	17	
	18	Grants payable		53,076	18	128,132
	19	Deferred revenue		2,600	19	500
	20	Tax-exempt bond liabilities			20	
on.	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
æ		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties .	•		23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities (including federal income tax, payables to related the and other liabilities not included on lines 17-24) Complete Part X of D			25	
	26	Total liabilities. Add lines 17 through 25		58,176	26	128,632
۵ 		Organizations that follow SFAS 117, check here ► 🔽 and complete through 29, and lines 33 and 34.	e lines 27	,		,
Š	27	Unrestricted net assets		64,350	27	127,698
<u>8</u>	28	Temporarily restricted net assets		1,111	28	
<u> </u>	29	Permanently restricted net assets			29	
· Fund Balance		Organizations that do not follow SFAS 117, check here ► and collines 30 through 34.	omplete			
٥	30	Capital stock or trust principal, or current funds			30	
sets	31	Paid-in or capital surplus, or land, building or equipment fund.			31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		64,350	33	127,698
¥	34	Total liabilities and net assets/fund balances		122 526		256 330

Pal	Check if Schedule O contains a response to any question in this Part XI		•	.୮	
1	Total revenue (must equal Part VIII, column (A), line 12)			2	207,554
2	Total expenses (must equal Part IX, column (A), line 25)				.44,206
3	Revenue less expenses Subtract line 2 from line 1				63,348
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4				64,350
5	Other changes in net assets or fund balances (explain in Schedule O)				
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))			1	.27,698
Pai	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	. [	2b		No
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O	L	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue on a separate basis, consolidated basis, or both	ed			
	Separate basis Consolidated basis Both consolidated and separated basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ıred	3b		

As Filed Data -

DLN: 93493227043502

### OMB No 1545-0047

**SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

**Public Charity Status and Public Support** 

Inspection

Name of the organization

Employer identification number

COOK		CENTRAL											
									06-18088	51_			
	rt I			blic Charity Sta						struct	ions		
The	organı	zatıon ıs	not a privat	te foundation becaus	eitis (Forl	ınes 1 throu	gh 11, check	only one bo	x )				
1	Г	A churc	ch, conventi	ion of churches, or a	ssociation of	churches <b>s</b>	ection 170(b	)(1)(A)(i).					
2	$\Gamma$	A scho	ol described	d in <b>section 170(b)(1</b>	l <b>)(A)(ii).</b> (At	tach Schedu	ıle E)						
3	$\sqcap$	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descrı	bed ın <b>sectio</b>	n 170(b)(1)	(A)(iii).				
4	Γ			h organization opera ity, and state	ted in conjun	ction with a	hospital desc	cribed in <b>sec</b>	tion 170(b)(:	1)(A)(	<b>iii).</b> Ente	r the	
5	Γ	An orga	anızatıon op	erated for the benefi	t of a college	or universit	y owned or o	perated by a	government	al unıt	describe	- ed in	
		sect ion	170(b)(1)(	( <b>A)(iv).</b> (Complete P	art II )								
6	$\sqcap$	A feder	al, state, or	· local government o	government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1	)(A)(v).				
7		describ	ed in	at normally receives		il part of its	support from	a governme	ntal unit or fr	om the	general	public	
0	_			(A)(vi) (Complete P		A Muil (Com	nloto Dart II	<b>\</b>					
8 9	<u>'</u>			: described in <b>sectior</b> at normally receives					uitiana mam	harahu	. fo.o.	. d a	
9	,	_		rities related to its e			* *		•		-	_	55
				oss investment inco									
				ganızatıon after June						.4 × ) 11 0	ili busili	23363	
10	_			ganized and operated									
11	<u>'</u>			ganized and operated						carry	out the	nurnos	es of
	,	one or the box	more public	ly supported organiz bes the type of supports by Type I	ations descr orting organ	ibed in secti i <u>za</u> tion and c	on 509(a)(1)	or section 5 s 11e throug	509(a)(2) Se gh 11h	e <b>sect</b>		a)(3).	Check
e	$\Gamma$			ox, I certify that the	organization	ıs not contr	olled directly	or indirectly	y by one or m	ore dis	qualifie	perso	ons
		other th	nan foundati	ion managers and ot									
			509(a)(2)		- <b>k</b>	form the ID				T.T			
f			rganization this box	received a written d	etermination	from the IK	s that it is a	iype i, iype	e II or Type I	11 sup	porting o	rganiz	ation,
g				2006, has the organ	ızatıon accep	ted any gift	or contribution	on from any	of the				,
			ng persons?										
				rectly or indirectly c				persons des	cribed in (ii)			Yes	No
		•		governing body of th		J	tion?				11g(i)		
		` '	•	er of a person descri	` ,						11g(ii)		
				lled entity of a perso							11g(iii)		
h		Provide	the followi	ng information about	the supporte	ed organizati	on(s)						
	(i) Name suppor rganiz	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized		(v A mou supp	unt of
				(see (nstructions))	Yes	No	Yes	No	Yes	No			
										<b>—</b>			

Total

instructions

Part II Support Schedule for Organizations Described in IRC 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) 1 Gifts, grants, contributions, and membership fees received (Do not 357,424 277,138 287,639 190,137 191,454 1,303,792 include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 357,424 277,138 287,639 190,137 191,454 1,303,792 Total. Add lines 1 through 3 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 Public Support. Subtract line 5 from 1,303,792 line 4 Section B. Total Support Calendar year (or fiscal year beginning **(b)** 2008 (a) 2007 **(c)** 2009 (d) 2010 (e) 2011 (f) Total 357,424 277,138 287,639 190,137 191,454 1,303,792 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets 11 Total support (Add lines 7 1,303,792 through 10) Gross receipts from related activities, etc (See instructions) 12 12 26,100 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, 13 check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) 14 14 Public Support Percentage for 2010 Schedule A, Part II, line 14 15 **15** 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a 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 C Net income from unrelated 11 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 lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

As Filed Data -

DLN: 93493227043502

OMB No 1545-0047

**SCHEDULE G Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** 

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

	ne of the organization						Employer ide	ntification number
	OKING IN CENTRAL INC						06-1808851	
Pa	rt I Fundraising Ac	<b>tivities.</b> Comple	te if the o	organiza	tion answered "Yes'	' to Form	າ 990, Part IV	', line 17.
1	Indicate whether the organ	nızatıon raısed fund:	s through a	any of the	following activities C	heck all ti	hat apply	
а	Mail solicitations			е	Solicitation of no	n-govern	ment grants	
b	Internet and e-mail so	olicitations		f	☐ Solicitation of g	vernmen	t grants	
c	Phone solicitations			g	Special fundrais	ing event	s	
d	In-person solicitation	S						
	Did the organization have or key employees listed in If "Yes," list the ten higher	Form 990, Part VI	I) or entity	ın conne	ction with professiona	l fundraisi	ing services?	┌ Yes ┌ No
	to be compensated at leas							
(	i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrai cust cont contrib	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or r fundra	mount paid to etained by) niser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No				
Tota	il			<b>.</b>				
3	List all states in which the licensing	organization is regi	stered or	licensed t	o solicit funds or has l	een notif	ied it is exempt	t from registration or
LA								

more than \$15,000 on Form  Gross receipts  Less Charitable contributions  Gross income (line 1 minus line 2)  Cash prizes  Non-cash prizes  Rent/facility costs  Food and beverages  Entertainment  Other direct expenses .	(a) Event #1  ANNUAL COOK-OFF (event type)  143,004	(b) Event #2  990PTVIII1C (event type)  45,000	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c)) 188,004
Less Charitable contributions	(event type)  143,004  143,004	(event type) 45,000		col <b>(c)</b> )
Less Charitable contributions	143,004			
Cash prizes  Rent/facility costs  Food and beverages  Other direct expenses		45,000		188,004
minus line 2)  Cash prizes  Non-cash prizes  Rent/facility costs  Food and beverages  Entertainment  Other direct expenses .				
Non-cash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses				
Rent/facility costs  Food and beverages  Entertainment  Other direct expenses .				
Food and beverages  Entertainment  Other direct expenses .				
Entertainment Other direct expenses .				
Other direct expenses .				
·				+
Direct expense summary Add li				
	nes 4 through 9 in column	(d)	🛌	( )
Net income summary Combine				
Gaming. Complete if the of \$15,000 on Form 990-EZ, I		'Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
	(a) Bingo	( <b>b)</b> Pull tabs/Instant oingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Gross revenue			26,100	26,100
Cash prizes			10,000	10,000
Non-cash prizes				
Rent/facility costs				
Other direct expenses				
Volunteer labor	✓ Yes	∀es     No	<ul><li>✓ Yes 100 000 %</li><li>✓ No</li></ul>	
Direct expense summary Add line	es 2 through 5 in column (	d)		(10,000)
	mbine lines 1 and 7 in colu	mn (d)		16,100
Net gaming income summary Cor				L
				· V <sub>Yes</sub> I <sub>No</sub>
er the state(s) in which the organiz	e gaming activities in each	of these states?		
C		Interpret expense summary Add lines 2 through 5 in column (of the second summary Combine lines 1 and 7 in column (of the second summary Combine lines 1 and 7 in column (of the second summary Combine lines 1 and 7 in column (of the second summary Combine lines 1 and 7 in column (of the second summary Combine lines 1 and 7 in column (of the second summary Combine lines 1 and 7 in column (of the second summary Combine lines 1 and 7 in column (of the second summary Combine lines 1 and 7 in column (of the second summary Combine lines 1 and 7 in column (of the second summary Combine lines 1 and 7 in column (of the second summary Combine lines 1 and 7 in column (of the second summary Combine lines 1 and 7 in column (of the second summary Combine lines 1 and 7 in column (of the second summary Combine lines 1 and 7 in column (of the second summary Combine lines 1 and 7 in column (of the second summary Combine lines 1 and 7 in column (of the second summary Combine lines 1 and 7 in column (of the second summary Combine lines 1 and 7 in column summary Combine lines 1 and 7 in column summary Combine lines 1 and 0 and	I I I I I I I I I I I I I I I I I I I	Direct expense summary Add lines 2 through 5 in column (d)

Provide the name and address of the person who prepares the organization's gaming/special events books and records  Name ► LYNN ROSS  Address ► 17839 LAKE VISTA DRIVE GREENWELL SPRINGS, LA 70739  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Sche	dule G (Form 9	990 or 990-EZ) 20:	11			Page <b>3</b>
formed to administer chantable gaming?	11	Does the org	anızatıon operate ga	aming activities with nonmembers? .		🔽 <sub>Yes</sub>	ΓNο
The organization's facility	12	Is the organi	zatıon a grantor, beı	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	<i>'</i>	
a The organization's facility		formed to adr	mınıster charıtable ç	gamıng?		· · · · · F Yes	<b>Г</b> No
b An outside facility	13	Indicate the	percentage of gamır	ng activity operated in			
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records  Name ► LYNN ROSS  Address ► 17839 LAKE VISTA DRIVE GREENWELL SPRINGS, LA 70739  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	а	The organiza	tion's facility			13a	
Name ► LYNN ROSS  Address ► 17839 LAKE VISTA DRIVE GREENWELL SPRINGS, LA 70739  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$ and the amount of gaming revenue retained by the third party ► \$ and the amount of gaming revenue retained by the third party ► \$ and the amount of gaming revenue retained by the third party ► \$ and the amount of gaming revenue retained by the third party ► \$ and the amount of distributions  Name ► LYNN ROSS  Gaming manager information  Name ► LYNN ROSS  Description of services provided ► MANAGES/CONTROLS SALES OF RAFFLE TICKETS  F Director/officer	b	An outside fa	icility			<b>13b</b> 10	0000 %
Address ► 17839 LAKE VISTA DRIVE GREENWELL SPRINGS, LA 70739  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14		ame and address of	f the person who prepares the organiza	tion's gaming/special events book	ks and	
The properties of the organization have a contract with a third party from whom the organization receives gaming revenue?		Name 🟲	LYNN ROSS				
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		Address 🏲					
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$  C If "Yes," enter name and address  Name ▶	15a	Does the org	anızatıon have a coı	ntract with a third party from whom the	organization receives gaming		
amount of gaming revenue retained by the third party ▶ \$  C If "Yes," enter name and address  Name ▶  Address ▶  16 Gaming manager information  Name ▶ LYNN ROSS  Gaming manager compensation ▶ \$  Description of services provided ▶ MANAGES/CONTROLS SALES OF RAFFLE TICKETS  ▼ Director/officer		revenue? .				<b>_</b> Yes	<b>▽</b> No
C If "Yes," enter name and address  Name ►  Address ►  Address ►  Address ►  Address ►  If Gaming manager information  Name ► LYNN ROSS  Gaming manager compensation ► \$  Description of services provided ► MANAGES/CONTROLS SALES OF RAFFLE TICKETS  For Director/officer  If Employee  Independent contractor  Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	b	If "Yes," ente	er the amount of gar	ning revenue received by the organiza	tion 🟲 \$ ar	nd the	
Address ►  Address ►  16 Gaming manager information  Name ► LYNN ROSS  Gaming manager compensation ► \$  Description of services provided ► MANAGES/CONTROLS SALES OF RAFFLE TICKETS  ▼ Director/officer		amount of ga	mıng revenue retaın	ed by the third party 🟲 \$			
Address ►  16 Gaming manager information  Name ► LYNN ROSS  Gaming manager compensation ► \$  Description of services provided ► MANAGES/CONTROLS SALES OF RAFFLE TICKETS  ▼ Director/officer ► Employee ► Independent contractor  17 Mandatory distributions  a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	c	If "Yes," ente	er name and address	S			
Name ► LYNN ROSS  Gaming manager compensation ► \$  Description of services provided ► MANAGES/CONTROLS SALES OF RAFFLE TICKETS  ▼ Director/officer		Name 🟲					
Name ► LYNN ROSS  Gaming manager compensation ► \$		Address 🟲					
Gaming manager compensation ▶ \$  Description of services provided ▶ MANAGES/CONTROLS SALES OF RAFFLE TICKETS  ✓ Director/officer	16	Gaming mana	ager information				
Description of services provided MANAGES/CONTROLS SALES OF RAFFLE TICKETS    Director/officer		Name 🟲 .	LYNN ROSS				
Director/officer		Gaming mana	ager compensation	<b>\$</b>			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Description o	of services provided	MANAGES/CONTROLS SALES O	F RAFFLE TICKETS		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Director/	officer	□ Employee	☐ Independent contractor		
retain the state gaming license?	17	Mandatory dı	stributions				
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$  Part IV Complete this part to provide additional information for responses to quuestion on Schedule G (see instructions.)	а	Is the organi	zatıon required unde	er state law to make charitable distribi	itions from the gaming proceeds to	)	
In the organization's own exempt activities during the tax year ► \$  Part IV Complete this part to provide additional information for responses to quuestion on Schedule G (see instructions.)		retain the sta	ate gaming license?			Г <sub>Yes</sub>	<b>▽</b> No
Part IV Complete this part to provide additional information for responses to quuestion on Schedule G (see instructions.)	b				o other exempt organizations or sp	pent	
instructions.)	Par				responses to guuestion on Sc	chedule G (see	
					, , , , , , , , , , , , , , , , , , , ,	<b>\</b>	
Identifier ReturnReference Explanation		Ider	ntıfıer	ReturnReference	Explana	ation	

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Schedule I

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

OMB No 1545-0047

DLN: 93493227043502

Open to Public **Inspection** 

**Employer identification number** 

Department of the Treasury Internal Revenue Service Name of the organization

COOKING IN CENTRAL INC

(Form 990)

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

06-1808851 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ☐ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (g) Description of (e) A mount of non-(f) Method of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal or government assistance other) EDUCATIONAL (1) BELLINGRATH HILLS 20-8340919 16,534 ELEMENTARY6612 AUDUSSON GREENWELL SPRINGS, LA 70739 (2) TANGLEWOOD EDUCATIONAL 20-8340919 22,802 **ELEMENTARY SCHOOL** 9352 RUSTLING OAKS AVENUE BATON ROUGE, LA 70818 EDUCATIONAL (3) GALILEE BAPTIST 72-0952335 5,153 ACADEMY11050 GS - PT **HUDSON ROAD** ZACHARY, LA 70791 (4) CENTRAL PRIVATE 72-0643386 EDUCATIONAL 8,437 SCHOOL1280 CENTERRA COURT BAKER, LA 70714 (5) CENTRAL HIGH 20-8340919 20,497 EDUCATIONAL SCHOOL 10200 FAST BROOKSIDE DRIVE BATON ROUGE, LA 70818 11,203 EDUCATIONAL (6) CENTRAL 20-8340919 INTERMEDIATE SCHOOL 10510 JOOR ROAD BATON ROUGE, LA 70818 (7) CENTRAL MIDDLE 20-8340919 12,107 EDUCATIONAL SCHOOL11526 SULLIVAN ROAD BATON ROUGE, LA 70818 (8) ST ALPHONSUS 26-1840138 13,182 EDUCATIONAL SCHOOL13940 GREENWELL SPRINGS ROAD GREENWELL SPRINGS, LA 70739 (9) CENTRAL COMMUNITY 27-3249499 5.785 EDUCATIONAL ALLIANCE FOUNDATIP O BOX 78331 BATON ROUGE, LA 70837

Enter total number of other organizations listed in the line 1 table . . .

Cat No 50055P

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . . . . . . . .

OF GRANT FUNDS

STATES

INSIDE THE UNITED

(a)Type of grant or assistance

(b) Number of

recipients

(f)Description of non-cash assistance

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

(d)A mount of

non-cash assistance

ORGANIZATION UP TO THE AMOUNT THAT WAS AWARDED VERY FEW GRANTS ARE ADVANCED TO

ORGANIZATIONS AND REQUIRES BOARD APPROVAL THIS IS ALLOWED FOR EXTINUATING CIRCUMSTANCES IN THE EVENT THAT A GRANT AWARD IS GIVEN IN ADVANCE, EXPENDITURES WILL BE MONITORED ON A QUARTERLY

(e)Method of valuation

(book,

(c)A mount of

cash grant

BASIS

	reci	prents	cash grant	non-cash assistance	FMV, appraisal, other)	
Part IV Supplem	ental Information. C	omplete this j	part to provide the info	rmation required in Par	t I, line 2, and any other a	addıtıonal ınformatıon.
Identifier	Return Reference	Exp	planation			
PROCEDURES FOR MONITORING THE USE	SCHEDULE I, PAGE 1, F LINE 2				GANIZATION TO PRODUCE /ED AND APPROVED, A CHE	INVOICES FOR ITEMS PURCHASED ECK IS THEN CUT TO THE

Software ID: Software Version:

**EIN:** 06-1808851

Name: COOKING IN CENTRAL INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

Form 990,Schedule	I, Part II, G	rants and O	ther Assista	nce to Gove	rnments an	d Organizatio	ns in the United S
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELLINGRATH HILLS ELEMENTARY6612 AUDUSSON GREENWELL SPRINGS,LA 70739	20- 8340919		16,534				EDUCATIONAL
TANGLEWOOD ELEMENTARY SCHOOL9352 RUSTLING OAKS AVENUE BATON ROUGE, LA 70818	20- 8340919		22,802				EDUCATIONAL
GALILEE BAPTIST ACADEMY11050 GS - PT HUDSON ROAD ZACHARY,LA 70791	72- 0952335		5,153				EDUCATIONAL
CENTRAL PRIVATE SCHOOL1280 CENTERRA COURT BAKER,LA 70714	72- 0643386		8,437				EDUCATIONAL
CENTRAL HIGH SCHOOL10200 EAST BROOKSIDE DRIVE BATON ROUGE, LA 70818	20- 8340919		20,497				EDUCATIONAL
CENTRAL INTERMEDIATE SCHOOL10510 JOOR ROAD BATON ROUGE, LA 70818	20- 8340919		11,203				EDUCATIONAL
CENTRAL MIDDLE SCHOOL11526 SULLIVAN ROAD BATON ROUGE,LA 70818	20- 8340919		12,107				EDUCATIONAL
ST ALPHONSUS SCHOOL13940 GREENWELL SPRINGS ROAD GREENWELL SPRINGS,LA 70739	26- 1840138		13,182				EDUCATIONAL
CENTRAL COMMUNITY ALLIANCE FOUNDATIP O BOX 78331 BATON ROUGE, LA 70837	27- 3249499		5,785				EDUCATIONAL

As Filed Data -

DLN: 93493227043502

Employer identification number

#### Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

**Transactions with Interested Persons** 

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

OMB No 1545-0047

2011

Open to Public Inspection

COOKING	IN CENTRAL INC								6-18088	51		
Part I	Excess Benefit Tran							organ	zations	only).	ine 40h	
1	(a) Name of disqu			165 0111011	111 9 9 0 , 1	<b>(b)</b> Desc				rait v, i		(c)
							•				Yes	No
<b>2</b> Ent	er the amount of tax impos	ed on tl	ne orgar	nızatıon man	agers or	disqualified pers	ons dur	ing the '	year unde	r	I	
	tion 4958 er the amount of tax, if any		 2, abo			e organization .				• \$ — • \$		
Part I	Loans to and/or in Complete of the organization					), Part IV, line 26	, or Fori	m 990-l	EZ, Part V	', line 38	a	
<b>(a)</b> Nam	e of interested person and purpose	or fro	oan to om the zation?	(c)Orig principal a		(d)Balance due	( <b>e)</b> defau		(f) A pproby boar commit	ved d or	(g)Writ	
		То	From				Yes	No	Yes	No	Yes	No
											+	
										+	+	
Total . <b>Part II</b>	Grants or Assistar				<b>▶</b> \$	Dorsons						
Part II.	Complete if the orga	nızatıc	n ansv	vered "Yes	" on Fo	rm 990, Part IV		27.				
(	a) Name of interested pers	on	(1			een interested per ganization	son	<b>(c)</b> A n	nount of g	rant or ty	pe of assi	stance
			+									
							+					

Part IV Business Transactions Involving Interested Persons
--

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LORETTA WATTS AAS COMPANY	BOARD OF DIRECT	1,897	PURCH MEMBER SHIRTS		No

### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier F	Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ) 2011

As Filed Data -

DLN: 93493227043502

## SCHEDULE O

Department of the Treasury Internal Revenue Service

(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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization COOKING IN CENTRAL INC

**Employer identification number** 

06-1808851

ldentifier	Return Reference	Explanation	
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	OUR PRIMARY EXEMPT PURPOSE HAS BEEN TO ASSIST LOCAL SCHOOLS WITH FUNDS DESIGNATED FOR EDUCATIONAL MATERIALS AND SUPPLIES ALONG WITH SCHOOLS IN NEED DUE TO DISASTER OR DEVESTATION IN NEIGHBORING PARISHES WITHIN THE STATE OF LOUISIANA WE HAVE ALSO ASSISTED OTHER CHARITABLE ORGANIZATIONS SWITHIN EAST BATON ROUGE PARISH SUCH AS BLUE STAR MOMS AND THE CENTRAL COMMUNITY ASSISTANCE FOUNDATION EVENT EXPENSE ARE HELD AT A MINIMUM SO THAT A MAJORITY OF THE FUNDS RAISED CAN THE GRANTED TO ORGANIZAITONS IN NEED	
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	ANNUAL COOKOFF & BOIL	
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	THE ORGANIZATION DID HAVE ACTIVE VOTING MEMBERS WITH AN ELECTED BOARD FROM THAT MEMBERSHIP	
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	SAME AS QUESTION 6	
DOCUMENTATION BY COMMITTEE	FORM 990, PAGE 6, PART VI, LINE 8B	COMMITTEE MEETINGS MAY OR MAY NOT BE FORMALLY DOCUMENTED ANY ACTIONS THEY MAY TAKE IS BROUGHT TO THE FULL BOARD FOR A VOTE	
OFFICERS WHO CANNOT BE REACHED	FORM 990, PAGE 6, PART VI, LINE 9	RUSSELL M STARNS 4910 MONTICELLO BLVD, STE C BATON ROUGE, LA 70814 LYNN ROSS 17839 LAKE VISTA GREENWELL SPRINGS, LA 70739 SUZONNE V COWART 16435 WAX ROAD GREENWELL SPRINGS, LA 70739 RODNEY BONVILLIAN 10611 DURMAST DRIVE GREENWELL SPRINGS, LA 70739 MIKE BREAUX 6338 MORGAN ROAD GREENWELL SPRINGS, LA 70739 RON ERICKSON 6622 AUDUSSON DRIVE GREENWELL SPRINGS, LA 70739 DENISE GILES 13318 ACRES COURT CENTRAL, LA 70714 JOHN A ANDERSON 12141 STONEWAY PLACE CENTRAL, LA 70818 BRIAN FIFE 9411 SAGEFIELD DRIVE BATON ROUGE, LA 70818 TIM LAZAROE 10817 SHOE CREEK DRIVE BATON ROUGE, LA 70818 WAY NE LEADER 12414 HOOPER ROAD BATON ROUGE, LA 70818 BILL MCLIN 16523 ALFORD DRIVE GREENWELL SPRINGS, LA 70739 BILL PARSONS 11150 MCCULLOUGH ROAD ZACHARY, LA 70791 LORETTA WATTS 13445 JOOR ROAD BATON ROUGE, LA 70818	
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	AFTER COMPLETION OF FORM 990 OR 990EZ, THE COMPLETED FORM IS GIVEN TO ALL BOARD MEMBERS FOR REVIEW A BOARD MEETING IS THEN HELD IN WHICH THE RETURN IS DISCUSSED AND APPROVED FOR FILING	
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	REQUESTS TO VIEW DOCUMENTS CAN BE MADE IN WRITING AND MAILED TO THE POST OFFICE BOX OR THROUGH OUR EMAIL LINK FOUND ON OUR WEBSITE	

#### **Additional Data**

Software ID: Software Version:

**EIN:** 06-1808851

Name: COOKING IN CENTRAL INC

#### Form 990, Special Condition Description:

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code ) (Expenses \$ 115,700 including grants of \$ 115,700 ) (Revenue \$

ANNUAL COOKOFF & BOIL

4d. Other program services