## Form **8879-EO**

### IRS e-fileSignature Authorization for an Exempt Organization

	OMB	No.	1545-187	8
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	For calendar year 2012, or fiscal year beginning	, 2012, and ending	·····- 2012
Department of the Treasury Internal Revenue Service	▶ Do not send to the IR	S. Keep for your records.	
Name of exempt organization	n		Employer identification number
	I DOUGE ECOD DANK		72-1065318
Name and title of officer	N ROUGE FOOD BANK	<del></del>	/2-1000310
MICHAEL MANNI	ING		
PRESIDENT/CEC			
	Return and Return Information (Whole		
on line 1a, 2a, 3a, 4a, or 8	urn for which you are using this Form 8879-EO and <b>5a,</b> below, and the amount on that line for the retu plank (do not enter -0-). But, if you entered -0- on th	rn being filed with this form was blank	, then leave line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	b Total revenue, if any (Form 990	, Part VIII, column (A), line 12)	1ь 20133797
2a Form 990-EZ check h		990-EZ, line 9)	
3a Form 1120-POL chec		OL, line 22)	
4a Form 990-PF check h		ncome (Form 990-PF, Part VI, line 5)	
5a Form 8868 check her	e <b>Balance Due</b> (Form 8868, Part l	I, line 3c or Part II, line 8c)	5b
Part II Declara	ition and Signature Authorization of O	fficer	
(a) an acknowledgement the date of any refund. If debit) entry to the financial return, and the financial in 1-888-353-4537 no later the processing of the electron payment. I have selected	ider, transmitter, or electronic return originator (ER of receipt or reason for rejection of the transmissic applicable, I authorize the U.S. Treasury and its deal institution account indicated in the tax preparatinstitution to debit the entry to this account. To revenan 2 business days prior to the payment (settlem nic payment of taxes to receive confidential inform a personal identification number (PIN) as my signal electronic funds withdrawal.	on, (b) the reason for any delay in procesignated Financial Agent to initiate an ion software for payment of the organioke a payment, I must contact the U.Selent) date. I also authorize the financial lation necessary to answer inquiries ar	ressing the return or refund, and (c) a electronic funds withdrawal (direct zation's federal taxes owed on this control of the
X I authorize PC	STLETHWAITE & NETTERVILLE	Ξ	to enter my PIN 84515
	ERO firm name		Enter five numbers, bu do not enter all zeros
is being filed wit	e on the organization's tax year 2012 electronically th a state agency(ies) regulating charities as part on the return's disclosure consent screen.		this return that a copy of the return
indicated within	the organization, I will enter my PIN as my signature this return that a copy of the return is being filed enter my PIN on the return's disclosure consent so	with a state agency(ies) regulating cha reen.	•
Part III Certifica	ation and Authentication		-
territoria de la constitución de	our six-digit electronic filing identification	·	
•	y your five-digit self-selected PIN.	72610984515 do not enter all zeros	
	meric entry is my PIN, which is my signature on thing this return in accordance with the requirements as Returns.		
ERO's signature ►		Date ►	10/18/13
			( ) 7
	ERO Must Ketain This I Do Not Submit This Form To the	Form - See Instructions IRS Unless Requested To Do	o So

LHA For Paperwork Reduction Act Notice, see instructions. 223051 11-05-12

Form **8879-EO** (2012)

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#### Postlethwaite & Netterville 8550 United Plaza Blvd., Suite 1001 Baton Rouge, LA 70809

October 15, 2013

Greater Baton Rouge Food Bank 5546 Choctaw Drive Baton Rouge, LA 70805

Greater Baton Rouge Food Bank:

Enclosed is the organization's 2012 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Postlethwaite & Netterville

## TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

December 31, 2012

Prepared for	Greater Baton Rouge Food Bank 5546 Choctaw Drive Baton Rouge, LA 70805
Prepared by	Postlethwaite & Netterville 8550 United Plaza Blvd, Suite 1001 Baton Rouge, LA 70809
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

## Form **990**

Department of the Treasury Internal Revenue Service

## **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)

benefit trust or private foundation)

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

2012
Open to Public Inspection

<u>A</u>	For the	2012 calendar year, or tax year beginning and e	ending		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addre:	GREATER BATON ROUGE FOOD BANK			
	Name chang	Doing Business As		72-1	065318
	Initial return		Room/suite	E Telephone number	
Ļ	Termir ated	5540 CHOCIAW DRIVE		(225	)359-9940
Ļ	Ameno return Applic	City, town, or post office, state, and ZIP code		G Gross receipts \$	20,160,201.
	tion pendir	DATON ROUGE, DA 70005		H(a) Is this a group r	
		F Name and address of principal officer: MICHAEL MANNING 9233 ROUND OAK DRIVE, BATON ROUGE, LA	7091	for affiliates?	Yes X No
_	Tov ov	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) o		H(b) Are all affiliates ind	Cluded? Yes No
		e: ► WWW • BRFOODBANK • ORG	JE1	H(c) Group exemption	
		organization: X Corporation	ı Year		M State of legal domicile: LA
	art I	Summary	[2.50.	<u> </u>	VI ciato di logal dellicito, ———
	$\top a$	Briefly describe the organization's mission or most significant activities: OUR M	<u> </u>	N IS TO FEE	D THE
Activities & Governance		HUNGRY IN BATON ROUGE AND THE SURROUNDING	PARI	SHES BY PRO	VIDING FOOD
r ng	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	e than 25% of its net a	
8	3	Number of voting members of the governing body (Part VI, line 1a)			30
<u>ھ</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			30
ies	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			40
Ĕ	6	Total number of volunteers (estimate if necessary)			2107
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	·····	•	
		Contributions and grants (Part VIII line 1b)	-	Prior Year 18,304,020.	Current Year 20,050,991.
Revenue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.
š		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20,254.	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-98,216.	
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		18,226,058.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,133,677.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	52.		10.000
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		15,074,040.	18,809,637.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		16,207,717.	
	19	Revenue less expenses. Subtract line 18 from line 12			-34,272.
ts o		Tatal assets (Dart V. Bas 4 O)		eginning of Current Year 15,374,397.	End of Year 13,622,254.
Asse	20	Total assets (Part X, line 16)		2,059,413.	273,872.
Net Assets or Fund Balances	21 22	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		13,314,984.	
	art II	Signature Block		20,021,0010	10/010/0010
$\overline{}$		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
Sig	jn	Signature of officer		Date	
Не	re	MICHAEL MANNING, PRESIDENT/CEO			
		Type or print name and title		Data	I DTIN
ъ.		Print/Type preparer's name Preparer's signature		Date Check Lif	PTIN
Pai		RALPH STEPHENS		self-employ	P00638118 72-1202445
	parer Only	Firm's name POSTLETHWAITE & NETTERVILLE Firm's address 8550 UNITED PLAZA BLVD, SUITE 10	101	Firm's EIN ▶	14-140445
USE	Unity	BATON ROUGE, LA 70809	JOT	Phone no. (	225)922-4600
<u> </u>	v the I	RS discuss this return with the preparer shown above? (see instructions)		I none no. (	X Yes No
ivid	.y .i.i <del>C</del> 1Γ	to allocated this retain with the preparer shown above: (See illistractions)			163 110

	990 (2012) GREATER BATON ROUGE FOOD BANK 72-1005516 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	OUR MISSION IS TO FEED THE HUNGRY IN BATON ROUGE AND THE SURROUNDING
	PARISHES BY PROVIDING FOOD AND EDUCATIONAL OUTREACH THROUGH
	FAITH-BASED AND OTHER COMMUNITY PARTNERS.
2	Did the organization undertake any significant program services during the year which were not listed on
_	
_	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	этэм этэм этэм этэм этэм этэм этэм этэм
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 19,350,219 • including grants of \$) (Revenue \$)
	THE GREATER BATON ROUGE FOOD BANK PROVIDES FOOD TO THE NEEDY IN ITS
	11-CIVIL PARISH SERVICE AND THROUGH ITS SUBSIDIARY DISTRIBUTION
	ORGANIZATION IN A TWELFTH CIVIL PARISH. THIS MISSION IS ACCOMPLISHED
	THROUGH A VARIETY OF DELIVERY SYSTEMS WHICH INCLUDE OVER 125 MEMBER
	AGENCIES, DIRECT DISTRIBUTION TO QUALIFIED SENIORS AT OUR FACILITY,
	DIRECT DISTRIBUTION IN LOCAL PUBLIC SCHOOLS THROUGH BACKPACKS TO
	OUALIFIED STUDENTS AND DIRECT DISTRIBUTION IN FOOD DESERTS THROUGH
	~
	MOBILE PANTRIES. NONE OF THE AGENCIES ARE CHARGED ANY FEES FOR THE
	FOOD OR TO BECOME A MEMBER AGENCY. IN 2012, WE DISTRIBUTED OVER 11.5
	MILLION POUNDS OF FOOD THAT CALCULATES TO THE EQUIVALENT OF
	APPROXIMATELY 9.5 MILLION MEALS. IN ADDITION, THE NUMBER OF SCHOOLS
	PARTICIPATING IN BACKPACK FOOD DISTRIBUTION INCREASED FROM 3 TO 5. THE
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 19,350,219.

232002 12-10-12

#### Part IV | Checklist of Required Schedules

GREATER BATON ROUGE FOOD BANK

			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		Х
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		Х
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		Х
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,			37
	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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		х
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	Х	
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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		Х
٦	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40,		х
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. <del></del>		
	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		Х
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	Х	
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
	to into 254, did the organization attach a copy of its addited infancial statements to this return:		aan /	(0040)

#### 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 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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 Schedule J	23		х
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 Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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 of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

# Form 990 (2012) GREATER BATON ROUGE FOOD BANK Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Comparison   Seco		Check if Schedule O contains a response to any question in this Part V				
b Enter the number of Forms W26 included in line 1a. Enter of Irind applicable   10   0   0   0   0   0   0   0   0					Yes	No
b Enter the number of Forms W26 included in line 1a. Enter of Irind applicable   10   0   0   0   0   0   0   0   0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 4			
c Dit the organization comply with backup withholding rules for reportable gamments to vendors and reportable gamming (gammling) withings to prize withinsers?  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  3 Interest on its reported on line 2a, did the organization file all required federal employment tax returns?  3 Interest on its reported on line 2a, did the organization file all required federal employment tax returns?  3 Interest on its reported on line 2a, did the organization file all required federal employment tax returns?  3 Interest on its reported on line 2a, did the organization file all required federal employment tax returns?  3 Interest on its reported on line 2a, did the organization file all required federal employment tax returns?  3 Interest on its reported on line 2a, did the organization file all required federal employment tax returns?  3 Interest on line 2a, did the organization file all required federal employment tax returns?  3 Interest on line 2a, did the organization file file required federal employment tax returns?  3 Interest on line 2a, did the organization file and explanation in Schedule 0 3b.  4 Interest the same of the foreign country or so income of \$1,000 or more dumpts of the repair authority over, a financial account in a foreign country or provided an explanation in Schedule 0 4b.  5 Interest the same of the foreign country or so income of \$1,000 or more dumpts of the foreign country?  5 In 1 Interest to a requirement for foreign country or provided an explanation in Accounts.  5 Interest the same or file federal employment tax returns or the same or or \$1.000 or the organization solicit and the organization that the organization that it was or is a party to a prohibited tax shelter transaction?  5 Interest the analysis of the organization solicit and the organization in the same organization solicit and explanation organization solicit an	b		1b 0			
2a Earth the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements.  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions)  3a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
2a Earth the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements.  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions)  3a		(gambling) winnings to prize winners?		1c		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a bid the organization have unrelated business gross income of \$1,000 or more dumpt the year?  3b if 17 Yes, "has it filed a Form 990-17 or this year? If "No." provide an explanation in Schedule O  3a At any time during the calendary year, dit the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b if Yes," enter the name of the foreign country   ▶  5ce instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts.  5a Was the organization a party to a prohibited tax shelter transaction at any time during the lax year?  5c   Wes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the lax year?  5b   May bid year, and the organization that it was or is a party to a prohibited tax shelter transaction of the symmetry of the prohibited tax shelter transaction at any time during the lax year?  5c   Sa   X    5c   Wes, "to line 5a or 5b, did the organization file Form 8886-17    6c   Organization has an annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c   Organizations that many receive deductible contributions under section 170(c).  8d   Wes, "did the organization notify the donor of the value of the goods or services provided?  7c   Organization treevel a pargment in excess of 35° made party as a contribution of quantitation receive a pargmantal organization selection of the value of the goods or services provided?  7d   Wes, "did the organization receive any pargment in excess of 35° made party as a contribution of quantitation receive and party of the organization file o	2a					
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9 b D D D D D D D D D D D D D D D D D D	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b						Y
	D	in res, mas it med a Form 720 to report these payments? If No, provide an explanation in Schedule	<del></del>	_	990	(2012)

Page 6

Pai	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	"No" r	espon	se
				X
Sec	Check if Schedule O contains a response to any question in this Part VItion A. Governing Body and Management			<u> </u>
<u> </u>	tion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 30	)	163	140
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	)		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			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 chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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 to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ LA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, at	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the orga	ation: 🕨		
	MICHAEL MANNING - (225) 359-9940			

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Form **990** (2012)

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## 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.

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

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

(A) Name and Title	(B) Average hours per week	box,	not c	ss per	ition more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	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) RUSSELL L. MOSELY CHAIRMAN	1.00	х						0.	0.	0.
(2) SHARON LEE	1.00	^						0.	0.	<u></u>
VICE CHAIRMAN	1.00	x						0.	0.	0.
(3) FREDRIC KEARNY	1.00								•	
TREASURER		X						0.	0.	0.
(4) DE'SHOIN FRIENDSHIP	1.00	7								
SECRETARY		х						0.	0.	0.
(5) PAUL SAWYER	1.00		Z							
MEMBER AT LARGE		X						0.	0.	0.
(6) DANIEL RESTER	1.00							_	_	_
MEMBER AT LARGE		X						0.	0.	0.
(7) MICHAEL THAM	1.00									
IMMEDIATE PAST CHAIRMAN	1 00	Х						0.	0.	0.
(8) RALPH BENDER	1.00	,,								0
MEMBER	1.00	Х		-		<u> </u>		0.	0.	0.
(9) COURTNEY BRANDT MEMBER	1.00	х						0.	0.	0.
(10) ANDRES CALDERON	1.00	Δ		-		<u> </u>		0.	0.	<u> </u>
MEMBER	1.00	х						0.	0.	0.
(11) AMY COURVILLE	1.00	Λ		-		<u> </u>		0.	· ·	<u></u>
MEMBER	1.00	x						0.	0.	0.
(12) JENNIFER DECUIR	1.00									
MEMBER		x						0.	0.	0.
(13) BRAND GRANTHAM	1.00							-		
MEMBER		x						0.	0.	0.
(14) MARK GRANT	1.00									
MEMBER		Х						0.	0.	0.
(15) DAVID GUILLORY	1.00									
MEMBER		Х						0.	0.	0.
(16) PATRICK HENRY	1.00	<u> </u>								•
MEMBER	1 00	Х		Ш		<u> </u>		0.	0.	0.
(17) VALERIE JUDICE	1.00	,								0
MEMBER		Х						0.	0.	0.

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Form 990 (2012) GREATER I									/2-10	<u> 165</u>	<u>318</u>	Pag	е <b>ठ</b>
Part VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, and	d Hi	ighe	st C	compensated Employe	es (continued)				
(A)	(B)			((	<del>)</del>			(D)	(E)			(F)	
Name and title	Average	l		Posi	itior			Reportable	Reportable			imated	
Name and the	hours per			heck iss pe				compensation	compensation	n		ount of	
	week			nd a di				from	from related			other	
	(list any	to						the	organizations			ensatio	าท
	hours for	or director				_		organization	(W-2/1099-MIS			om the	/ 1
	related	e 0r	tee			sate		(W-2/1099-MISC)	(** 2) 1000 11.10	,		ınizatio	n
	organizations	ruste	T I		æ	nper		(** 2) 1000 (***)			•	related	
	below	dual t	tiona	١. ا	oldr	yee yee	_					nization	
	line)	Individual 1	Institutional trustee	Officer	Key employee	Highest compensated employee	orme				ı	in_acion	•
(18) CARLA JUMONVILLE	1.00	-	=	0	포	工 6	ъ.						
MEMBER	1.00	x						0.		0.	1		0.
	1 00	Α.		$\vdash$		+		0.		<u> </u>			<u>.</u>
(19) LEE KANTRO	1.00	۱									1		_
MEMBER		Х				<u> </u>		0.		0.			0.
(20) LESLIE MAGEE	1.00										1		
MEMBER		X						0.		0.	Ī		0.
(21) DALE MARTRAIN	1.00									$\neg$			
MEMBER		x						0.		0.	Ī		0.
(22) BILL O'OUIN	1.00	∺		$\vdash$		+				<del>-  </del>			<del>-</del>
· · ·	1.00	X						0.		0.	1		0.
MEMBER	1 00	_				-		0.		<u> </u>			<u>.</u>
(23) TERRY PALMISANO	1.00	ļ									1		_
MEMBER		Х						0.		0.			0.
(24) MARLOW PAUL	1.00										Ī		
MEMBER		X						0.		0.	1		0.
(25) SHEILA POUNDERS	1.00									$\neg$			
MEMBER		x						0.		0.	Ī		0.
(26) BILL SIMON	1.00	∺								<del>-  </del>			<del>-</del>
MEMBER	1.00	x						0.		0.	1		0.
			14	$\vdash$				0.		0.			$\frac{0}{0}$ .
1b Sub-total													
c Total from continuation sheets to Part VI	I, Section A		<u>.</u>					197,219.		0.		3,14	
d Total (add lines 1b and 1c)		<u></u>	<u></u>			<u> </u>		197,219.		0.	18	3,14	<u>4.</u>
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wl	no re	eceived more than \$100	0,000 of reportable	е			
compensation from the organization		$\neg$											1
			$\overline{}$									Yes I	Vο
3 Did the organization list any <b>former</b> officer,	director or tri	uste	e ke	v en	nnlc	wee	or	highest compensated e	mnlovee on	Ī			
line 1a? If "Yes," complete Schedule J for s			,	,		,	,	•	. ,		3		X
											3		
4 For any individual listed on line 1a, is the su													<b>3</b> 7
and related organizations greater than \$150											4		<u>X</u>
5 Did any person listed on line 1a receive or a					•	•		•					
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch j	pers	son					5		<u>X</u>
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	pens	ation fr	om	
the organization. Report compensation for										•			
(A)		-	01101	9		<u> </u>	1	(B)	,		(C	`	
Name and business	address	NO	INC	FC				Description of s	services	С	ompen		
			<u> </u>	_			$\dashv$						
							_						
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\$100,000 of compensation from the organization 
SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization • 0

Form 990 GREATER	BATON RO	)UC	ΞE	FC	OOI	) I	3A1	NK	72-106	55318
Part VII Section A. Officers, Directors, Tru	ustees, Key Eı	mple	oyee	s, a	nd ŀ	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	١.,		Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	per week					gg.		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	direc				e em		(W-2/1099-MISC)	(11 27 1000 111100)	organization
	related	tee or	ıstee			ensat		,		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividua	itutio	cer	emp	hesto	Former			
	line)	pul	lns	Officer	, Ke	Hig	For			
(27) JOHANN SONG	1.00									
MEMBER	1	Х						0.	0.	. 0
(28) JAMES STALL	1.00									
MEMBER	10.00	Х						0.	0.	. 0
(29) MICHAEL MANNING	40.00							121 401		F 645
CHIEF EXECUTIVE OFFICER	40.00			Х				131,481.	0.	5,645
(30) RASHMI VENUGOPAL	40.00	l		,,				CF 720	,	10 400
VICE PRESIDENT AND CONTROLLER			-	Х				65,738.	0 .	12,499
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otal to Part VII, Section A, line 1c								197,219.		18,144

		Check if Schedule O contains a re	sponse	e to any question i				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
1 ts	l a	Federated campaigns	1a	271,719.				
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
Am		Fundraising events	1c					
<u>a</u> <u>i</u>		Related organizations	1d					
i <u>m</u>		Government grants (contributions)	1e	354,883.				
S	f	All other contributions, gifts, grants, and						
<u> </u>		similar amounts not included above	1f	19,424,389.				
9	g	Noncash contributions included in lines 1a-1f: \$		16,275,651.				
g E	h	Total. Add lines 1a-1f		<b>&gt;</b>	20,050,991.			
				Business Code				
စ္ပ 2	2 a							
Program Service Revenue	b							
אַ בּוּ	С							
l≰ a	d							
<u>Б</u> .	е							
<u>-</u>	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
3	3	Investment income (including dividend	,	<i>'</i>				
		other similar amounts)		▶	19,141.			19,141.
4	ŀ	Income from investment of tax-exemp						
5	5	Royalties		<b>&gt;</b>	11 -			
		(i) I	Real	(ii) Personal				
6		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
7	7 a		curities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
Other Revenue	за	Gross income from fundraising events including \$	of					
۳.		Part IV, line 18		90,069.				
粪	b	Less: direct expenses		26,404.				
١		Net income or (loss) from fundraising			63,665.			63,665.
9	) a	Gross income from gaming activities.	See					
		Part IV, line 19		a				
	b	Less: direct expenses		o				
		Net income or (loss) from gaming activ		<u></u>				
10	) a	Gross sales of inventory, less returns						
		and allowances		a []				
	b	Less: cost of goods sold		o				
	С	Net income or (loss) from sales of inve	ntory					
		Miscellaneous Revenue		Business Code				
11	l a							
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
12	•	Total revenue. See instructions.		▶	20,133,797.	0.	0	. 82,806.

# Form 990 (2012) GREATER BATON Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor			omplete column (A).	
	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		одренеес	gerierar experiese	сиропосс
	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,	015 260	64 445	110 000	40.006
	trustees, and key employees	215,362.	64,447.	110,009.	40,906
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	006 202	724 704	45 624	105 054
7	Other salaries and wages	906,282.	734,794.	45,634.	125,854
8	Pension plan accruals and contributions (include	16,140.	11 /50	2,260.	2 /21
_	section 401(k) and 403(b) employer contributions)	134,642.	11,459. 134,642.	2,200.	2,421
9	Other employee benefits	86,006.	61,064.	12,041.	12,901
10	Payroll taxes	00,000.	01,004.	12,041.	12,901
l1 -	Fees for services (non-employees):				
	Management				
	Legal	30,635.		30,635.	
	Accounting	30,033.		30,033.	
u e	Lobbying				
f	Investment management fees	8,566.	8,566.		
g		3/300.	0/3001		
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	14,954.	14,057.		897
13	Office expenses				
14	Information technology	17,107.	17,107.		
 15	Royalties		,		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,420.	18,644.	388.	388
20	Interest	47,284.	47,284.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	264,655.	264,655.		
23	Insurance	73,700.	73,700.		
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.)				
a	DISTRIBUTION OF COMMODI	17,161,150.	17,161,150.		
h	DIRECT MAIL EXPENSE	308,391.			308,391
0	VEHICLES LEASES	104,715.	104,715.		,
d	FUEL AND MILEAGE	104,504.	98,234.	2,090.	4,180
	All other expenses	654,556.	535,701.	13,241.	105,614
25	Total functional expenses. Add lines 1 through 24e	20,168,069.	19,350,219.	216,298.	601,552
<u></u> 26	<b>Joint costs.</b> Complete this line only if the organization	<u> </u>	- 1		•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2012)

Part X | Balance Sheet

1   Cash - non-interest-bearing   3   291,557.   1   3,018   2   Savings and temporary cash investments   214,601.   2   3   1,664   4   4   456.   3   1,664   4   4   456.   3   1,664   4   4   456.   3   1,664   4   4   4   456.   3   1,664   4   4   4   456.   3   1,664   4   4   4   4   4   4   4   5   4   5   5	Part X	Balance Sheet					
1   Cash - non-interest-bearing   3 , 291 , 557 , 1   3 , 018 ,     2   Savings and temporary cash investments   214 , 601 , 2   2		Check if Schedule O contains a response to any c	questi	on in this Part X			
1   Cash - non-interest-bearing   3 , 291, 557.   1   3 , 018 , 2   2 savings and temporary cash investments   214, 601   2   3   Pteggs and grants receivable, net   46,571.   4   110 , 5   110					(A)		
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(i)(i)), persons described in section 4958(i)(3)(B), and contributing employers and sponsoring organizations of section 501(i)(9) voluntary employees beneficiary organizations of section 501(i)(9) voluntary employees ibeneficiary organizations of section 501(i)(9) voluntary employees all colors and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 8,188,158.  b Less: accumulated depreciation 10b 2,036,907. 6,219,457. 10c 6,151, 11 Investments - publicly traded securities 11 Investments - publicly traded securities 11 Investments - publicly traded securities 11 Investments - program-related. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 20 Tax-exempt bond liabilities 21 Esrow or custodial account liability. Complete Part IV of Schedule D 21 Esrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, lighest compensated employees, and disqualified persons. Complete Part II of Schedule D 22 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including fe							End of year
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(0)(1), persons described in section 4958(0)(3)(B), and contributing employees and sponsoring organizations of section 501(0)(9) voluntary employees and sponsoring organizations of section 501(0)(9) voluntary employees and sponsoring organizations of section 501(0)(9) voluntary employees and loans receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a B, 188, 158. b Less: accumulated depreciation 10b 2,036,907. 6,219,457. 10c 6,151, 11 Investments - publicly traded securities 11 Investments - program-related. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Total liabilities. Add lines 17 through 25 29	1	Cash - non-interest-bearing				1	3,018,239.
3   Pledges and grants receivable, net   2,464,456. 3   1,664   4   Accounts receivable net   4   Accounts receivable net   4   110   5   Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   5	2					2	
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section 4958()(1)), persons described in section 4958()(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instr). Complete Part II of Sch L  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  11 Investments - publicly traded securities  12 Investments - other securities. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  20 Escrow or custodial account liability. Complete Part IV of Schedule D  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payable to urnelated third parties  23 Secured mortgages and notes payable to urnelated third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D  25 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   10					2,464,456.	3	1,664,743.
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section 4958(h(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 instr). Complete Part II of Sch L  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  10a 8 , 188 , 158 .  b Less: accumulated depreciation  10b 2 , 036 , 907 .  11 Investments - publicly traded securities  12 Investments - other securities. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  20 Tax exempt bond liabilities  20 Deferred revenue  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payable to urnelated third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D  25 Other liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   10					46,571.	4	110,063.
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L  6 Loans and other 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 instr). Complete Part II of Sch L  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  10 Less: accumulated depreciation  10 Less: accumulated depreciation  10 Less: accumulated depreciation  10 Less: accumulated depreciation  11 Investments - other securities. See Part IV, line 11  12 Investments - other securities. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assests  14 1  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  224 7, 707. 17 2221,  18 Grants payable  19 Deferred revenue  19 Deferred revenue  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and clans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities included on lines 17-24). Complete Part X of Schedule D  25 Total liabilities. Add lines 17 through 25  27 Total liabilities. Add lines 17 through 25  28 Organizations that follow SFAS 117 (ASC 958), check here   10							
Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(I)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(B) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10b 2,036,907. 6,219,457. 10c 6,151, 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 15 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here ▶ and				, , , , , , , , , , , , , , , , , , ,			
1999   10a						5	<b>▼</b>
section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employeers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L	6						
employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  11 Investments - publicly traded securities  12 Investments - other securities. See Part IV, line 11  13 Investments - other securities. See Part IV, line 11  14 Intangible assets  14 Intangible assets. See Part IV, line 11  15 Total assets. Add lines 1 through 15 (must equal line 34)  16 Grants payable and accrued expenses  20 Tax-exempt bond liabilities  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  22 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  27 Total liabilities. Add lines 17 through 25  28 Organizations that follow SFAS 117 (ASC 958), check here   and		•	•	`			
### ### #### ########################			•				
7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10b 2,036,907. 6,219,457. 10c 6,151, 11 Investments publicly traded securities 12 Investments - program-related. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 224,707. 17 221, 18 Grants payable 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Organizations that follow SFAS 117 (ASC 958), check here  and				· ·		6	
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a	2   7						
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 8,188,158.  b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Total liabilities. Add lines 17 through 25 29 Corganizations that follow SFAS 117 (ASC 958), check here ■ and	<u> </u>			2.375.094.	_	1,766,187.	
10a	- 1	B ::					
basis. Complete Part VI of Schedule D    10a			I				
11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 15 Grants payable and accrued expenses 16 Grants payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here and loans limit and lines		-	102	8.188.158.			
11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 15 Grants payable and accrued expenses 16 Grants payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here and loans limit and lines	h	Less: accumulated depreciation	10h	2.036.907.	6.219.457.	100	6,151,251.
12   Investments - other securities. See Part IV, line 11   762,661. 12   911,   13   Investments - program-related. See Part IV, line 11   13   14   Intangible assets   14   15   Other assets. See Part IV, line 11   15   15   15   16   Total assets. Add lines 1 through 15 (must equal line 34)   15,374,397. 16   13,622,   17   Accounts payable and accrued expenses   224,707. 17   221,   18   Grants payable   19   Deferred revenue   19   20   Tax-exempt bond liabilities   20   21   22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.   Complete Part II of Schedule L   22   Secured mortgages and notes payable to unrelated third parties   24   24   25   Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D   25   2,059,413. 26   273,   Organizations that follow SFAS 117 (ASC 958), check here		Investments - nublicly traded securities			7,525,725,7		7,202,2021
13 Investments · program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ■ and					762,661.	_	911,771.
14 Intangible assets 14 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 15, 374, 397 ⋅ 16 13, 622, 224, 707 ⋅ 17 221, 18 Grants payable and accrued expenses 224, 707 ⋅ 17 221, 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 1,834,706 ⋅ 23 52, 24 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 2,059,413 ⋅ 26 273, 0rganizations that follow SFAS 117 (ASC 958), check here  and					102,002		, , , , , , ,
15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here  and				_			
16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here and complete Part X of Schedule D and Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here and complete Part X of Schedule D and Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here and complete Part X of Schedule D and Add lines 17 through 25							
17 Accounts payable and accrued expenses 224,707. 17 221,  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 Loans and other 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 1,834,706. 23 52,  24 Unsecured notes and loans payable to unrelated third parties 24  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25  26 Total liabilities. Add lines 17 through 25 2,059,413. 26 273,  Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and					15 374 397	_	13,622,254.
18 Grants payable 18 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 1,834,706 ⋅ 23 52, 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 2,059,413 ⋅ 26 273, Organizations that follow SFAS 117 (ASC 958), check here and and							221,212.
19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other 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 1,834,706 ⋅ 23 52, 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 2,059,413 ⋅ 26 273,  Organizations that follow SFAS 117 (ASC 958), check here ▶ and					,		,
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 1,834,706 ⋅ 23 52,  24 Unsecured notes and loans payable to unrelated third parties 24  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 2,059,413 ⋅ 26 273,  Organizations that follow SFAS 117 (ASC 958), check here ▶ and						_	
21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  25 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here  and						<b>—</b>	
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here							
22 Secured mortgages and notes payable to unrelated third parties 1,834,706 ⋅ 23 52,  24 Unsecured notes and loans payable to unrelated third parties 24  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25  26 Total liabilities. Add lines 17 through 25 2,059,413 ⋅ 26 273,  Organizations that follow SFAS 117 (ASC 958), check here ▶ and	2 22						
22 Secured mortgages and notes payable to unrelated third parties 1,834,706 ⋅ 23 52,  24 Unsecured notes and loans payable to unrelated third parties 24  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25  26 Total liabilities. Add lines 17 through 25 2,059,413 ⋅ 26 273,  Organizations that follow SFAS 117 (ASC 958), check here ▶ and	<u> </u>						
23 Secured mortgages and notes payable to unrelated third parties 1,834,706. 23 52,  24 Unsecured notes and loans payable to unrelated third parties 24  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 25  26 Total liabilities. Add lines 17 through 25 2,059,413. 26 273,  Organizations that follow SFAS 117 (ASC 958), check here ▶ and	<u> </u>					22	
Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  25  Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and □	23				1,834,706.	_	52,660.
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and					, ,		,
parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D  25  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ and	I						
Schedule D       25         26 Total liabilities. Add lines 17 through 25       2,059,413. 26       273,         Organizations that follow SFAS 117 (ASC 958), check here ▶       and       and							
26 Total liabilities. Add lines 17 through 25 2,059,413. 26 273,  Organizations that follow SFAS 117 (ASC 958), check here ▶ and			,	·		25	
Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	26				2,059,413.	_	273,872.
27 Unrestricted net assets 27	g						
	27	Unrestricted net assets				27	
28   Temporarily restricted net assets   28	28					28	
29 Permanently restricted net assets 29	29	Permanently restricted net assets				29	
Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X	5	Organizations that do not follow SFAS 117 (ASC	C 958	), check here ▶ X			
อ and complete lines 30 through 34.	5						
30 Capital stock or trust principal, or current funds 0. 30	2 30	Capital stock or trust principal, or current funds				30	0.
31 Paid-in or capital surplus, or land, building, or equipment fund	å   31				-	31	0.
Retained earnings, endowment, accumulated income, or other funds	32					32	13,348,382.
33 Potal net assets or fund balances	<b>z</b>   33	Total net assets or fund balances				33	13,348,382.
34 Total liabilities and net assets/fund balances 15,374,397. 34 13,622,	I				15,374,397.	34	13,622,254.

	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,			
3	Revenue less expenses. Subtract line 2 from line 1	3				72.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,			
5	Net unrealized gains (losses) on investments	5		67	, 6	71.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	_			
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	13,	3 <u>4</u> 8	, 3	<u>83.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					LX
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?		L	2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		<u>L</u> :	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	, , , , , , , , , , , , , , , , , , , ,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si					
	Act and OMB Circular A-133?			3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				τ,	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u></u> (	3b	Х	<u> </u>

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GREATER BATON ROUGE FOOD BANK

**Employer identification number** 

			BATON ROUGE						72	2-1065	318	
Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	e this part	:.) See inst	ructions.				
The organ  1	A church, co A school des A hospital or	nvention of churches cribed in <b>section 17</b> a cooperative hospi	because it is: (For lines 1 s, or association of churc (O(b)(1)(A)(ii). (Attach Sci tal service organization o operated in conjunction	ches desc hedule E.) described	ribed in se	ection 170	(b)(1)(A)(i) (A)(iii).		i). Enter th	he hospita	l's nam	ne,
	city, and stat											
5 📖	-	· ·	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental uni	t describe	ed in		
6		(b)(1)(A)(iv). (Complete or local government	ent or governmental unit	t doscribo	d in <b>coctio</b>	n 170/h)/s	IVAVA					
7 X			eives a substantial part					r from the	general r	nublic desc	ribed i	in
		<b>b)(1)(A)(vi).</b> (Comple		or ito oupp	ore morn a	governine	That arms c	i ii oiii tiio	gonorar	Jabilo dosc	"IDOG I	
8			ection 170(b)(1)(A)(vi). (	(Complete	Part II.)							
9	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembership	o fees, an	nd gross re	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	in excepti	ons, and (	2) no more	than 33 1	/3% of its	support	from gross	invest	ment
	income and u	unrelated business to	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	after June 3	30, 197	<sup>7</sup> 5.
		<b>509(a)(2).</b> (Complete	•									
10	-	-	perated exclusively to tes		. —			-				
11 📖			perated exclusively for the									or
			ations described in section organization and complete the complete in the comp				2). See <b>se</b> 0	tion 509(a	a)(3). Che	ck the box	. tnat	
	a Type I				nctionally			Type	e III - Non	-functional	lv inted	arated
е 🗀	• •	•	at the organization is not			-						-
			han one or more publicly									
f			ten determination from t						,		. , , ,	
	supporting o	rganization, check th	nis box	7								
g			organization accepted an						sons?			
	(i) A perso	n who directly or ind	irectly controls, either ale	one or tog	ether with	persons o	lescribed	in (ii) and (i	ii) below,		Yes	No
	-											<u> </u>
			n described in (i) above?									Ь—
			person described in (i) o							11g(iii)		
h	Provide the f	ollowing information	about the supported org	ganization	(S).							
(i) Name of supported organization (ii) EIN			(described on lines 1-9	in col. (i) lis governing	organization (v) Did you notify the listed in your organization in col. (i) of your support? (vi) Is the organization in col. (i) organized in U.S.?			n in col. I '	ol. (vii) Amount of mone he support		netary	
			(SCC IIIStructions))	Yes	No	Yes	No	Yes	No			
Total									A 15	200 -:		
LHA For F	-aperwork Re	auction Act Notice	, see the Instructions for	or				Schedule	e A (Form	n 990 or 99	JU-ヒZ)	2012

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and					<b>A</b>	
	membership fees received. (Do not						
	include any "unusual grants.")	19,182,019.	19,501,418.	20,572,414.	18,304,020.	20,050,991.	97,610,862.
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	19,182,019.	19,501,418.	20,572,414.	18,304,020.	20,050,991.	97,610,862.
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.						97,610,862.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	19,182,019.	19,501,418.	20,572,414.	18,304,020.	20,050,991.	97,610,862.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	40,606.	10,505.	8,251.	20,254.	19,141.	98,757.
9	Net income from unrelated business						
	activities, whether or not the		57 4				
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		, i				
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						97,709,619.
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	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	here					<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (					14	99.90 %
	Public support percentage from 2011					15	99.98 %
16a	33 1/3% support test - 2012. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2012. 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	cts-and-circumstan	ces" test, check th	nis box and <b>stop h</b>	<b>ere.</b> Explain in Pa	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2011.</b> 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	he "facts-and-circu	mstances" test, ch	neck this box and	<b>stop here.</b> Explair	in Part IV how the	
	organization meets the "facts-and-cire	cumstances" test.	The organization o	ualifies as a public	cly supported orga	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Cala	dule A (Form 990	000 EZ\ 0040

#### 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.)

Se	ction A. Public Support	siow, picase comp	oloto i dit ii.j				
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	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						
3	furnished by a governmental unit to						
	the organization without charge						
_	· · · · · · · · · · · · · · · · · · ·						
	Total. Add lines 1 through 5						
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support	( ) 2222	<b>(1)</b>	( ) 22/2	( 0 0044		
	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6 Gross income from interest,						
IU	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
							<b>&gt;</b>
	ction C. Computation of Publ						
	Public support percentage for 2012 (I					15	<u>%</u>
	Public support percentage from 2011					16	%
	ction D. Computation of Inves					<del></del>	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2012. If the	· ·		•		•	
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2011. If the	· ·			•	•	
	line 18 is not more than 33 1/3%, che			·		•	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	<u></u>

#### **SCHEDULE D**

(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. 2012
Open to Public Inspection

Name of the organization

GREATER BATON ROUGE FOOD BANK

Employer identification number 72-1065318

Par	t 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.	
		(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 w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Par	t II Conservation Easements. Complete if the orga	unization answered "Yes" to Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of an histo	orically important land area
	Protection of natural habitat	Preservation of a certification	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b		, i	
С	Number of conservation easements on a certified historic stru-	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	ter 8/17/06, and not on a historic structur	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	nd enforcing conservation easements du	ring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and en	nforcing conservation easements during t	he year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	ne organization's accounting for
_	conservation easements.		
Par	t III Organizations Maintaining Collections of		ner Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi	,	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of publ	lic service, provide the following 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 trea-		gain, provide
	the following amounts required to be reported under SFAS 11		
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

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Pai	t III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures,	or Oth	er Simil	lar Asse	<b>ts</b> (continu	ıed)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that	at are a s	ignificant	use of its	collection	items	
	(check all that apply):									
а	Public exhibition	d	I <u>□</u> Loan or exc	hange progr	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations						_			
4	Provide a description of the organization's co	ollections and explain	n how they further tl	he organizat	ion's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of t	the organization's co	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arran							ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.						<u></u>		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for contribution	s or other as	ssets not	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amount		
С	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					Yes		No
	If "Yes," explain the arrangement in Part XIII.									
	t V Endowment Funds. Complete in									
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	ears b/	ack
1a	Beginning of year balance	762,661.	750,328.	64	4,490.	į	541,043.			
b	Contributions	72,420.		4	5,353.		38,107.			
С	Net investment earnings, gains, and losses	81,009.	12,333.	6	0,485.		65,340.			
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	4,319.								
g	End of year balance	911,771.	762,661.	75	0,328.	(	644,490.			
2	Provide the estimated percentage of the curr	rent vear end balanc								
a	Board designated or quasi-endowment	, , , , , , , , , , , , , , , , , , , ,	%	.,,						
b	Permanent endowment	%								
	Temporarily restricted endowment									
·	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse		ation that are held a	nd administe	ered for t	he organi	ization			
-	by:	obien or the organiza	ation that are mora a	ria aariiiilot	5104 101 1	ino organi	Lation	[·	/es	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		X
h	If "Yes" to 3a(ii), are the related organizations	listed as required o	on Schedule R2							
4	Describe in Part XIII the intended uses of the							00		
	t VI Land, Buildings, and Equipm									
	Description of property	(a) Cost or o		or other	(c) A	ccumulat	ha	(d) Book	value	
	bescription of property	basis (investr		(other)		preciation		(d) Dook	value	
12	Land	<del>'</del>	, i	0,000.				500	,00	0.
b	Buildings			6,469.	1	688,5	52.	5,007		
	Leasehold improvements			-,	-,		<del></del>	-, 501	,,,	• •
			99	1,689.		348,3	55.	643	, 33	4 -
	Equipment Other			_,		,5		<u> </u>	, , ,	
	. Add lines 1a through 1e. (Column (d) must e		X column (R) line 1	(O(c) )	I			6,151	. 25	1.

GREATER	$D \setminus D \cap D \setminus D$	DUILCE	$E \cap \cap D$	DAMK
GREATER	DATUN	RUUGE	r OOD	DAIN

Part VII Investments - Other Securities. See	e Form 990, Part X, line 12.		<del>y</del>
(a) Description of security or category (including name of security)	(b) Book value		st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) POOLED FUND	911,771.	END-OF-YEAR MAI	RKET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	911,771.		
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(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, line			
(a) I	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			▶
Part X Other Liabilities. See Form 990, Part X, I		138	
1. (a) Description of liability	(	b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)	25)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex			
liability for uncertain tax positions under FIN 48 (ASC 7	40). Check here if the text	of the footnote has been provide	ed in Part XIII

Schedule D (Form 990) 2012 GREATER BATON ROUGE FOOI	BANK		72-	1065318 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat	ements With			
1 Total revenue, gains, and other support per audited financial statements			1	20,256,890.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains on investments	2a	67,671. 29,018.		
b Donated services and use of facilities		29,018.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)		26,404.		
e Add lines 2a through 2d			2e	123,093.
3 Subtract line 2e from line 1			3	20,133,797.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
<b>b</b> Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	20,133,797.
Part XII   Reconciliation of Expenses per Audited Financial Sta	tements Witl	n Expenses per	Retu	
Total expenses and losses per audited financial statements			1	20,223,492.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	29,018.		
<b>b</b> Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)	2d	26,404.		
e Add lines 2a through 2d			2e	55,422.
3 Subtract line 2e from line 1			3	20,168,070.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
<b>b</b> Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.	)		5	20,168,070.
Part XIII Supplemental Information				
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9;	Part III, lines 1a a	nd 4; Part IV, lines 1	b and	2b; Part V, line 4; Part
X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this p	art to provide an	y additional informat	ion.	
PART V, LINE 4: FOR THE INVESTMENT OF DONO	OR CONTRI	BUTIONS MA	DE	IN
MEMORY AND IN HONOR OF INDIVIDUALS.				
PART XI, LINE 2D - OTHER ADJUSTMENTS:				
FUNDRAISING EXPENSES				
PART XII, LINE 2D - OTHER ADJUSTMENTS:				
THE LET'S LINE TO CONTINUE.				
FUNDRAISING EXPENSES				

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 ORGANIZATION HAD AN UNRELATED BUSINESS TAXABLE INCOME OF APPROXIMATELY \$30,000 FOR THE YEAR ENDED DECEMBER 31, 2011 RELATED TO RENTAL INCOME.

THE ORGANIZATION FILED FORM 990T IN RELATION TO THIS BUSINESS INCOME, HOWEVER, NO INCOME TAX WAS PAID DUE TO THE RELATED EXPENSES THAT WERE DEDUCTIBLE FROM THE INCOME. THE ORGANIZATION HAD NO UNRELATED BUSINESS TAXABLE INCOME FOR THE YEAR ENDED DECEMBER 31, 2012. ACCORDINGLY, NO PROVISION FOR INCOME TAXES ON RELATED INCOME HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS FOR DECEMBER 31, 2012 OR 2011.

IN MANAGEMENT'S JUDGMENT, THE FOOD BANK DOES NOT HAVE ANY TAX POSITIONS

THAT WOULD RESULT IN A LOSS CONTINGENCY CONSIDERING THE FACTS,

CIRCUMSTANCES, AND INFORMATION AVAILABLE AT THE REPORTING DATE.

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, 2009.

#### **SCHEDULE G**

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Employer identification number Name of the organization GREATER BATON ROUGE FOOD BANK 72-1065318 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants g X Special fundraising events Phone solicitations d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) have custody or entity (fundraiser) fundraiser from activity or control of contributions? organization listed in col. (i) RUSS REID COMPANY - TWO NORT Yes No LAKE AVENUE, SUITE600 SOLICIT DONATIONS 1,207,469 308,391 899,077. 1,207,469. 308,391 899.077. Total 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. LA

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) 2012

72-106<u>531</u>8 Page 2 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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Tournament   Art For Food   3   (add col. (a) col. (c)	otal events		(c) Other events	vent #2	(b) ⊟	(a) Event #1			
TOURNAMENT   ART FOR FOOD   3   col. (c   (event type)   (event type)   (total number)   col. (c   (event type)   (event type)   col. (c   (event type)   col. (c   (event type)   (event type)   col. (c   (event type)   col.		10							
Gevent type  (event type) (total number)   1   Gross receipts   29,787.   23,905.   36,377.   90   2   Less: Contributions   3   Gross income (line 1 minus line 2)   29,787.   23,905.   36,377.   90   4   Cash prizes   5   Noncash prizes   5   Noncash prizes   5   Noncash prizes   5   Noncash prizes   6   Rent/facility costs   7   Food and beverages   9,777.   6,135.   10,492.   26   10   Direct expense summary. Add lines 4 through 9 in column (d)   1   Net income summary. Combine line 3, column (d) and line 10   1   Net income summary. Combine line 3, column (d) and line 10   1   Net income summary. Combine line 3, column (d) and line 10   1   Net income summary. Combine line 3, column (d) and line 10   1   Net income summary. Combine line 3, column (d) and line 10   1   Net income summary. Combine line 3, column (d) and line 10   Net income summary. Combine line 3, colum		<u> </u>	3	OR FOOD	ART F	OURNAMENT			
2 Less: Contributions 3 Gross income (line 1 minus line 2) 29,787. 23,905. 36,377. 90  4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10  Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IIV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming col. (a) through 1 Gross revenue.  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  4 Rent/facility costs 5 Other direct expenses  9,777. 6,135. 10,492. 26 6 (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming col. (a) through 2 Gross revenue.  9 Other direct expenses  4 Rent/facility costs 5 Other direct expenses	OI. ( <b>O</b> ))		(total number)	nt type)	(eve	(event type)		اه	Ф
2 Less: Contributions 3 Gross income (line 1 minus line 2) 29,787. 23,905. 36,377. 90  4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10  Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IIV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming col. (a) through 1 Gross revenue.  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  4 Rent/facility costs 5 Other direct expenses  9,777. 6,135. 10,492. 26 6 (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming col. (a) through 2 Gross revenue.  9 Other direct expenses  4 Rent/facility costs 5 Other direct expenses								<u> </u>	nue
2 Less: Contributions 3 Gross income (line 1 minus line 2) 29,787. 23,905. 36,377. 90  4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10  Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IIV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming col. (a) through 1 Gross revenue.  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  4 Rent/facility costs 5 Other direct expenses  9,777. 6,135. 10,492. 26 6 (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming col. (a) through 2 Gross revenue.  9 Other direct expenses  4 Rent/facility costs 5 Other direct expenses	90,069.	•	36,377	23,905.		29,787.	Gross receipts	∯   <b>1</b>	Šé
3 Gross income (line 1 minus line 2)								-	ш
4 Cash prizes  5 Noncash prizes  6 Rent/facility costs  7 Food and beverages  8 Entertainment 9 Other direct expenses ummary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10  Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than  \$15,000 on Form 990-EZ, line 6a.  (a) Bingo  (b) Pull tabs/instant bingo/progressive bingo  (c) Other gaming  (d) Total gam col. (a) through the prize of the							ess: Contributions	2	
4 Cash prizes  5 Noncash prizes  6 Rent/facility costs  7 Food and beverages  8 Entertainment 9 Other direct expenses ummary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10  Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than  \$15,000 on Form 990-EZ, line 6a.  (a) Bingo  (b) Pull tabs/instant bingo/progressive bingo  (c) Other gaming  (d) Total gam col. (a) through the prize of the		.							
Second Prizes   Second Prize	90,069.	<u>' •   _</u>	36,377	23,905.		29,787.	Gross income (line 1 minus line 2)	3	
Second Prizes   Second Prize									
6 Rent/facility costs  7 Food and beverages  8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10  Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gam col. (a) througe 2  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  Yes % Yes % Yes % Yes % Yes % Yes % No No No No		_					Cash prizes	4	
6 Rent/facility costs  7 Food and beverages  8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10  Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gam col. (a) througe 2  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  Yes % Yes % Yes % Yes % Yes % Yes % No No No No									
8 Entertainment 9 Other direct expenses 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10  Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming col. (a) througe  1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  1 Yes % No No No No		_					loncash prizes		
8 Entertainment 9 Other direct expenses 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10  Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming col. (a) througe  1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  1 Yes % No No No								l se	ses
8 Entertainment 9 Other direct expenses 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10  Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming col. (a) througe  1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  1 Yes % No No No							Rent/facility costs	<b>6</b>	per
8 Entertainment 9 Other direct expenses 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10  Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming col. (a) througe  1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  1 Yes % No No No								Ĭ	ŭ
8 Entertainment 9 Other direct expenses 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10  Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming col. (a) througe  1 Gross revenue  2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  1 Yes % No No No		_					ood and beverages	ତ୍ର   <b>7</b>	ed Cd
9 Other direct expenses 9,777. 6,135. 10,492. 26 10 Direct expense summary. Add lines 4 through 9 in column (d)								5	₫
10 Direct expense summary. Add lines 4 through 9 in column (d)  11 Net income summary. Combine line 3, column (d), and line 10  Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than  \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming col. (a) through the distribution of	26 404	$\leftarrow$	10 400	C 13E		0 777			
11 Net income summary. Combine line 3, column (d), and line 10   63	26,404.	•	-					-	
Part III   Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo   (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming   (d) Total gam col. (a) through the properties of the	26,404, 63,665.	• [							
\$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming col. (a) througe c	03,003.	<b>&gt;</b>						11 Dart	D
Color of the part of the par			eported more triair	iv, line 19, or i	990, Fart	iswered res to rolli		art	•
1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  Wolunteer labor  (a) Bingo bingo/progressive bingo (c) Other gaming col. (a) through col. (a) through col. (b) through col. (c) Other gaming col. (c) Other gaming col. (a) through col. (b) through col. (c) Other gaming col. (a) through col. (b) through col. (c) Other gaming col. (a) through col. (b) through col. (c) Other gaming col. (a) through col. (b) through col. (c) Other gaming col. (a) through col. (b) through col. (c) Other gaming col. (a) through col. (b) through col. (c) Other gaming col. (a) through col. (b) through col. (c) Other gaming col. (a) through col. (b) through col. (c) Other gaming col. (a) through col. (b) through col. (c) Other gaming col. (a) through col. (c) Other gaming col. (c)	Lagrania (add	1		tahe/inetant	(b) Pull		\$15,000 off Form 990-EZ, line ba.	$\neg$	
1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  West of the cost			(c) Other gaming			(a) Bingo		<u> </u>	ЭЙ
1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  West of the cost		-		3	341			š	š
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  We will be a series of the control of the cost o							Proce rayonua	۳  <b>۰</b>	æ
3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  Yes% Yes%  No No No						<b>4</b> / A	iloss revenue	+'	
3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  Yes% Yes%  No No No							Cash prizes	ر ا ،	
5 Other direct expenses								] se	ses
5 Other direct expenses							loncash prizes	. J .	per
5 Other direct expenses								<u> </u>	ñ
5 Other direct expenses							Rent/facility costs	2 <b>4</b>	rec
6 Volunteer labor								ا د	
6 Volunteer labor							Other direct expenses	5	
		%	Yes%	%	Yes	Yes%			
7 Direct expense summary. Add lines 2 through 5 in column (d)			No No	-	No No	No No	olunteer labor	6	
7 Direct expense summary. Add lines 2 through 5 in column (d)									
	)	<u> </u>	<b>&gt;</b>			5 in column (d)	Direct expense summary. Add lines 2 throug	7	
8 Net gaming income summary. Combine line 1, column d, and line 7		<u> </u>	<b>&gt;</b>			column d, and line 7	let gaming income summary. Combine line	8	
9 Enter the state(s) in which the organization operates gaming activities:						s gaming activities:	the state(s) in which the organization opera	<b>9</b> En	9
a Is the organization licensed to operate gaming activities in each of these states?	es L No				states?	vities in each of these			
<b>b</b> If "No," explaîn:							o," explain:	b If "	
								_	
							<u> </u>		
	es ∟ No		year?	during the tax	rminated o	oked, suspended or to			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?							es," explain:	b If "	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If "Yes," explain:									
la 16 IIVan II aventain								_	

232082 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

Sch	iedule G (Form 990 or 990-EZ) 2012 GREATER BATON ROUGE FOOD BANK 72-1	L06531	8 Page <b>3</b>
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	13a	%
	o An outside facility	13b	——————————————————————————————————————
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	TOD	
14	Efficient the marine and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address >		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	└── No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Carming manager compensation > 4		
	Description of services provided		
	Description of services provided P		
	Director/officer Employee Independent contractor		
4-			
	Mandatory distributions:		
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	) and (v), ar	nd Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	n (see instr	uctions).
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISER	RS:	
(I	) NAME OF FUNDRAISER: RUSS REID COMPANY		
(I	) ADDRESS OF FUNDRAISER:		
ΤW	O NORT LAKE AVENUE, SUITE600, PASADENA , CA 91101-1868		

#### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **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.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

GREATER BATON ROUGE FOOD BANK

**Employer identification number** 

72-1065318

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

(a) Name of disqualified person

(b) Relationship between disqualified person and organization

(c) Description of transaction

(d) Corrected?

Yes No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization

reported an amo			o, or 22	2								
(a) Name of interested person	<b>(b)</b> Relationship with organization	(c) Purpose of loan	fron	an to or the zation?	(e) Original principal amount	(f) Balance due	(g) In default?		(h) Ap by bo comm	proved ard or nittee?	(i) W agree	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
			1	Ĵ								
Total					<b>&gt;</b> \$					•		•

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization a	answered "Yes" on Form 990, Pa	art IV, line 27.		1
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

Part IV Business Transactions Involv	ing Interested Persons.						
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	8b, or 28c.					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	ction transaction org				
TERRY PALMISANO	MRS. PALMISANO IS A	278.913.	THE ORGANIZ	Yes	No X		
	International In	270,313.	THE ORGINIE				
Part V   Supplemental Information							
	al information for responses to question	s on Schodulo I. (soo	instructions)				
Complete this part to provide additiona	a imormation for responses to question	s on schedule L (see	ilistructions).				
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:				
(A) NAME OF PERSON: TERRY	PALMISANO						
(B) RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	D ORGANIZAT	ION:				
MRS. PALMISANO IS A BOARD	MEMBER AND VICE PRE	SIDENT OF A	SSOCIATED G	ROCEF	≀s		
(D) DESCRIPTION OF TRANSAC	TION: THE ORGANIZAT	ION PURCHAS	ED BULK FOO	D			
PRODUCT FROM ASSOCIATED GR	OCERS DURING THE TA	X YEAR.					
	+						
<b>▼</b>							

## 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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GREATER BATON ROUGE FOOD BANK

Employer identification number 72-1065318

Schedule M (Form 990) (2012)

Pai	rt I Types of Property								
		(a)	(b)	(c)		(d)			
		Check if	Number of contributions or	Noncash contrib amounts report		Method of de			
		applicable		Form 990, Part VII		noncash contribu	ution ai	mount	.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		15,147,2	272.	ESTIMATED V	ALU	E	
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts			11 /	200	T12.67.7			
25	Other ( LAMAR ADVERTI )	X	0			FMV			
26	Other (GOLF)	X	0			FMV			
27	Other (GIFT CARDS) Other (MISC)	X	0			FMV FMV			
28	5 ii i 5 i 1				114.	L M A			
29	Number of Forms 8283 received by the organi		-		00				
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement L	29			Vaa	Na
200	During the year, did the organization receive b	v oontributie	on any proporty ro	aartad in Dart L lina	o 1 20 th	at it must hold for		Yes	No
oua	at least three years from the date of the initial								
				•			30a		х
b	the entire holding period?						Joa		
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standar	d contrib	utions?	31		х
	Does the organization hire or use third parties								
- <b>-u</b>	contributions?		-	· ·			32a	х	1
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which colum	n (a) is ch	necked,			
	describe in Part II.	(2)	71 1 34-0	,	( ) = 0.	,			

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2012)

232142 12-20-12

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

### Supplemental Information to Form 990 or 990-EZ

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012
Open to Public Inspection

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 III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MOST RECENT STUDY INDICATES THAT WE DISTRIBUTE TO OVER 176,000

DIFFERENT PEOPLE ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE

CEO, CFO, 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 18: DOCUMENTS REFERENCED ABOVE ARE ON THE ORGANIZATION'S WEBSITE.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

232211 01-04-13

GREATER BATON ROUGE FOOD BANK	72-1065318
WHICH IS AVAILABLE UPON REQUEST. A COPY OF THE 990 IS AI	SO GIVEN TO THE
STATE GOVERNMENT, CAPITAL AREA UNITED WAY, AND IS AVAILAE	LE ON CHARITY
NAVIGATOR. A COPY OF THE 990 IS ALSO LOCATED ON OUR WEBS	SITE.
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

### Form 8879-EO

## IRS <sub>e-file</sub> Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning	, 2012, and ending
--	--------------------

OMB No. 1545-1878

2012

Department of the Treasury Internal Revenue Service Name of exempt organization ▶ Do not send to the IRS. Keep for your records.

Employer identification number

### GREATER BATON ROUGE FOOD BANK

72-1065318

Name and title of officer

MICHAEL MANNING PRESIDENT/CEO

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

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,</b> if any (Form 990, Part VIII, column (A), line 12)	1b	20133797
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here <b>b Balance Due</b> (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 2012 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   authorize POSTLETHWAITE & NETTERVILLE	to enter my PIN	84515
ERO firm name		Enter five numbers, b do not enter all zeros
as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.	•	
Officer's signature ▶ Date ▶		
Part III   Certification and Authentication		
Tart III Octanoaton and Addictionation		

**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 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature 
\_\_\_\_

Date -

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 223051

Form **8879-EO** (2012)

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