Form	88	79	-E	0

Department of the Treasury

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

, 2011, and ending

Do not send to the IRS. Keep for your records.

► See instructions.

Internal Revenue Service Name of exempt organization

72-1065318	

Employer identification number

.20

GREATER BATON ROUGE FOOD BANK

Name and title of officer MICHAEL MANNING

PRESIDENT/CEO

Type of Return and Return Information (Whole Dollars Only) Part I

For calendar year 2011, or fiscal year beginning

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here b X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	18226058
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	Зb	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Declaration and Signature Authorization of Officer Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize POSTLETHWAITE & NETTERVILLE	to enter my Pi
ERO firm name	
	d return. If I have indicated within this return that a copy of the return le IRS Fed/State program, I also authorize the aforementioned ERO to
As an officer of the organization, I will enter my PIN as my signature of indicated within this return that a copy of the return is being filed with program, I will enter my PIN on the return's disclosure consent scree Officer's signature Michael H Martine Michael H Martine Sciences (Street Sciences) (Street Science	n a state agency(ies) regulating charities as part of the IRS Fed/State
	·
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.	72610984515 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2 confirm that I am submitting this return in accordance with the requirements of <i>e-file</i> Providers for Business Returns.	
ERO's signature	Date > 11/19/12
ERO Must Retain This For Do Not Submit This Form To the IR	
	Form 9970 EO (2011)

LHA F 123051 12-01-11 For Paperwork Reduction Act Notice, see instructions. Form 88/9-EO (2011)

Form 990
Department of the Treasur
Internal Revenue Service

HURRICANE ISAAC **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)

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



Α	For th	e 2011 calendar year, or tax year beginning and	ending	_	
В	Check if applicab	e: C Name of organization		D Employer identifie	cation number
Г	Addre	GREATER BATON ROUGE FOOD BANK			
	Name			72-1	065318
	Initial returr		Room/suite	E Telephone number	
	Termi ated)359-9940
	Amen	City or town, state or country, and $ZIP + 4$		G Gross receipts \$	18,422,237.
	Appli tion	BAION ROUGE, LA 70805		H(a) Is this a group re	
	pendi	F Name and address of principal officer: MICHAEL G. MANNING		for affiliates?	Yes X No
_		5546 CHOCTAW DR., BATON ROUGE, LA 708	05	H(b) Are all affiliates inc	luded? Yes No
		empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 🛄 527	If "No," attach a	list. (see instructions)
		te: WWW.BRFOODBANK.ORG		H(c) Group exemption	
_		f organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 1985 N	State of legal domicile: LA
P	art I		MTOOTO		
e	1	Briefly describe the organization's mission or most significant activities: OUR	MISSIO	N IS TO FEE	U THE
Activities & Governance		HUNGRY IN BATON ROUGE AND THE SURROUNDING			
veri		Check this box if the organization discontinued its operations or dispo			sets. 30
ĝ		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			30
ې د	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			33
itie		Total number of volunteers (estimate if necessary)			1586
cti∕		Total unrelated business revenue from Part VIII, column (C), line 12			-141,539.
۲		Net unrelated business taxable income from Form 990-T, line 34			-141,539.
		······································		Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		20,538,093.	18,304,020.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,251.	20,254.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		159,147.	-98,216.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		20,705,491.	18,226,058.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $$		1,098,385.	1,133,677.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	24	0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 558,7		17,406,326.	15,074,040.
	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		18,504,711.	16,207,717.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,200,780.	2,018,341.
OL OL	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
ets c	20	Total assets (Part X, line 16)		13,752,892.	15,374,397.
Assets	21			2,457,292.	2,059,413.
Fund	-	Net assets or fund balances. Subtract line 21 from line 20		11,295,600.	13,314,984.
		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 MICHAEL G. MANNING, PR Type or print name and title	ESIDENT/CEO		Date				
Paid	Print/Type preparer's name RALPH STEPHENS	Preparer's signature	Date	Check PTIN if self-employed P0063	8118			
Preparer	Firm's name POSTLETHWAITE &	NETTERVILLE		Firm's EIN 72-120	2445			
Use Only	Use Only Firm's address 8550 UNITED PLAZA BLVD, SUITE 1001 BATON ROUGE, LA 70809				-4600			
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							
132001 01-2	3-12 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form	990 (2011)			
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEM	ENT CO	ONTINUATION				

Form	990 (2011) GREATER BATON ROUGE FOOD BANK	72-1065318	Page 2
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		L
1	Briefly describe the organization's mission: OUR MISSION IS TO FEED THE HUNGRY IN BATON ROUGE AND THE PARISHES BY PROVIDING FOOD AND EDUCATIONAL OUTREACH THRO		NG
	FAITH-BASED AND OTHER COMMUNITY PARTNERS.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		s X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	s X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section $501(c)(3)$ and $501(c)(4)$ organizations and section $4947(a)(1)$ trusts are required to report the amount of		
	others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:)(Expenses \$ 15,439,530. including grants of \$ 18,304,020.) (Revenue SUPPLYING FOOD FOR THE NEEDY IN OUR SERVICE AREA.	ue \$ 20	,254.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ue\$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue		
40	(Code:) (Expenses \$ including grants of \$) (Revent	ue ə	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>		Form	990 (2011
132002 02-09-			
91	128 757189 BGRE500 2011.05010 GREATER BATON ROUGE	FOOD BA BGR	E5011

Form 990 (2011)

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GREATER BATON ROUGE FOOD BANK

Pa	rt IV Checklist of Required Schedules			
		_	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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
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		X
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, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	5 1 1 5 7			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	x	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	
120		12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
5	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b		<u> </u>		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		x
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	X	
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	X	

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 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2011)

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20a

20b

Х

Х

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4 2011.05010 GREATER BATON ROUGE FOOD BA BGRE5011

Form 990 (GREATER			FOOD	BANK		
Part IV Checklist of Required Schedules (continued)								

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			v
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			v
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		_X_
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 lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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			v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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			v
	Schedule L, Part I	25b		_X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			v
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	~ 7		х
~~	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	00-		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	000	x	
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	X	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	- 23	
30		30		х
04	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		х
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete	31		
52		32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?	00		
07	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization raceive any payment from or engage in any transaction with a controlled entity within the meaning of	004		
0	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
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	x	
		00		

Form **990** (2011)

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and m	eporta	Ible gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	33			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned	ms?		2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country:					
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial			_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
0d	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible?			6a	x	
b	If "Yes," did the organization include with every solicitation an express statement that such contribut			- Uu		
	were not tax deductible?		-	6b	х	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	to file Form 8282?			7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe			7g		X
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			7h		Δ
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		x
9	Sponsoring organizations maintaining donor advised funds.		ie daning nie jean	•		
а	Did the organization make any taxable distributions under section 4966?			9a		Х
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		Х
10	Section 501(c)(7) organizations. Enter:					
а	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	10b				
11	Section 501(c)(12) organizations. Enter:		I			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
d	Note. See the instructions for additional information the organization must report on Schedule O.			134		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
				Form	990 ((2011)

132005 01-23-12

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Form 990 (2011) Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Check if Schedule O contains a response to an	v question in this Part VI
oncon il ochedule o contains a response to an	iy question in this r art vr

37	
х	
	x

Sec	tion A. Governing Body and Management								
		Ι.			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	30						
	If there are material differences in voting rights among members of the governing body, or if the governing								
-	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	<u>.</u>	30						
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 relationsh					v			
•	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the					х			
	of officers, directors, or trustees, or key employees to a management company or other person?			3 4		X			
	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
-	 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stackholders? 								
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a			6		X			
7a				7a	х				
h	more members of the governing body?			/ a	- 23				
b				7b		х			
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar hv th	e followina.	15					
o a	The governing body?			8a	х				
b	Each committee with authority to act on behalf of the governing body?			8b	X	<u> </u>			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			0.0					
J				9		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F								
			,		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х			
	If "Yes," did the organization have written policies and procedures governing the activities of such c								
	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 boo			11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to cor	flicts?	12b	Х				
с									
	in Schedule O how this was done			12c	Х				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approv	al by i	ndependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?							
	The organization's CEO, Executive Director, or top management official			15a	X				
b	Other officers or key employees of the organization			15b	Х				
	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 arrange	ement v	vith a			37			
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	-	-						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	on's						
<u> </u>	exempt status with respect to such arrangements?	<u></u>		16b					
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright LA								
17 19	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Soc	tion $501(c)(3)c$ only)	wailab					
18	for public inspection. Indicate how you made these available. Check all that apply.			avallaD	iiC				
	X Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict	of interest policy an	d finar	ncial				
15	statements available to the public during the tax year.	Similar	or interest policy, all	a midi	10101				
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the organiza	tion · 🕨	•				
	MICHAEL G MANNING - (225) 359-9940								
	5546 CHOCTAW DRIVE, BATON ROUGE, LA 70805								
132000 01-23-				Form	990 (2011)			
	6					,			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** Check if Schedule O contains a response to any question in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		I				npe	lisai			(5)
(A) Name and Title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MICHAEL THAM										
CHAIRMAN	1.00	х						0.	0.	0.
(2) THOMAS BROWN III										
MEMBER	1.00	x						0.	0.	0.
(3) MARK GRANT	1									
MEMBER	1.00	X						0.	0.	0.
(4) KIMBERLY CHOPIN	1									•
MEMBER	1.00	x						0.	0.	0.
(5) LEWIS "RANDY" FLETCHER	1 00									•
IMMEDIATE PAST CHAIRMAN	1.00	X						0.	0.	0.
(6) BRAD LAMBERT	1 00									0
MEMBER-AT-LARGE	1.00	X						0.	0.	0.
(7) SR. ADELE LAMBERT	1 00									0
MEMBER	1.00	X						0.	0.	0.
(8) DANIEL "DAN" LASTRAPES	1 0 0									0
MEMBER	1.00	X						0.	0.	0.
(9) VALERIE JUDICE	1 00								0	0
MEMBER	1.00	X						0.	0.	0.
(10) LEE C. KANTROW, JR.	1.00	x						0.	0.	0.
MEMBER (11) FREDERIC KEARNY	1.00						<u> </u>	0.	0.	0.
MEMBER	1.00	x						0.	0.	0.
(12) LESLIE MAGEE	1.00							0.	0.	0.
MEMBER	1.00	x						0.	0.	0.
(13) RUSSELL MOSELY	1.00									0.
VICE CHAIRMAN	1.00	x						0.	0.	0.
(14) JAMES. E. STALLS, JR.	1.00						-		Ŭ.	
MEMBER	1.00	x						0.	0.	0.
(15) RALPH BENDER										
MEMBER	1.00	x						0.	0.	0.
(16) SHARON LEE	+									
TREASURER	1.00	x						0.	0.	0.
(17) PAUL SAWYER										
MEMBER-AT-LARGE	1.00	x						0.	0.	0.
120007 01 02 10				•		•		•	•	Earm 990 (2011)

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2011.05010 GREATER BATON ROUGE FOOD BA BGRE5011

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Part VII Section A. Officers, Directors, Tru	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B) (C)							(D)	(E)		(F)
Name and title	Average	(do			itior	ו than than	one	Reportable	Reportable	Es	timated
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	am	nount of
	week		er an	dau		or/trus	lee)	from	from related		other
	(describe hours for	recto						the	organizations		pensation
	related	or di	ee			sated		organization	(W-2/1099-MISC)		om the
	organizations	rustee	l trus		ee	npen		(W-2/1099-MISC)		-	anization d related
	in Schedule	Individual trustee or director	itiona		nploy	st cor	5				nizations
	O)	Indivi	Institutional trustee	Officer	Key er	Highest compensated employee	Former				
(18) ANDRES CALDERON											
MEMBER	1.00	Х						0.	0.		0.
(19) DE'SHOIN YORK FRIENDSHIP	1 0 0										•
SECRETARY	1.00	X						0.	0.	<u> </u>	0.
(20) PATRICK HENRY MEMBER	1.00	x						0.	0.		0.
(21) ROSLYN LETO	1.00							0.	0.		0.
MEMBER	1.00	x						0.	0.		0.
(22) BILL O'QUIN									-		
MEMBER	1.00	Х						0.	0.		0.
(23) DANIEL K RESTER											
MEMBER	1.00	X						0.	0.	<u> </u>	0.
(24) BILL SIMON JR MEMBER	1.00	x						0.	0.		0.
(25) BRAD GRANTHAM	1.00							0.	0.		0.
MEMBER	1.00	x						0.	0.		Ο.
(26) DAVID GUILLORY											
MEMBER	1.00	Х						0.	0.		0.
1b Sub-total								0.	0.		0.
c Total from continuation sheets to Part VI								322,568.	0.		1,717.
d Total (add lines 1b and 1c)					0.	3	1,717.				
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wł	no re	eceived more than \$100	,000 of reportable		1
compensation from the organization											1 Yes No
2 Did the summination list and former officer	-P 4										Tes NO
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	,		,				,	0	. ,	3	x
4 For any individual listed on line 1a, is the su								her compensation from			
and related organizations greater than \$150										4	X
5 Did any person listed on line 1a receive or a											
rendered to the organization? If "Yes," com						•				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of compens	ation f	rom
the organization. Report compensation for t	the calendar y	ear	endi	ng v	vith	or w	ithir	ŭ	year.		
(A) Name and business	address	NC	ONE	7				(B) Description of s	ervices	(C Comper	
		11(-			-	Decemption of e			
							+				
							+				
		_	_								
2 Total number of independent contractors (in	ncluding but n	iot lii	mite	d to	tho	se li	stec	above) who received m	nore than		
\$100,000 of compensation from the organiz		<u></u>	7777								200
SEE PART VII, SECTION	N A CON'	ττ	NUF	7.T.	τOI	LN Å	ы	CC1.2		Form \$	990 (2011)

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Part VII Section A. Officers, Directors, Tru		nplo	byee			ligh	est			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(cl			ition that		ly)	ReportableReportablecompensationcompensation		Estimated amount of
	per week	Individual trustee or director	onal trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) STEVEN GRAZIANO	1 0 0	37						0	0	0
MEMBER	1.00	X						0.	0.	0.
(28) DALE MARTRAIN MEMBER	1.00	x						0.	0.	0.
(29) MONICA MAINLAND	1 0 0							0		
MEMBER (30) MARLOW PAUL	1.00	x			\vdash			0.	0.	0.
MEMBER	1.00	x						0.	0.	0.
(31) MICHAEL MANNING CHIEF EXECUTIVE OFFICER	40.00			x				131,193.	0.	5,607.
(32) CHARLENE GUARISCO MONTELARO VICE PRESIDENT OF DEVELOPMENT	40.00			x				59,888.	0.	11,071.
(33) ERIN SWENSON VICE PRESIDENT OF PUBLIC RELATIONS	40.00			x				51,659.	0.	539.
(34) RASHMI VENUGOPAL CONTROLLER	40.00			x				19,989.	0.	2,791.
(35) AMY SELLERS VICE PRESIDENT OF FOOD PROCUREMENT	40.00			x				31,210.	0.	8,951.
(36) LAURA L. BROWN CAO	40.00			x				12,491.	0.	1,024.
(37) KIMBERLY L. JOYCE CFO	40.00			x				16,138.	0.	1,734.
Total to Part VII, Section A, line 1c		<u> </u>			<u> </u>	<u> </u>	<u> </u>	322,568.		31,717.

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Form 990 (20	D11)
Dort VIII	6

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Fa				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d f g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abor Noncash contributions included in lines Total. Add lines 1a-1f	1b 1c 1d ions) 1e ts, and 1f 1a-1f: \$ 13,809,21	8.			
Program Service Revenue	2a b c d e		Business C				
	<u>g</u> 3 4	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of tax	dividends, interest, and	20,254.	20,254.		
	b	Royalties Gross rents Less: rental expenses Rental income or (loss)	(i) Beal (ii) Person	▶			
	d 7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities (ii) Other	-141,539.		-141539.	
levenue	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising including \$ contributions reported on line	g events (not of 1c). See	► ►			
Other Revenu	с	Part IV, line 18 Less: direct expenses Net income or (loss) from func Gross income from gaming ac Part IV, line 19	b 24,33 draising events tivities. See	7. 4. ▶ 43,323.			43,323.
	с 10 а b	Less: direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold	ing activities returns a b				
-	11 a b c d	All other revenue	e Business C	ode			
13200 01-23-	12	Total. Add lines 11a-11d Total revenue. See instructions.		18,226,058.	20,254.	-141539.	43,323. Form 990 (2011)

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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).

comp	nete columns (B), (C), and (D).				
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
-	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	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	324,185.	179,372.	144,813.	
6	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	710,192.	555,035.		155,157
8	Pension plan accruals and contributions (include	4			
	section 401(k) and section 403(b) employer contributions)	17,472.	12,405.	2,446.	2,621
9	Other employee benefits	01 000		11 15 6	10 05 1
10	Payroll taxes	81,828.	58,098.	11,456.	12,274
11	Fees for services (non-employees):				
	Management				
	Legal			20 455	
	Accounting	30,455.		30,455.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	7,198.	7 100		
f	Investment management fees	7,190.	7,198.		
	Other	19,689.	18,508.		1,181
12	Advertising and promotion	7,067.	7,067.		1,101
13 14	Office expenses	14,759.	14,759.		
14	Information technology Royalties	11,7550	11,1001		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	57,919.	55,603.	1,158.	1,158
20	Interest	100,582.	100,582.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	110,403.	110,403.		
23	Insurance	189,705.	189,705.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DISTRIBUTION OF COMMODI	13,435,150.	13,435,150.		
b	DIRECT MAIL EXPENSE	234,582.			234,582
С	CAPITAL CAMPAIGN	128,784.			128,784
d	FUEL AND MILEAGE	91,935.	86,419.	1,839.	3,677
е	All other expenses	645,812.	609,226.	17,286.	19,300
25	Total functional expenses. Add lines 1 through 24e	16,207,717.	15,439,530.	209,453.	558,734
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2011)

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Form 990 (2011) Part X Balance

Assets

Liabilities

Net Assets or Fund Balances

	GREATER	BATON	ROUGE	FOOD	BANK	
e Sheet						

		Beginning of year		End of year
1	Cash - non-interest-bearing	1,741,938.	1	3,291,557.
2	Savings and temporary cash investments	214,601.	2	214,601.
3	Pledges and grants receivable, net	2,764,614.	3	2,464,456.
4	Accounts receivable, net	55,023.	4	46,571.
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	1,934,716.	8	2,375,094.
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D10a7,991,709.Less: accumulated depreciation10b1,772,252.	6 001 680		
b		6,291,672.	10c	6,219,457.
11	Investments - publicly traded securities	750 200	11	
12	Investments - other securities. See Part IV, line 11	750,328.	12	762,661.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	12 752 002	15	15 274 207
16	Total assets. Add lines 1 through 15 (must equal line 34)	13,752,892.	16	<u>15,374,397.</u> 224,707.
17	Accounts payable and accrued expenses	90,839.	17	224,707.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	2,366,453.	22	1,834,706.
23	Unsecured notes and loans payable to unrelated third parties	2,500,1550	23	1,001,,000
25	Other liabilities (including federal income tax, payables to related third		27	
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
			25	
26	Total liabilities. Add lines 17 through 25	2,457,292.	26	2,059,413.
	Organizations that follow SFAS 117, check here and complete			
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here 🕨 🔀 and			
	complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	0.	30	0.
31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
32	Retained earnings, endowment, accumulated income, or other funds	11,295,600.	32	13,314,984.
33	Total net assets or fund balances	11,295,600.	33	13,314,984.
34	Total liabilities and net assets/fund balances	13,752,892.	34	15,374,397.

(A) Beginning of year

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(B) End of year

Form 990 (2011)

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Check if Schedule O contains a response to any question in this Part XI		
Total revenue (must equal Part VIII, column (A), line 12)	1	
Total expenses (must equal Part IX, column (A), line 25)	2	
Revenue less expenses. Subtract line 2 from line 1	3	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	

Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			X
			Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🛣 Accrual 🗌 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
с	If "Yes" to line 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?	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

Form 990 (2011)

18,226,058.

16,207,717.

11,295,600.

13,314,984.

5

6

2,018,341.

1,043.

X

GREATER BATON ROUGE FOOD BANK

Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))

Form 990 (2011) GREATER B Part XI Reconciliation of Net Assets

1

2

3

4

5

6

	DULE A 90 or 990-EZ)	Pub	olic Charity St	tatus	and P	ublic	Supp	ort	┝	OMB No.	1545-00	47
Department of Internal Reve	of the Treasury nue Service		te if the organization is 4947(a)(1) no tach to Form 990 or Fo	onexempt	charitable	e trust.				Open te Inspe	o Publ ection	
Name of	the organizati	on						E	mployer i	dentificat	ion nu	mber
			BATON ROUGE						72	-1065	318	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.				
The organ	nization is not a	a private foundation	because it is: (For lines ⁻	1 through	11, check	only one b	ox.)					
1 🖂	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2 🛄	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3 🛄	A hospital or	a cooperative hospi	tal service organization of	described	in section	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospita	i's nam	ıe,
	city, and stat											
5 📖	-	-	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describe	ed in		
		(b)(1)(A)(iv). (Comple										
6			ent or governmental uni									
7 X			eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	e general p	ublic desc	ribed i	n
		b)(1)(A)(vi). (Comple										
	•		ection 170(b)(1)(A)(vi).		-							
9 📖			eives: (1) more than 33									
		•	nctions - subject to certa			,			• •	-		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	fter June 3	30, 197	5.
<i>1</i> 0		509(a)(2). (Complete					500()V					
	-	•	perated exclusively to te	-	•							
11 📖	•	•	perated exclusively for the							•		or
			ations described in section				2). See sec	ction 509(a)(3). Cheo	CK THE DOX	that	
		-	organization and compl Type II		e III - Func		ograted		d 🗌	Type III - (Othor	
e 🗌			⊥ Type II c	• •		-	-	r moro die				n
e 📖			han one or more publicly									
f		-	ten determination from t		-				5(a)(1) 01 5		ימו(ב).	
•		rganization, check th										
g		•	organization accepted ar									. —
9			irectly controls, either al								Yes	No
			upported organization?							. 11g(i)	1.00	
	0	0,	n described in (i) above?							11g(ii)		
			person described in (i) of							11g(iii)		
h		•	about the supported or	.,						,		
		0		0	()							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the a	rganization	(v) Did you	u notify the	(vi) Is		(vii) Ar	nount o	
	anization	(,	organization (described on lines 1-9	in col. (i) lis	sted in your	organizat		organizátic (i) organiz U.S	ed in the		port	•
-			above or IRC section	governing	document?	(i) of your	support?	U.S	.?		-	
			(see instructions))	Yes	No	Yes	No	Yes	No			
									[
				1				1	1			

<u>Total</u>

Form 990 or 990-EZ.

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Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 GREATER BATON ROUGE FOOD BANK Part II Support Schedule for Organizations Described in Sections 170(b)

72-1065318 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	21,070,226.	19,182,019.	19,501,418.	20,572,414.	18,304,020.	98,630,097.
2	Tax revenues levied for the organ-						
	ization'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						
4	Total. Add lines 1 through 3	21,070,226.	19,182,019.	19,501,418.	20,572,414.	18,304,020.	98,630,097.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						98,630,097.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	21,070,226.	19,182,019.	19,501,418.	20,572,414.	18,304,020.	98,630,097.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources \dots	91,016.	-110904.	10,505.	8,251.	20,254.	19,122.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						98,649,219.
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	ohere					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2011 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	99.98 %
15	Public support percentage from 2010) Schedule A, Part	II, line 14			15	99.89 %
16a	1 33 1/3% support test - 2011. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2010. If the c	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	-	
b	0 10% -facts-and-circumstances tes	t - 2010. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						s >
						dule A (Form 990	

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Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support		i		-	- i	
Calendar year (or fiscal year beginning in) 🕨 🔤	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b 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						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support		•	•	-	•	•
Calendar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)				1		
14 First five years. If the Form 990 is for t	he organization'	l e firet eecond thi	I rd fourth or fifth t	tax year as a soot	1	I
	-			-		
Section C. Computation of Public						
15 Public support percentage for 2011 (lin			column (f))		15	
16 Public support percentage from 2010 S					16	
Section D. Computation of Invest					• •	
17 Investment income percentage for 201	1 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	
18 Investment income percentage from 20						
19a 33 1/3% support tests - 2011. If the o						
more than 33 1/3%, check this box and						
	d stop here. The					
b 33 1/3% support tests - 2010. If the o	rganization did r	not check a box o	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
	rganization did r k this box and s	not check a box of top here. The org	n line 14 or line 19 anization qualifies	a, and line 16 is n as a publicly sup	nore than 33 1/3%, ported organizatior	and

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SCHEDULE	D
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(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047
2011
Open to Public Inspection

Employer identification number 72-1065318

_ No

No

Van	ne of the organization GREATER BATON ROUGE	FOOD BANK	Employer identification num 72-1065318
Pa	Irt I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	ð.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr		
6	are the organization's property, subject to the organization's ex		
0	Did the organization inform all grantees, donors, and donor adv	• •	•
	for charitable purposes and not for the benefit of the donor or or impermissible private benefit?		
Pa	Int II Conservation Easements. Complete if the organ	nization answered "Yes" to Form 990, Part I	
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation of an historic	ally important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifier	d conservation contribution in the form of a	conservation easement on the last
	day of the tax year.		
	· ·		Hold at the End of the Tax V

		H	leid at the End o	of the Tax Year
а	Total number of conservation easements	2a		
b	Total acreage restricted by conservation easements	2b		
с	Number of conservation easements on a certified historic structure included in (a)	2c		
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure			
	listed in the National Register	2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization (during the tax	
	year			
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it holds?		🖂 Yes	🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during t			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the ye	ar 🕨 \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	3)(i)		
	and section 170(h)(4)(B)(ii)?		Yes	🗌 No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state		nd balance she	et, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization	ganizatio	on's accounting	g for
	conservation easements.	-		-
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Simila	r Assets.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement ar	nd balar	ice sheet work	s of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public s	ervice, provide	e, in Part XIV,
	the text of the footnote to its financial statements that describes these items.			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	alances	sheet works of	art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public set	rvice, pr	ovide the follo	wing amounts
	relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$		
	(ii) Assets included in Form 990, Part X	▶ \$		
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide		
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:			
а	Revenues included in Form 990, Part VIII, line 1	▶ \$		
b	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	S	chedule D (Fo	rm 990) 2011
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		BATON ROU							8 Page 2
Pai	t III Organizations Maintaining C								
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following the	at are a s	significant	use of its	collectio	n items
	(check all that apply):								
а	Public exhibition	d	Loan or exc						
b	Scholarly research	е	U Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organizati	ion's exe	empt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit o	r receive donations of	of art, historical trea	asures, or oth	er simila	ar assets		_	
	to be sold to raise funds rather than to be ma							Yes	No No
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the organization	on answered	"Yes" to	o Form 990), Part IV,	line 9, or	
-1a	Is the organization an agent, trustee, custodi	an or other intermed	liarv for contribution	ns or other as	sets no	t included			
	on Form 990, Part X?							Yes	
b	If "Yes," explain the arrangement in Part XIV								
~			lotting table.					Amount	·
c	Beginning balance					1c		,	-
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo							Yes	No
	If "Yes," explain the arrangement in Part XIV.								
Pa	t V Endowment Funds. Complete it	f the organization an	swered "Yes" to Fo	orm 990, Part	IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	750,328.	644,490.	. 54	1,043.				
	Contributions		45,353.	. 3	8,107.				
	Net investment earnings, gains, and losses	12,333.	60,485.	. 6	5,340.				
	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance	762,661.	750,328.	. 64	4,490.				
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%	_						
с	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should	Ild equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organization	ation that are held a	and administe	ered for	the organi	zation	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b	
4	Describe in Part XIV the intended uses of the	<u>u</u>							
Pai	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X, line 10.						
	Description of property	(a) Cost or o		t or other	• •	ccumulate		(d) Bool	k value
		basis (investn		(other)	de	preciation	ı		
1a	Land			0,000.		10.			0,000.
b	Buildings		6,68	35,574.	1,	494,0	52.	5,19	1,522.
с	Leasehold improvements								
d	Equipment		80	6,135.		278,2	00.	52'	7,935.
	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line :	10(c).)				6,21	9,457.
							Schedule	D (Form	990) 2011

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Schedule D	(Form 990) 201
Devit V/II	Increase and the second

dule D (Form 990) 2011 GREATER BATON ROUGE FOOD BANK

(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuest or end-of-year matrix	
(1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
(I)				
Fotal. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		10		
Part VIII Investments - Program Related.	See Form 990, Part X, IIr	ne 13.	(c) Method of valu	uction:
(a) Description of investment type	(b) Book value	Cos	st or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, lin	e 15.			
) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) lir			🕨	•
Part X Other Liabilities. See Form 990, Part X	(, line 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(5) (6)				
(5) (6) (7)				
(5) (6) (7) (8)				
(5) (6) (7) (8) (9)				
(5) (6) (7) (8) (9) (10)				
(5) (6) (7) (8) (9) (10) (11)				
(5) (6) (7) (8) (9) (10)	ne 25.)	tatements that reports the organ	zation's liability for uncer	tain tax positions under

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Schedule D (Form 990) 2011

Sche	dule D (Form 990) 2011 GREATER BATON ROUGE FOOD B.					1065318	Page 4	
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements								
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			18,226	,058.	
2	Total expenses (Form 990, Part IX, column (A), line 25)					16,207		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			2,018	,341.	
4	Net unrealized gains (losses) on investments					1,	,043.	
5	Donated services and use of facilities							
6	Investment expenses							
7	Prior period adjustments							
8	Other (Describe in Part XIV.)		-					
9	Total adjustments (net). Add lines 4 through 8		g				,043.	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	d 9	10			2,019	,384.	
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents Wit	th Revenue	e per R	etur			
1	Total revenue, gains, and other support per audited financial statements				1	18,423	<u>,280.</u>	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains on investments	2a	1,	043.				
b	Donated services and use of facilities	2b						
с	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV.)	2d	24,	334.				
е	Add lines 2a through 2d				2e		<u>,377.</u>	
3	Subtract line 2e from line 1				3	18,397	<u>,903.</u>	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b							
b	Other (Describe in Part XIV.)	4b	-171,	845.				
-	Add lines 4a and 4b				4c	-171	<u>,845.</u>	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	18,226	,058.	
Pai	rt XIII Reconciliation of Expenses per Audited Financial Statem				-			
1	Total expenses and losses per audited financial statements				1	16,403	,896.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
	Donated services and use of facilities							
	Prior year adjustments							
	Other losses		100	1 7 0	-			
d	· · · · · · · · · · · · · · · · · · ·		,	179.		100	170	
	Add lines 2a through 2d				2e		<u>,179.</u>	
3	Subtract line 2e from line 1				3	16,207	,/1/.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1						
	Investment expenses not included on Form 990, Part VIII, line 7b				4			
	Other (Describe in Part XIV.)	-					0	
	Add lines 4a and 4b				4c	16,207	$\frac{0}{717}$	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	10,207	,/⊥/•	
	rt XIV Supplemental Information							
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	I, lines 1a	a and 4; Part IV	, lines 1	b and	2b; Part V, line	4; Part	

X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: FOR THE INVESTMENT OF DONOR CONTRIBUTIONS MADE IN

MEMORY AND IN HONOR OF INDIVIDUALS.

PART X, LINE 2: THE ORGANIZATION HAS BEEN RECOGNIZED BY THE INTERNAL	
REVENUE SERVICE AS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION	
501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME	
TAXES. THE ORGANIZIATON HAD AN UNRELATED BUSINESS TAXABLE INCOME OF	
APPROXIMATELY \$30,000 FOR THE YEAR ENDED DECEMBER 31, 2011 RELATED TO	
132054 01-23-12 Schedule D (Form 990) 2	011

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Schedule D (Form 990) 2011	GREATER BATON ROUGE FOOD BANK	72-1065318 Page 5
Part XIV Supplemental Inform	mation (continued)	
RENTAL INCOME. THE	ORGANIZATION WILL FILE A 990T IN 3	RELATION TO THIS
KENTRE INCOME. IIIE	ORGANIZATION WILL FILE A 9901 IN	RELATION TO THIS
BUSINESS INCOME, HOW	WEVER, NO INCOME TAX IS EXPECTED T	O BE PAID DUE TO THE
RELATED EXPENSES THA	AT ARE DEDUCTIBLE FROM THE INCOME.	ACCORDINGLY, NO
PROVISION FOR INCOME	E TAXES ON RELATED INCOME HAS BEEN	INCLUDED IN THE
FINANCIAL STATEMENTS	5.	

IN MANAGEMENT'S JUDGEMENT, THE FOOD BANK DOES NOT HAVE ANY TAX POSITIONS THAT WOULD RESULT IN A LOSS CONTINGENCY CONSIDERING THE FACTS,

WITH FEW EXCEPTIONS, THE STATUTE OF LIMITATION FOR THE EXAMINATION OF THE FOOD BANK'S INCOME TAX RETURNS IS GENERALLY THREE YEARS FROM THE DUE DATE OF THE TAX RETURNS INCLUDING EXTENSIONS. THE TAX YEARS OPEN FOR

ASSESSMENT ARE THE YEARS ENDING ON OR AFTER DECEMBER 31, 2008.

CIRCUMSTANCES, AND INFORMATION AVAILABLE AT THE REPORTING DATE.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RENTAL DEPRECIATION

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

RENTAL DEPRECIATION

Schedule D (Form 990) 2011

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(Form 990 or 990-EZ)

Department of the Treasury	
Internal Revenue Service	

Supplemental Information Regarding Fundraising or Gaming Activities

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.

2011
Open To Public Inspection

OMB No. 1545-0047

Name of the	organization			Employer identification number
		BATON ROUGE		72-1065318
Part I	Fundraising Activities.	Complete if the organiza	ation answered "Yes" to Form 990, Part IV, line 1	7. Form 990-EZ filers are not

Part I Fundraising Activities, required to complete this part	Complete if the organization answ t.	ered "\	'es" to	Form 990, Part IV,	line 17. Form 990-EZ	filers are not	
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c X Phone solicitations g X Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 							
(i) Name and address of individual or entity (fundraiser)(ii) Activity(iii) Activity(iv) Gross receipts fundraiser have custody 							
RUSS REID COMPANY - 2000 L STREET NW SUITE 350,	SOLICIT DONATIONS	Yes	No X	1,024,331.	234,582.	789,749.	

		103				
STREET NW SUITE 350,	SOLICIT DONATIONS		х	1,024,331.	234,582.	789,749.
		_				
Total				1,024,331.	234,582.	789,749.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2011

22 2011.05010 GREATER BATON ROUGE FOOD BA BGRE5011

132081 01-23-12

Schedule G (Form 990 or 990-EZ) 2011 GREATER BATON ROUG	E FOOD BANK
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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	ross income on Form 990)-EZ, lines 1 and 6b. List	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				GOLF		(add col. (a) through
			ART FOR FOOD	TOURNAMENT	3	col. (c)
Ð			(event type)	(event type)	(total number)	coi. (c))
Revenue	1	Gross receipts	24,643.	27,872.	15,142.	67,657.
ш	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	24,643.	27,872.	15,142.	67,657.
	-		,			, ,
	4	Cash prizes				
nses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direc	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		14,989.	4,838.	24,334.
	10	Direct expense summary. Add lines 4 throug				(24,334,
	11	Net income summary. Combine line 3, colum	n (d), and line 10			43,323.
Pa	rt I		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			()
	8	Net gaming income summary. Combine line	1, column d, and line 7		>	
а	ls t	ter the state(s) in which the organization opera he organization licensed to operate gaming ac No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses r Yes," explain:			year?	Yes No
	_					
1320	32 O	1-23-12			Schedule G (For	m 990 or 990-EZ) 2011

Schedule G (Form 990 or 990-EZ) 2011 GREATER BATON ROUGE FOOD BANK 72-	1065	5318	Page 3
11 Does the organization operate gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
to administer charitable gaming?		Yes	└── No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility		1	%
b An outside facility	13b		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
of gaming revenue retained by the third party \blacktriangleright \$			
c If "Yes," enter name and address of the third party:			
Name			
Address			
16 Gaming manager information:			
Name			
Gaming manager compensation 🕨 \$			
Description of services provided 🕨			
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?		Yes	No No
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	🖵	100	
organization's own exempt activities during the tax year \triangleright \$			
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (i	ii) and (v), and	Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	on (see	instruc	tions).
COMPANY C DADE I LINE OD LICE OF MEN HICHER DAID FINDDAICE	Da.		
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	<u> </u>		
(I) NAME OF FUNDRAISER: RUSS REID COMPANY			
(I) ADDRESS OF FUNDRAISER:			
2000 L STREET NW SUITE 350, WASHINGTON, DC 20036			
ZUUU DI SIREEI NW SUITE 550, WASHINGION, DC 20050			
132083 01-23-12 Schedule G (For	m 900	or gan	-F7) 2011
24	550	5, 550	

15291128 757189 BGRE500 2011.05010 GREATER BATON ROUGE FOOD BA BGRE5011

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b.

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

Open To Public Inspection oyer identification number

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization								Employe	r identif	ication n	umber
				FOOD B				72-10	6531	.8	
Part I Excess Benefit	Transacti	ons (section	on 501(c)(3) and sectio	n 501(c)(4) organizatio	ons only)					
Complete if the orga	anization ans	wered "Yes"	on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Pa	t V, line 40	Db.		
1 (a) Name of dis	aualified per	son		(b) Description of transact						(c) Con	rected?
	quamoa por									Yes	No
2 Enter the amount of tax imp	osed on the	organization	manager	s or disqualifi	ed persons during the	e vear ur	nder				
								▶\$			
3 Enter the amount of tax, if a											
			-	-							
Part II Loans to and/o	r From Int	erested I	Persons	6.							
Complete if the orga	nization ans	wered "Yes"	on Form	990, Part IV,	line 26, or Form 990-E	Z, Part V	V, line				
(a) Name of interested person and purpose		nal principal nount	(d) Balance due	(e) In default?				(g) W agree			
	То	From				Yes	No	Yes	No	Yes	No
								_			
								_			
								_			
								-			
								-			
Total			!	> \$!		
Part III Grants or Assis	stance Be	nefiting li	ntereste		S.						
Complete if the orga	nization ans	wered "Yes"	on Form	990, Part IV,	line 27.						
(a) Name of interested				ionship betwe	een interested person	and		(c) An	nount an	d type o	f
				the or	ganization				assistar	ice	
							+				
							+				
							+				
LHA For Paperwork Reduction	Act Notice.	see the Ins	tructions	for Form 99	0 or 990-EZ.	9	Sched	ule L (For	m 990 c	or 990-E	Z) 2011

	. (Form 990 or 990-EZ) 2011					BANK
Part IV	Business Transaction	ons Involving	g Interest	ed Perso	ns.	

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

	10 103 011 0111 300, 1 att 10, 1110 20a, 2	00, 01 200.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
				Yes	No
RANDY FLETCHER	MR. FLETCHER IS A B	207,578.	THE ORGANIZ	í	Х

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: RANDY FLETCHER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

MR. FLETCHER IS A BOARD MEMBER OF THE ORGANIZATION AND OF ASSOCIATED GROCER

(D) DESCRIPTION OF TRANSACTION: THE ORGANIZATION PURCHASED BULK FOOD

PRODUCT FROM ASSOCIATED GROCERS DURING THE TAX YEAR.

Schedule L (Form 990 or 990-EZ) 2011

132132 01-19-12

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

Attach to Form 990.

Open to Public . Inspection Employer identification number

OMB No. 1545-0047

Name of the organization

	GREATER BATON ROUGE FOOD BANK 72-10							
Pa	t I Types of Property				•			
	·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of d noncash contrib	etermini	•	 s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X		12,374,627.	ESTIMATED V	/ALU	Ε	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (<u>LAMAR ADVERTI</u>)	Х	0		FMV			
26	Other ► (WBRZ)	Х	0		FMV			
27	Other (MISCELLANEOUS)	Х	0		FMV			
28	Other (DONATED MICRO)	Х	0	7,225.	FMV			
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lines 1-28 th	at it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exer	npt purposes for			
	the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	outions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncasł	1	1		
	contributions?					32a		X
b	If "Yes," describe in Part II.							

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

132141 01-23-12

Schedule M (Form 990) (2011) GREATER BATON ROUGE FOOD BA
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72-1065318 Page 2

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

- PART I, OTHER TYPES OF PROPERTY:
- LA CHAMPAGNE ACCOUNTING SERVICES
- (A) CHECK IF APPLICABLE = X
- NUMBER OF CONTRIBUTORS = 0(B)
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1345.
- METHOD OF DETERMINING REVENUE: FMV (D)

Schedule M (Form 990) (2011)

132142 01-23-12

28

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Name of the organization

GREATER BATON ROUGE FOOD BANK

Employer identification number 72 - 1065318

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND EDUCATIONAL OUTREACH THROUGH FAITH-BASED AND OTHER COMMUNITY

PARTNERS.

FORM 990, PART VI, SECTION A, LINE 7A: BOARDMEMBERS

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE CEO, THE VP/CONTROLLER, AND THE FULL BOARD PRIOR TO FILING. IT IS ALSO COMPARED TO THE AUDITED FINANCIAL STATEMENTS, AND IS SHARED WITH THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST TO THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15: SALARY LEVELS FOR SIMILAR POSITIONS IN BOTH FOR-PROFIT AND NON-PROFIT COMPANIES ARE REVIEWED IN AN EFFORT TO BE COMPETITIVE WITH MARKET SALARIES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION GOVERNING DOCUMENTS ARE FILED WITH THE LOUISIANA SECRETARY OF STATE. THE CONFLICT OF INTEREST POLICY IS KEPT IN THE BOARD APPROVED POLICY AND PROCEDURE MANUAL WHICH IS AVAILABLE UPON REQUEST. A COPY OF THE 990 IS ALSO GIVEN TO THE STATE GOVERNMENT, CAPITAL AREA UNITED WAY, AND IS AVAILABLE ON CHARITY NAVIGATOR. A COPY OF THE 990 IS ALSO LOCATED ON OUR WEBSITE.

FORM 990,	PART XI,	LINE 5,	CHANGES	IN NET	ASSETS:	
LHA For Paperw	ork Reduction Ac	t Notice, see th	e Instructions f	or Form 990 o	or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2011)
01-23-12				20)	

Schedule O (Form 990 or 990-EZ) (2011)						Page
Name of the organization GREATER BAS	ION ROUGE FOOD	BANK			Employer ider 72-10	ntification numbe
NET UNREALIZED GAINS ON I	INVESTMENTS:					1,043
THE PROCESS HAS NOT CHANG	GED FROM THE P	RIOR YEA	R.			
132212 01-23-12		30) or 990-EZ) (201
291128 757189 BGRE500	2011.05010	GREATER	BATON	ROUGE	FOOD BA	A BGRE501

A Deck tox if address think of organization (⊥ Greek box if name changed and see instructions.) Derivations name changed and see instructions.) <	Form 990-T Department of the Treasury Internal Revenue Service	-	Organization Bus (and proxy tax und			ax Retur		OMB No. 1545-0687 2011 Open to Public Inspection for 01(c)(3) Organizations Only	
Benefit inder seiner inder seiner inder sehen auf zur inder	A Check box if	Name of organiz		changed			DEmplo (Emplo	yer identification number byees' trust, see	
Image: Solid (a) 1 with the strengt and room or with on 14 P.O. box, see instructions. Event with the solid or			BATON ROUGE FO	ן מסנ	BANK			,	
□ duta		or Number, street,					E Unrelated business activity codes		
	408(e)220(e						(366 11	sudcuons.)	
0 Evok value of all assets [Struge semption number (See instructors.)] Image: test of a set of a se	408A 530(a)								
al end of year ^a Check organization type ▶ 501(c) corporation ^x 501(c) trust ^d Other trust H Describe the organization's primary unrelated business activity. MOVIE PRODUCTION I During the txy-star, was the corporation a sub-side drop or a parent-sub-sideary controlled group? Lex trust is the corporation a sub-sideary in an affiliated group or a parent-sub-sideary controlled group? Lex trust is the corporation a sub-sideary in an affiliated group or a parent-sub-sideary controlled group? Lex trust is the corporation a sub-sideary in an affiliated group or a parent-sub-sideary controlled group? Lex trust is the corporation a sub-sideary in an affiliated group or a parent-sub-sideary controlled group? Lex trust is the corporation a sub-sideary in an affiliated group or a parent-sub-sideary controlled group? Lex trust is the corporation a sub-sideary in an affiliated group or a parent-sub-sideary controlled group? Lex trust is the corporation a sub-sideary in an affiliated group or a parent-sub-sideary controlled group and an adverse is the corporation a sub-sideary in a sub-sideary in an affiliated group or a parent-sub-sideary controlled group and adverse is the corporation a sub-sideary in a sub-side	、,			5			9000	000	
15374397. □ Oriek Organization's primary unrelated business activity. ► MOVIE PRODUCTION ■ Origin tasks way and the opportant alliable group or a parent-subsidiary controlled group? ► Unrelated Trade or Parent Corporation.► 11 Texp: either the name and identifying number of the parent corporation.► 12 State (Corporation.►) 12 State (Corporation.►) 12 Texp: either the name and identifying number of the parent corporation.► 12 State (Corporation.►) 13 State (Corporation.►) 14 State (Corporation.►) 14 State (Corporation.►) 13 State (Corporation.►) 14 State (Corporation.►) 14 State (Corporation.►) 14 State (Corporation.►) 14 State (Corporation.►)									
Proceeding the apparization primary unrelated business activity. ► MOVLE EPRODUCTION I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► Yes	\$	G Check organization typ	e F [] 501(c) corporatio	on L	▲] 501(C) trust	401(a) trust] Other trust	
II "tres inter the name and identifying number of the parent corporation. ► The books are in care of ► MICHAEL G MANIING Telephone number (225) 359-9940 Part I Unrolated Trade or Business Income (A) income (B) Expenses (C) Net Is Gross recipts or sales		n's primary unrelated bus	iness activity. ► MOVIE	ROD	JCTION				
J The books are in care of ▶ MICHAEL G MANNING Telephone number ▶ (225) 359–9940 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross reaching or sales				nt-subsi	diary controlled group?		Yes	s X No	
Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales							(
1a Gross receipts or sales c Balance 1c 2 2 2 3 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain encincem (attach Schedule D) 4a 4a 4a 4a <									
b Ess returns and allowances c			ess income	-	(A) Income	(B) Expens	es	(C) Net	
2 Cost of goods sold (Schedule A, line 7) 2 3 3 Gross profil. Subtract line 2 from line 1c 3 3 4 Capital gain net income (attach Schedule D) 44 44 5 Income (loss) (form yartherships and S corporations (attach statement) 5 6 6 Gaptal (loss) (form yartherships and S corporations (attach statement) 6 30, 306. 171, 845. -141, 539. 7 Increased detrificance (income (Schedule E) 7 6 30, 306. 171, 845. -141, 539. 9 Investment income (attach statement) 6 30, 306. 171, 845. -141, 539. 9 Investment income (Schedule E) 7 8 9 9 9 9 Investment income (Schedule E) 10 11 10 11 11 11 12 11 12 13 30, 306. 171, 845. -141, 539. 14 Compensation of officers, directors, and trustees (Schedule K) 13 30, 306. 171, 845. -141, 539. 15 Regains and maintenance 16 16 16 16 16 16			• Palanca	10					
3 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule 0) 4a 5 Income (sys) from Artary, Part II, line 17) (attach Form 4797) 4b 6 Batta lines deduction for trusts 4c 5 Income (sys) from Artarships and Scoroprations (attach statement) 5 6 Batta lines for antices and rents from controlled organizations (Sch.F). 8 9 Investment lines royalities, and rents from controlled organizations (Sch.F). 8 10 Exploited exempt activity income (Schedule 1) 10 11 Advertising income (Schedule 1) 10 12 Other income (Schedule 3) 11 12 Other income (Schedule 3) 12 13 Total. Combine lines 3 through 12 13 14 Other income (Schedule 4) 14 15 Income (Schedule 3) 14 16 Compensation of officers, directors, and trustees (Schedule K) 14 15 Interest (attach schedule) 16 16 Repairs and maintenance 16 17 Interest (attach schedule) 20 18									
4a 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a 4a									
b b b db db c Capital loss deduction for trusts dc dc income (loss) from patheships and S corporations (attach statement) 6 30, 306. 171, 845. -141, 539. 7									
c Capital loss deduction for trusts 46 5 5 income (loss) from partnerships and 8 corporations (attach statement) 5 30, 306. 171, 845. -141, 539. 7 Unrelated debt-financed income (Schedule E) 7 8 1 1 1 8 interest, annulles, royatins, and rents from controlled organizations (Sch. F). 8 1 <td></td> <td></td> <td></td> <td>4b</td> <td></td> <td></td> <td></td> <td></td>				4b					
6 Rent income (Schedule C) 6 30,306 171,845 -141,539 7 Unrelated deth-financed income (Schedule E) 7 7 7 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 9 10 Exploited exempt activity income (Schedule I) 10 10 11 10 11 Avertising income (Schedule I) 11 10 11				4c					
7 Unrelated debt-financed income (Schedule E) 7 8 8 1 1 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 10 Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 10 10 12 13 30, 306. 171, 845. -141, 539. Part II Deductions Not Taken Elsewhere (See instructions on deductions.) 14 14 15 13 30, 306. 171, 845. -141, 539. 14 15 14 Compensation of officers, directors, and trustees (Schedule K) 14 16 17 14 Except for contributions, deductions must be direcity connected with the unrelated business income.) 14 16 17 15 Balaries and waiges 16 17 17 11 17 11 17 11 14 14 14 15 14 16 14 16 14 15 16 17 17 11 17 11 17 11 17 11 17	5 Income (loss) from	partnerships and S corpora	ations (attach statement)	-					
8 Interest, annutiles, royalties, and rents from controlled organizations (Sch. F). 8 9 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 6). 9 9 10 Exploited exempt activity income (Schedule 1). 10 10 11 Advertising income (Schedule 1). 11 11 12 Other income (See instructions; attach schedule.). 12 13 30, 306. 171, 845. -141, 539. Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) 14 15 15 Salaries and wages 14 16 16 16 Repairs and maintenance 18 17 18 17 Taxes and licenses 19 20 20 20 21 171, 845. 20 20 20 20 20 20 20 20 20 20 20 20 20 20 24 24 24 24 24 24 24 24 26 27 20 20 27 20 27 20 27 20 26 2				-	30,306.	171,	845.	-141,539.	
9 Investment income of a section 501(c)(7), (9), or (17) organization (schedule G) 9									
(Schedule G) (Human Hole) 9 10 Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 11 12 13 30, 306. 171, 845. -141, 539. Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) 14 15 (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 15 12 13 30, 306. 171, 845. -141, 539. 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 15 Repairs and maintenance 16 16 16 Repairs and maintenance 18 17 17 18 18 17 18 19 20 20 20 20 20 20 21 171, 845. 22b 0 20			- ,	8					
10 Exploited exempt activity income (Schedule 1) 10 11 11 Advertising income (Schedule J) 11 11 12 Other income (See instructions; attach schedule.) 12 13 30, 306. 171, 845. -141, 539. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 15 12 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) 14 16 13 Salaries and wages 15 16 14 Interest (attach schedule) 18 17 15 Interest (attach schedule) 18 19 20 Charitable contributions (See instructions for limitation rules.) 20 20 21 Depreciation (attach Form 4562) 21 171, 845. 22b 0. 23 Depreciation (attach Form 4562) 23 24 25 25 26 26 27 26 26 27 28 0. 28 0. 28 0. 29 0. 24 26 27			() 8						
11 Advertising income (Schedule J) 11 12 12 Other income (See instructions; attach schedule.) 13 30,306. 171,845. -141,539. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 15 Salaries and wages 16 17 18 17 16 17 18 19 20 20 20 11 Depreciation claimed on Schedule A and elsewhere on return 20 21 171,845. 20 0 11 Depreciation claimed on Schedule A and elsewhere on return 22 171,845. 22 0 0 0 12 Depreciation claimed on Schedule A and elsewhere on return 22 171,845. 22 0 <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td>				-					
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 33 Specific deduction (Generally \$1,000, but see instructions for exceptions.) 33 1,000. 33 1,000. 34 -141,539. 123701 02-24-12 LHA For Paperwork Reduction Act Notice, see instructions. 33 1,000. 34 -141,539. Form 990-T (2011) 	31 Net operating loss	deduction (limited to the ar	nount on line 30)				31		
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller 34 -141,539. 123701 02-24-12 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2011)									
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D2-24-12 LHA For Paperwork Reduction Act Notice, see instructions. 32	of zero or line 32			-			34	-141,539.	
	02-24-12 LHA For Pa	perwork Reduction Act No	otice, see instructions.	30				Form 990-T (2011)	

^{2011.05010} GREATER BATON ROUGE FOOD BA BGRE5011

	Form 990-T (2011)	GREATER	BATON	ROUGE	FOOD	BANK
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Part II	I Tax Computation					
35	Organizations Taxable as Corporations. See instructions for tax computation.					
	Controlled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions a	and:				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that orc	der):				
	(1) \$ (2) \$ (3) \$					
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)					
	(2) Additional 3% tax (not more than \$100,000)					
	Income tax on the amount on line 34			► 35c		
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amour					
	X Tax rate schedule or Schedule D (Form 1041)			▶ 36		0.
37	Proxy tax. See instructions					
	Alternative minimum tax					
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies			39		0.
	/ Tax and Payments					-
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a				
	Other credits (see instructions)					
С	General business credit. Attach Form 3800	40c				
	Credit for prior year minimum tax (attach Form 8801 or 8827)					
	Total credits. Add lines 40a through 40d			40e		
41	Subtract line 40e from line 39			41		0.
42	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	3866	Other (attach schedule	e) 42		
	Total tax. Add lines 41 and 42					0.
44 a	Payments: A 2010 overpayment credited to 2011	44a				
	2011 estimated tax payments					
	Tax deposited with Form 8868			_		
	Foreign organizations: Tax paid or withheld at source (see instructions)					
	Backup withholding (see instructions)					
	Credit for small employer health insurance premiums (Attach Form 8941)			_		
9	Other credits and payments: □ Form 2439 Form 4136 Total ►	140				
45	Total payments. Add lines 44a through 44g			45		
	Estimated tax penalty (see instructions). Check if Form 2220 is attached					
	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed					0.
	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid			48		0.
	Enter the amount of line 48 you want: Credited to 2012 estimated tax		Refunded	49		••
Part V		tion (see		40		
	y time during the 2011 calendar year, did the organization have an interest in or a signature or			account	Ye	s No
	k, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F		-		10.	
	ncial Accounts. If YES, enter the name of the foreign country here	50 22.1,11	icport of i of cigit Dai	ik anu		x
2 Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign b, see instructions for other forms the organization may have to file.	trust?				X
	s, see instructions for other forms the organization may have to file. r the amount of tax-exempt interest received or accrued during the tax year > \$					
	ule A - Cost of Goods Sold. Enter method of inventory valuation \triangleright N/	Δ				
	ntory at beginning of year			6		
	hases 2 7 Cost of goods sold.					
	of labor 3 from line 5. Enter he			7		
	tional section 263A costs 4a 8 Do the rules of section			• _	Ye	s No
	r costs (attach schedule)	`	•		10	
	I. Add lines 1 through 4b 5 the organization?	•	, , , ,			x
- 1010	Under penalties of periury, I declare that I have examined this return, including accompanying schedules and	d statements.	, and to the best of my l	nowledge and	belief, it is true,	
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prep	parer has any	knowledge.			
Here	PRESID	ENT/C	EO	,	discuss this retur shown below (see	
	Signature of officer Date Title			instructions)?		No
	Print/Type preparer's name Preparer's signature C	Date	Check	if PTIN		
		Julio	self- employ			
Paid	RALPH STEPHENS				063811	8
Prepa			Firm's EIN		-12024	
Use O	nly 8550 UNITED PLAZA BLVD, SUITE	1001				
	Firm's address BATON ROUGE , LA 70809		Phone no.	(225)922-4	600
123711 02-					Form 990-	
	33					(_011)

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Page **2**

72-1065318

Form 990-T (2011) GREATER BATON ROUGE FOOD BANK

72-1065318

Page 3

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

	TAL									
(2)										
(3)										
(4)										
		2. Rent receiv	ed or accrue							
(a) From personal propert rent for personal proper 10% but not more	erty is more th	ntage of an	(b) F	of rent for pe	nd personal propert ersonal property ex is based on profit	ceeds 50% or	entage r if) and 2(nected with the income in b) (attach schedule) IENT 1
(1)						30,	306.			171,845
(2)										
(3)										
(4)										
Total		0.	Total			30,	306.			
(c) Total income. Add totals of there and on page 1, Part I, line 6						30,	306.	(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)		171,845
Schedule E - Unrelate	ed Debt	-Financed	l Incom	1 e (see i	nstructions)					
								3. Deductions directly of		
•					 Gross inc or allocable 	to debt-	(a)	to debt-fin Straight line depreciation	anced p	(b) Other deductions
1. Description	of debt-finan	nced property			financed p	property	("	(attach schedule)		(attach schedule)
(1)										
(2)										
(3)										
(4)										
4. Amount of average acquisit debt on or allocable to debt-fina	tion	5. Average	adjusted ba	asis	6. Column			7. Gross income		8. Allocable deductions
property (attach schedule)	nceu	debt-fina	nced proper n schedule)	rty	by colu	mn 5		reportable (column 2 x column 6)		(column 6 x total of columns 3(a) and 3(b))
(1)						%				
(2)						%				
(3)						%				
(4)						%				
							Fr	ter here and on page 1,		F · · · · · · · · · · · · · · · · · · ·
										Enter here and on page 1,
								art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals							►	art I, line 7, column (A).	0.	Part I, line 7, column (B).
Total dividends-received dedu	uctions inclu	uded in columr	18				►P	art I, line 7, column (A).		Part I, line 7, column (B).
Total dividends-received dedu	uctions inclu	uded in columr	18	nd Ren	ts From Co	ontrolle	►P	art I, line 7, column (A).		Part I, line 7, column (B).
Total dividends-received dedu	uctions inclu	uded in columr	18	nd Ren	ts From Controlled O	ontrolleo rganizatior	► P d Organ	art I, line 7, column (A). nizations (see ir	▶ nstruc	Part I, line 7, column (B). 0 tions)
Total dividends-received dedu	ictions inclu , Annuit	uded in columr ies, Royal	18 ties, ar	nd Ren Exemp	ts From Controlled O 3.	ontrolleo rganizatior	d Organ	art I, line 7, column (A). nizations (see ir 5. Part of column 4	struc	Part I, line 7, column (B). 0 tions) 6. Deductions directly
Total dividends-received dedu Schedule F - Interest	ictions inclu , Annuit	uded in columr ies, Royal	ties, ar	nd Ren Exemp	ts From Controlled O	rganizatior	► P d Organ	art I, line 7, column (A). nizations (see ir	that is	Part I, line 7, column (B). 0 tions) 6. Deductions directly connected with income
Total dividends-received dedu Schedule F - Interest	ictions inclu , Annuit	uded in columr ies, Royal 2. Employer ide	ties, ar	nd Ren Exemp	ts From Co t Controlled O 3. related income	rganizatior	d Organ	art I, line 7, column (A). nizations (see in 5. Part of column 4 included in the cont	that is	Part I, line 7, column (B). 0 tions) 6. Deductions directly connected with income
Total dividends-received dedu Schedule F - Interest 1. Name of controlled organi (1)	ictions inclu , Annuit	uded in columr ies, Royal 2. Employer ide	ties, ar	nd Ren Exemp	ts From Co t Controlled O 3. related income	rganizatior	d Organ	art I, line 7, column (A). nizations (see in 5. Part of column 4 included in the cont	that is	Part I, line 7, column (B). 0 tions) 6. Deductions directly connected with income
Image: Total dividends-received dedu Schedule F - Interest 1. Name of controlled organization (1) (2)	ictions inclu , Annuit	uded in columr ies, Royal 2. Employer ide	ties, ar	nd Ren Exemp	ts From Co t Controlled O 3. related income	rganizatior	d Organ	art I, line 7, column (A). nizations (see in 5. Part of column 4 included in the cont	that is	Part I, line 7, column (B). 0 tions) 6. Deductions directly connected with income
Total dividends-received dedu Schedule F - Interest 1. Name of controlled organiz (1) (2) (3)	ictions inclu , Annuit	uded in columr ies, Royal 2. Employer ide	ties, ar	nd Ren Exemp	ts From Co t Controlled O 3. related income	rganizatior	d Organ	art I, line 7, column (A). nizations (see in 5. Part of column 4 included in the cont	that is	Part I, line 7, column (B). 0 tions) 6. Deductions directly connected with income
Total dividends-received dedu Schedule F - Interest 1. Name of controlled organi: (1) (2) (3) (4)	uctions inclu , Annuit zation	uded in columr ies, Royal 2. Employer ide	ties, ar	nd Ren Exemp	ts From Co t Controlled O 3. related income	rganizatior	d Organ	art I, line 7, column (A). nizations (see in 5. Part of column 4 included in the cont	that is	Part I, line 7, column (B). 0 tions) 6. Deductions directly connected with income
Total dividends-received dedu Schedule F - Interest 1. Name of controlled organi: (1) (2) (3) (4) Nonexempt Controlled Orga	nizations	uded in column ies, Royal 2. Employer idd numl	18 ties, ar	Net un (loss) (s	Its From Co t Controlled O 3. related income eee instructions)	rganizatior Total of payme	d Organ	art I, line 7, column (A).	that is trolling income	Part I, line 7, column (B). 0 tions) 6. Deductions directly connected with income in column 5
Total dividends-received dedu Schedule F - Interest 1. Name of controlled organi: (1) (2) (3) (4)	nizations	uded in columr ies, Royal 2. Employer ide	ties, and the second se	Net un (loss) (s	ts From Co t Controlled O 3. related income	rganizatior Total of payme	d Organ ns 4. f specified ents made	art I, line 7, column (A).	that is rolling income	Part I, line 7, column (B). 0 tions) 6. Deductions directly connected with income
Total dividends-received dedu Schedule F - Interest 1. Name of controlled organi: (1) (2) (3) (4) Nonexempt Controlled Orga	nizations	t unrelated incom	ties, and the second se	Net un (loss) (s	tt Controlled O 3. related income ee instructions)	rganizatior Total of payme	d Organ ns 4. f specified ents made	art I, line 7, column (A).	that is rolling income	Part I, line 7, column (B).
Total dividends-received dedu Schedule F - Interest, 1. Name of controlled organi: (1) (2) (3) (4) Nonexempt Controlled Organity 7. Taxable Income	nizations	t unrelated incom	ties, and the second se	Net un (loss) (s	tt Controlled O 3. related income ee instructions)	rganizatior Total of payme	d Organ ns 4. f specified ents made	art I, line 7, column (A).	that is rolling income	Part I, line 7, column (B).
Total dividends-received dedu Schedule F - Interest, 1. Name of controlled organization (1) (2) (3) (4) Nonexempt Controlled Organization 7. Taxable Income (1)	nizations	t unrelated incom	ties, and the second se	Net un (loss) (s	tt Controlled O 3. related income ee instructions)	rganizatior Total of payme	d Organ ns 4. f specified ents made	art I, line 7, column (A).	that is rolling income	Part I, line 7, column (B).
Total dividends-received dedu Schedule F - Interest, 1. Name of controlled organi: (1) (2) (3) (4) Nonexempt Controlled Organity 7. Taxable Income (1) (2)	nizations	t unrelated incom	ties, and the second se	Net un (loss) (s	tt Controlled O 3. related income ee instructions)	rganizatior Total of payme	d Organ ns 4. f specified ents made	art I, line 7, column (A).	that is rolling income	Part I, line 7, column (B).
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Total dividends-received dedu Schedule F - Interest, 1. Name of controlled organi: (1) (2) (3) (4) Nonexempt Controlled Organity 7. Taxable Income (1) (2)	nizations	t unrelated incom	ties, and the second se	Net un (loss) (s	tt Controlled O 3. related income ee instructions)	rganizatior Total of payme	Add co	art I, line 7, column (A).	t that is rolling income	Part I, line 7, column (B).
Total dividends-received dedu Schedule F - Interest, 1. Name of controlled organi: (1) (2) (3) (4) Nonexempt Controlled Organitation 7. Taxable Income (1) (2)	nizations	t unrelated incom	ties, and the second se	Net un (loss) (s	tt Controlled O 3. related income ee instructions)	rganizatior Total of payme	Add cr	art I, line 7, column (A).	t that is rolling income	Part I, line 7, column (B).
Total dividends-received dedu Schedule F - Interest, 1. Name of controlled organi: (1) (2) (3) (4) Nonexempt Controlled Organitation 7. Taxable Income (1) (2)	nizations	t unrelated incom t unrelated incom	n 8 ties, ar entification ber	9. Tot	Its From Controlled O 3. related income is instructions) al of specified payres made	rganizatior Total of payme	Add cr	art I, line 7, column (A).	t that is rolling income	Part I, line 7, column (B).

318

Page 4

0.

0.

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5. Total deductions and set-asides (col. 3 plus col. 4)

Enter here and on page 1, Part I, line 9, column (B).

7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).

Enter here and on page 1, Part II, line 26.

7. Excess readership costs (column 6 minus column 5, but not more than column 4).

7. Excess readership costs (column 6 minus column 5, but not more than column 4).

> Enter here and on page 1, Part II, line 27.

Form 990-T (2011)

4. Compensation attributable

to unrelated business

Form 990-T (2011) GREAT Schedule G - Investm	nent In	come of a					ganization	72-10653
	escription c	,			2	2. Amount of income	3. Deductions directly connected	4. Set-asides (attach schedule)
(1)					┝		(attach schedule)	(attach conceale)
(1) (2)					┢			
(3)					┢			
(4)					t			
						nter here and on page 1, art I, line 9, column (A).		
Totals						0.		
Schedule I - Exploite					r		ng Income	
	structions						0	
1. Description of exploited activity	i	2. Gross elated business income from de or business		3. Expenses directly connected with production of unrelated business income		4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5
(1)								
(2)								
(3)								
(4)								
	p	ter here and on age 1, Part I, ne 10, col. (A).		Enter here and on page 1, Part I, line 10, col. (B).				
Totals		0.		0.				
Schedule J - Adverti	sing Ir	icome (see	inst	ructions)				
Part I Income From	n Perio	odicals Rep	or	ted on a Con	IS	olidated Basis		
1. Name of periodical		2. Gross advertising income		3. Direct advertising costs		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs
(1)								
(2)								
(3)								
(4)								
Totals (carry to Part II, line (5))	Þ		0.).			
Part II Income From columns 2 throu					a	r ate Basis (For e	ach periodical liste	ed in Part II, fill in
1. Name of periodical		2. Gross advertising income		3. Direct advertising costs		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs
(1)								
(2)								
(3)								

(1)		%			
(2)		%			
(3)		%			
(4)		%			
Total. Enter here and on page 1, Part II, line 14					
123731					

0.

0

Enter here and on page 1, Part I, line 11, col. (B).

0.

0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

Enter here and on page 1, Part I, line 11, col. (A).

1. Name

(4)

(5)

Totals from Part I

15291128 757189 BGRE500

Totals, Part II (lines 1-5)

35

2. Title

3. Percent of

time devoted to business

FORM 990-T	DEDUCTIONS (CONNECTED	WITH	RENTAL	INCOME	STATEMENT	1
DESCRIPTION				CTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION		- SUBTOTAI	 	1	171,845.	171,84	15.
TOTAL TO FORM 99	0-T, SCHEDUL	E C, COLUN	11N 3			171,84	45.

2011 DEPRECIATION AND AMORTIZATION REPORT

BUTLDING PENTAL

BUILDING RENTAL C- 1															
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
6	BUILDING	01/01/10	SL	39.00	ММ	16	6,701,965.				6,701,965.	1,471,672.		171,845.	1,643,517.
	* TOTAL 990-T SCH C DEPR						6,701,965.				6,701,965.	1,471,672.		171,845.	1,643,517.
															_
100111															

	8879-EO	
Form	00/9-EU	

IRS e-file Signature Authorization

OMB No. 1545-1878

for an Exempt Organization

Do not send to the IRS. Keep for your records.

See instructions.

, 2011, and ending

.20

Department of the Treasury Internal Revenue Service

Employer identification number

Name of exempt organization

72-1065318

GREATER BATON ROUGE FOOD BANK

Name and title of officer MICHAEL MANNING

PRESIDENT/CEO

Part I Type of Return and Return Information (Whole Dollars Only)

For calendar year 2011, or fiscal year beginning

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	18226058
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	Зb	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X lauthorize POSTLETHWAITE & NETTERVILLE ERO firm name	to enter my PIN 84515 Enter five numbers, bu
	do not enter all zeros
, , , , , , , , , , , , , , , , , , , ,	filed return. If I have indicated within this return that a copy of the return the IRS Fed/State program, I also authorize the aforementioned ERO to
	e on the organization's tax year 2011 electronically filed return. If I have /ith a state agency(ies) regulating charities as part of the IRS Fed/State een.
Officer's signature	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	72610984515 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the confirm that I am submitting this return in accordance with the requirements <i>e-file</i> Providers for Business Returns.	,
ERO's signature	Date
ERO Must Retain This F	orm - See Instructions
Do Not Submit This Form To the I	RS Unless Requested To Do So
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2011)
12-01-11	37

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