Form 990

(Rev January 2020)
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 private foundations)

Do not enter social security numbers on this form as it may be made public Go to www irs gov/Form990 for instructions and the latest information

2019 Open to Public Inspection

Form **990** (2019)

OMB No 1545-0047

<u>A</u>	For th	he 2019 c	alendar year, or tax year beginning $07/01/19$ , and ending $06/30/2$	0		
В	Check if	applicable	C Name of organization		D Employe	ridentification number
	Address	change	Feeding Louisiana, Inc.			
	Mama ah		Doing business as		27-0	667900
	Name ch	lange	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephon	e number
	Initial ret		543 Spanish Town Road		225-	308-2038
	Final retu terminate		City or town, state or province, country, and ZIP or foreign postal code			
			Baton Rouge LA 70802		G Gross reco	eipts\$ 1,977,910
	Amende	d return	F Name and address of principal officer			<del></del>
	Applicati	ion pending	Martha Marak	H(a) Is this a gro	up return for s	ubordinates? Yes X No
			2307 Texas Ave	H(b) Are all sub	ordinates incli	uded? Yes No
			Shreveport LA 71103	If "No,	attach a list	(see instructions)
-	T					
<u>'</u>		empt status				
<u></u>	Website		ww.feedinglouisiana.org	H(c) Group exe	mption numbe	
<u>K_</u>		organization		ar of formation		M State of legal domicile LA
	Part I		mmary			<u></u> _
	1	Briefly des	scribe the organization's mission or most significant activities			
9		The r	mission of the Association shall be to promote commu	nıcatıon	and	
aŭ		inte	raction among members and to provide education and t	raining p	program	ms on
ern		ıssu	es of hunger and food banking.			
Š	2	Check this	s box 🕨 🦳 if the organization discontinued its operations or disposed of more than 25%	of its net assi	ets	
& Governance			f voting members of the governing body (Part VI, line 1a)		3	5
ŝ	1		f independent voting members of the governing body (Part VI, line 1b)		4	5
į	1		ber of individuals employed in calendar year 2019 (Part V, line 2a)		5	1
Activities			ber of volunteers (estimate if necessary)		6	0
٨			`	İ	7a	0
			Constitution (C), and	ار	<del></del>	
ᡛ	B	ivet unreia	ated business taxable income from Form 990-T, line 39 40 MAY 9 4 2021	Prior Yea	7b	Current Year
5	l g	Contributi	ons and grants (Part VIII, line 1h)		1,627	1,977,910
<b>&gt;</b> §	1		service revenue (Part VIII, line 2g)	<u> </u>	1,027	1/3///310
ۆ <b>د</b>		_		<del> </del>		0
~~ *			**************************************			
MAI C			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70	1 (27	1 077 010
	T		nue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12.	1,627	1,977,910
过			d similar amounts paid (Part IX, column (A), lines 1–3)			
	1		and to or for members (Part IX, column (A), line 4)	10:	7 0 5 0	150 040
CAN FIL			other compensation, employee benefits (Part IX, column (A), lines 5–10)	127,850		150,040
SE.	1		nal fundraising fees (Part IX, column (A), line 11e)			<u> </u>
ΝŠ	b	Total fund	raising expenses (Part IX, column (D), line 25) ▶ 0			1 100 150
ш	1		enses (Part IX, column (A), lines 11a–11d, 11f–24e)		6,334	1,423,170
	18	Total expe	enses Add lines 13–17 (must equal Part IX, column (A), line 25)		4,184	1,573,210
	19	Revenue	less expenses Subtract line 18 from line 12		7,443	404,700
Net Assets or Fund Balances				Beginning of Cur		End of Year
sset	20		ets (Part X, line 16)		0,698	756,791
at A	21		lities (Part X, line 26)		1,102	142,495
			s or fund balances Subtract line 21 from line 20	209	9,596	614,296
_ <u>P</u>	art II	Sig	nature Block			
U	nder pe	nalties of p	erjury, I declare that I have examined this return, including accompanying schedules and statement	s, and to the be	st of my kno	wledge and belief, it is
tru	ue, corre	ect, and co	hylete/ Declaration of preparer (other than officer) is based on all information of which preparer has	any knowledge	•	
			Km Ms-4A		12	21.20
Sig	n	Sı	ghature of officer		Date	
He	•		Korey Patty Execut	ive Dir	ector	
•		Ty	pe or print name and title	_ + C DII	<u> </u>	<del>-</del>
	-	<u> </u>	preparer's name Préparer's supparule 7	Detax.	1 10	f of PTIN
Paid	d		$X \mathcal{N}_{A} \mathcal{M}_{A}	~ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	Check	"
	parer		11.014.10	<del>'</del>	/20 self-em	
	Only	Firm's nam		F	ırm's EIN ▶	72-1086666
USE	Unity		527 E Airport Ave			005 005 1055
		Firm's add		P	hone no	225-926-1050
May	the IR	RS discuss	this return with the preparer shown above? (see instructions)			X Yes No

orm 990 (20	19) Feeding Louisian		27-0667900	Page <b>2</b>
Part III	Statement of Program Ser Check if Schedule O contain	vice Accomplishments s a response or note to any line	e in this Part III	
	escribe the organization's mission			_
intera		s and to provide ed	promote communication ducation and training	
	organization undertake any significant rm 990 or 990-EZ?	program services during the year which	h were not listed on the	Yes X No
•	describe these new services on Sche	dule O		
3 Did the o	organization cease conducting, or mal ?	ke significant changes in how it conduct	s, any program	Yes X No
4 Describe expense		ccomplishments for each of its three lai panizations are required to report the an	rgest program services, as measured by nount of grants and allocations to others,	
4a (Code To pro		64,017 including grants of \$ o the needy and hun	) (Revenue \$ agry of Louisiana	)
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
N/A				
<b>4c</b> (Code N/A	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d Other pro	ogram services (Describe on Schedul	20)		
(Expense		uding grants of \$	) (Revenue \$	)
	gram service expenses ►	1.464.017	/ (Nevende w	

Form **990** (2019)

27-0667900 ABDO

P	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4			-	<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	-		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_ ا		Х
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		$\frac{\Lambda}{\Lambda}$
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l		١,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			İ
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			١
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Χ	
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		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		Х
b			-	
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.42		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	''		
10		16		Х
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		Х
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		v
20-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b na	, , , , , , , , , , , , , , , , , , , ,	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			У
	domestic government on Part IX, column (A), line 12 if "Vas." complete Schedule I, Parts I and II	74		. X

P	art IV Checklist of Required Schedules (continued)			- 3 - 1
-			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Χ
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		Χ
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 25a	24a		Χ
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Χ
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		Χ
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	Χ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	İ		
	persons? If "Yes," complete Schedule L, Part III	27		X
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	1		
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
	conservation contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<b></b>	Χ
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		1	.,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			v
25-	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_^_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256		
26	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	20		Х
37		36	-	
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	27		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		Λ
30	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
P	art V Statements Regarding Other IRS Filings and Tax Compliance	1 30	1 4 3	
- •	Check if Schedule O contains a response or note to any line in this Part V			
	The state of the s		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	7		
	reportable gaming (gambling) winnings to prize winners?	10		Х

<u> Pa</u>	irt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			لــــا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		<u>X</u>
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b_		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	•		v
L	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> X</u>
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.		
7	gifts were not tax deductible?	6b		<b></b>
	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		$\vdash$
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		<b></b>
•	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-,-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<del></del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			Ì
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			<b> </b>
	against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<b></b>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<b>—</b> .
	Note: See the instructions for additional information the organization must report on Schedule O		:	
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans  13b			
C	Enter the amount of reserves on hand	44.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<del>                                     </del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v
	excess parachute payment(s) during the year?  If "Yos " soo yestrustings and file Form 4720. Schodule N	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N			X
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O	16		$\bigcap$
	n 100, complete 1 offit 4120, concedure C		ليب	

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Form	1990 (2019) Feeding Louisiana, Inc. 27-0667900		P	age 6
, Pa	art VI , Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "	No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See	: ınstru	ctions	5
	Check if Schedule O contains a response or note to any line in this Part VI			<u> </u>
Sec	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 5	_		,
	If there are material differences in voting rights among members of the governing body, or	*	i	
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O			]
b	Enter the number of voting members included on line 1a, above, who are independent	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	ļ	X
6	Did the organization have members or stockholders?	6		X
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,			١,,
_	stockholders, or persons other than the governing body?	7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		<del></del>	ــــا
a	The governing body?	8a	X	
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 on Schedule O	9	l	<u>X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	<u>oae )</u>		<u> </u>
40-	Out the executation have level should be a few too.	40-	Yes	No V
	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		X
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		$\vdash \uparrow$
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	420		$\frac{1}{X}$
اعدا ا	Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		<u> </u>
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		<del> </del>
С	describe in Schedule O how this was done	120		
13	Did the organization have a written whistleblower policy?	12c		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			1
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
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)	100		
16a				.
	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	1.00		
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1		{
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	,		
<u> </u>	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

543 Spanish Town Road

LA 70802

225-308-2038 Form **990** (2019)

Korey Patty

Baton Rouge

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

Check if Schedule O contains a response or note to any line 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. See instructions for the order in which to list the persons above

 $|{
m X}|$  Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (list any	bo. off	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-211033-NII3C)	related organizations
(1)Natalie Jayroe										
Diameter.	0.00	,,		,,					0	0
Director (2) Michael Manning	0.00	X	_	Х				0	0	<u> </u>
(2) MICHAEL Mainling	0.00									
Director	0.00	X						0	0	0
(3) Martha Marak	0.00	<del>  ^``</del>								<u> </u>
(.,	0.00									
President	0.00	Х		Х				0	0	0
(4) Jean Toth									1	
	0.00									
Secretary	0.00	X	_	<u> </u>				0	0	0
(5) Jayne Wright-Vel										
	0.00	Х		X				o	0	0
Treasurer/Vice Pres (6)	0.00	^		^			_	<u> </u>	U	
(0)										
					L.					
(7)										
(8)										
(9)										
(10)					_					<u></u>
(11)										
										000

. <u>Ра</u>		ection A Officers  (A) and title	(B) Average hours per week (list any hours for related organizations below dotted line)	b)	o not o x, unle	Pos check ess pe	C) sition more erson	than the structure of t	one an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	_											
									-			
_		•										
1b c	Total from	continuation she	ets to Part VII, S	Secti	ion /	<u> </u>			<b>*</b> *			
3 4 5	Did the organization individual Did any per for services	compensation from anization list any form line 1a? If "Yes," ividual listed on line and related organ	ormer officer, direct complete Schede 1a, is the sum of nizations greater a receive or acciganization? If "Y	ector lule of of rep than	trus I for porta \$15	stee, such ible o 0,00	key indicomp 02 li	emp vidua pensa f "Yes	loye al atior s," co	who received more than e, or highest compensated an and other compensation of complete Schedule J for suc y unrelated organization or for such person	from the	Yes No  3 X  4 X  5 X
1	Complete th	nis table for your fiv on from the organi	e highest compe								han \$100,000 of in the organization's tax yea (B) Islion of services	ar (C) Compensation
		er of independent o								e listed above) who	0	Form <b>990</b> (2019)

Part VIII' Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue excluded (B) Related or exempt Total revenue Unrelated from lax under sections 512-514 function revenue business revenue ifts, Grants ir Amounts 1a Federated campaigns 1a 30,000 b Membership dues 1b c Fundraising events 1c 힐 d Related organizations 1d 490,519 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1,457,391 1f g Noncash contributions included in lines 1a-1f 1g |\$ 1,977,910 h Total. Add lines 1a-1f • Business Code f All other program service revenue g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents 6a b Less rental expenses 6b Rental inc or (loss) d Net rental income or (loss) ▶ Gross amount from (i) Securities (II) Other sales of assets 7a other than inventory b Less cost or other Revenue 7b basis and sales exps c Gain or (loss) 7с Other d Net gain or (loss)  $\blacktriangleright$ 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8a b Less direct expenses ▶ c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 9a b Less direct expenses 9b c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances 10a b Less cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 11a b d All other revenue Total. Add lines 11a-11d  $\triangleright$ 1,977,910 0 ol 0 Total revenue. See instructions •

Form 990 (2019) Feeding Louisiana, Inc.
Part IX Statement of Functional Expenses

	ot include amounts reported on lines 6b, b, 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 domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				*
4	Benefits paid to or for members			,	
5	Compensation of current officers, directors,				
	trustees, and key employees	80,482	32,193	48,289	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	40.000	10 717	00 575	
7	Other salaries and wages	49,292	19,717	29,575	
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	10,478	4,191	6,287	
9 10	Other employee benefits Payroll taxes	9,788	3,915	5,873	<u> </u>
10	Fees for services (nonemployees)	9,100	<u> </u>	3,013	
	Management (Horiemployees)				
	Legal			-	
	Accounting	9,350	3,740	5,610	
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	3,500	1,400	2,100	
12	Advertising and promotion	16,250	16,250		
13	Office expenses	1,673		1,673	
14	Information technology				
15	Royalties				
16	Occupancy	10 101	4 100	6 000	
17	Travel	10,481	4,192	6,289	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20 21	Interest Payments to affiliates	· · · · · · · · · · · · · · · · · · ·			·
22	Depreciation, depletion, and amortization	233	233		
23	Insurance	1,694		1,694	
	Other expenses Itemize expenses not covered			-/	
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Payments to Food Banks	994,775	994,775		
b	Snap Reimbursement Expens	383,211	383,211		
С	Miscellaneous	1,075		1,075	
d	Computer Expenses	728		728	
е	All other expenses	200	200		
	Total functional expenses Add lines 1 through 24e	1,573,210	1,464,017	109,193	
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

Part	X Balance Sheet						
	Check if Schedule O contains a response or	r note to a	any li	ne in this Part X			
					(A)		(B)
					Beginning of year		End of year
1	The state of the s			-	193,731	1	622,332
2	3	_	F.F. 000	2	·		
3				_	55,000	3	120 27
4	, , , , , , , , , , , , , , , , , , , ,	, , <u> </u>	139,867	4	132,375		
5	, , , , , , , , , , , , , , , , , , , ,						
	trustee, key employee, creator or founder, substan		orudi	r, or 35%			
ء ا	controlled entity or family member of any of these		- /	4-64		5	
. 6				-		-	<del></del>
Assets	under section 4958(f)(1)), and persons described in	in section	1495	b(c)(3)(b)		6 7	· -
Ass 7		-		8	-		
ı o		<del> -</del>		9			
9	<del>_</del>		1	-	***	9	
''	Da Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	١,	100	3,500			
Ι.	b Less accumulated depreciation		10a 10b	1,633	2,100	10c	1,867
11	•	1,000	2,100	11	1,00		
12		-		12			
13	·	<u> </u>		13			
14		•		-		14	
15	-	-		15	217		
16		line 33)		-	390,698	16	756,791
17		11110 007			170,317	17	110,144
18				<u> </u>		18	110/11
19		<u> </u>		19			
20				20	<del></del> -		
21	·	rt IV of Sc	chedi	ıle D		21	
				<del> </del>		<del></del> +	
Liabilities	trustee, key employee, creator or founder, substan			· ·			
ᅙ	controlled entity or family member of any of these				<u></u>	22	<del>-                                    </del>
ີ່   23		•	rties			23	
24				Ī		24	<u></u>
25	Other liabilities (including federal income tax, paya	ables to re	elated	l third			
	parties, and other liabilities not included on lines 1	7-24) Co	mple	te Part X			
	of Schedule D				10,785	25	32,351
26	Total liabilities. Add lines 17 through 25				181,102	26	142,495
	Organizations that follow FASB ASC 958, chec	k here 🕨	•				
8a   27   28	and complete lines 27, 28, 32, and 33.						
<u>k</u> 27	Net assets without donor restrictions					27	
က္က   28	Net assets with donor restrictions					28	
Fund	Organizations that do not follow FASB ASC 95						
년	and complete lines 29 through 33.			_			
Ö 29	Capital stock or trust principal, or current funds	Ĺ		29			
30	Paid-in or capital surplus, or land, building, or equi			30			
Assets or 30 31	Retained earnings, endowment, accumulated inco	me, or oth	her f	unds	209,596		614,296
호   32				<u> </u>	209,596		614,296
33	Total liabilities and net assets/fund balances				390,698	33	756,791

Form **990** (2019)

orm	990 (2019) Feeding Louisiana, Inc.	27-0667900			Pa	ge <b>12</b>
	rt XI Reconciliation of Net Assets		•			
	Check if Schedule O contains a response or note to any line in	this Part XI				!
1	Total revenue (must equal Part VIII, column (A), line 12)		1	1,9	977,	910
2	Total expenses (must equal Part IX, column (A), line 25)		2	1,5	73,	210
3	Revenue less expenses Subtract line 2 from line 1		3		104,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, coli	ımn (A))	4	2	209,	596
5	Net unrealized gains (losses) on investments		5			
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 on Schedule O)		9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equ	al Part X, line				
	32, column (B))		10	6	514,	296
Pa	rt XII] Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in	this Part XII				
					Yes	No
1	Accounting method used to prepare the Form 990 $\square$ Cash $\square$ Accrua	I Other				
	If the organization changed its method of accounting from a prior year or checker	d "Other," explain in	-			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent	ndent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the ye	ear were compiled or				.1
	reviewed 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 account	ant?		2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year	ear were audited on a			•	
	separate basis, consolidated basis, or both			ĺ		
	X Separate basis Consolidated basis Both consolidated and	separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes re	sponsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an inc	dependent accountant?		2c		X
	If the organization changed either its oversight process or selection process during	ng the tax year, explain on				1
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit	or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization	ition did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps take	n to undergo such audits		3ь	1	

Form **990** (2019)

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No 1545-0047

On. Inspection

Employer identification number

		_	Feeding Loui	siana, Inc.			27-066	57900			
Pa	art I	Reas		Status (All organizations	must co	omplete	<u> </u>				
The	orga	nization is not	a private foundation becaus	e it is (For lines 1 through 12, cl	heck only	one box	)				
1	$\bigcap$			ociation of churches described in				Cith			
2		· ·	·	A)(ii). (Attach Schedule E (Form				001			
3				ce organization described in sec			iri).				
4		•		d in conjunction with a hospital d				ospital's name.			
	ш	city, and state	,					, , , , , , , , , , , , , , , , , , ,			
5	$\Box$	• •		of a college or university owned of	or operate	ed by a go	overnmental unit described in				
•	ш	_	b)(1)(A)(iv). (Complete Part	- · · · · · · · · · · · · · · · · · · ·	от оролого	,					
6				overnmental unit described in se	ection 17	0(b)(1)(A	)(v).				
7	М			substantial part of its support fro			• • •				
		•	section 170(b)(1)(A)(vi). (C	• • • • • • • • • • • • • • • • • • • •			•				
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	II)						
9		An agricultura	al research organization des	cribed in section 170(b)(1)(A)(i	x) operate	ed in conj	unction with a land-grant colleg	ge			
		or university university	or a non-land-grant college o	of agriculture (see instructions) 1	Enter the	name, cit	y, and state of the college or				
10	X	An organizati	on that normally receives (1	) more than 33 1/3% of its supp	ort from c	ontributio	ns, membership fees, and gro	ss			
	_	receipts from	activities related to its exem	pt functions—subject to certain	exception	s, and (2	) no more than 33 1/3% of its				
			-	d unrelated business taxable inc			•				
			•	0, 1975 See section 509(a)(2).							
11	$\vdash$	•	•	exclusively to test for public safe	•						
12	Ш	•	•	exclusively for the benefit of, to perations described in section 509			•				
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving										
	_			· · ·		•		.9			
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.										
	b	Type II.	A supporting organization su	pervised or controlled in connec	tion with i	ts suppor	ted organization(s), by having				
		control or	r management of the suppor	ting organization vested in the s	ame pers	ons that o	control or manage the supporte	ed			
		$\Box$	, ,	Part IV, Sections A and C.							
	С			supporting organization operated tructions) You must complete				nth,			
	d			d. A supporting organization ope							
			, ,	organization generally must sat	•		•	ess			
		· ·	•	nust complete Part IV, Section							
	е			eived a written determination fro i-functionally integrated supporti			a Type I, Type II, Type III				
	f		nber of supported organizati	• • •	9 0.90	201.011					
	g		ollowing information about th								
(1	) Nami	e of supported	(ii) EIN	(iii) Type of organization	(IV) Is the o	organization	(v) Amount of monetary	(vi) Amount of			
		janization		(described on lines 1-10		ır governing	support (see	other support (see			
				above (see instructions))		ment?	instructions)	instructions)			
					Yes	No					
(A)								İ			
(B)								1			
				<u> </u>							
(C)											
(D)											
(E)					-						
		-									
Tota	ı										

## Schedule A (Form 990 or 990-EZ) 2019 Feeding Louisiana, Inc. Part III Support Schedule for Organizations Described in Section Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II or if the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	quality under the	e lesis listea b	elow, please co	impiete Part II	<u>)                                    </u>	
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(2) 2010	(6) 2511	(4) 2010	(0) 20.0	(1) 10101
•	received (Do not include any "unusual grants")	504,260	404,631	353,087	721,627	1,977,910	3,961,515
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	504,260	404,631	353,087	721,627	1,977,910	3,961,515
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8 8	Add lines 7a and 7b  Public support. (Subtract line 7c from line 6)						
Sec	tion B. Total Support						3,961,515
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	504,260	404,631	353,087	721,627	1,977,910	3, 961, 515
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	304,200	404,031	333,007	721,021	1,311,310	3, 301, 313
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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 VI)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12)	504,260	404,631	353,087	721,627	1,977,910	3,961,515
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	secona, tnira, tour	th, or titth tax year a	as a section 501(c	(3)	▶ □
Sec	tion C. Computation of Public Su		age				
15	Public support percentage for 2019 (line 8)		<del>-×</del>	1 (fl)		15	100.00%
16	Public support percentage from 2018 Sche			• (17)		16	100.00%
	tion D. Computation of Investme					1,, ** 1	100.00 %
17	Investment income percentage for 2019 (li	-		column (f))		17	%
18	Investment income percentage from 2018		· ·			18	%
19a	33 1/3% support tests—2019. If the orga			14, and line 15 is m	nore than 33 1/3%		
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2018 If the orga	ox and stop here. Th	ne organization qu	ialifies as a publicly	supported organi	zation	<b>▶</b> X
	line 18 is not more than 33 1/3%, check this						▶ 🗌
20	Private foundation. If the organization did						▶ 🗍

Schedule A (Form 990 or 990-EZ) 2019

**Supporting Organizations** 

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A	. All St	upporting	Organization:	S
-----------	----------	-----------	---------------	---

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ion A. An Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	1		i
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			i
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN		-	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,	1		
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			!
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			j
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

| 10b | | | Schedule A (Form 990 or 990-EZ) 2019

9с

10a

Schedule A (Form 990 or 990-EZ) 2019 Feeding Louisiana, Inc.		27-0667	900 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	aniza	tions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	v 20, 1	970 (explain in Part VI) Se	ee
instructions. All other Type III non-functionally integrated supporting organizations mu	st comp	lete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		•	
factors (explain in detail in Part VI)			<u> </u>
2 Acquisition indebtedness applicable to non-exempt-use assets	2	L	
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6_		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	•	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

Par	t V Type III Non-Functionally Integrated 509(a)(3)		tions (continued)	70 Tage 7
Sect	Current Year			
1	Amounts paid to supported organizations to accomplish exempt purpos			
2	Amounts paid to perform activity that directly furthers exempt purposes			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			_
6	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6	·		
10	Line 8 amount divided by line 9 amount	<u> </u>		
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from			
	Section D, line 7 \$			
а	Applied to underdistributions of prior years			1
b	Applied to 2019 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, if			]
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2019 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j and 4c			
8	Breakdown of line 7			
a	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
Α	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Feeding Louisiana, Inc.

27-0667900

Page 8

Part VI Suppler

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

### . SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

2019 Open to Public Inspection

OMB No 1545-0047

► Attach to Form 990.

► Go to www.irs gov/Form990 for instructions and the latest information.

Employer identification

· vaille	of the organization		Employer Identification flumber
됴	eeding Louisiana, Inc.		27-0667900
	art I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or	
•	Complete if the organization answered "Yes" on F		noodinio.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4,7	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised	
•	funds are the organization's property, subject to the organization's exclu		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in v		163 160
•	only for charitable purposes and not for the benefit of the donor or donor	• •	
	conferring impermissible private benefit?	advisor, or for any other purpose	☐ Yes ☐ No
Pá	art¦li Conservation Easements.		1 103 ( ) 110
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization (check a		
	Preservation of land for public use (for example, recreation or education of land for public use)		important land area
	Protection of natural habitat	Preservation of a certified his	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation	vation contribution in the form of a conse	rvation
	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	Total acreage restricted by conservation easements		2b
С		ided in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/0	• •	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, exti	inguished, or terminated by the organizati	ion during the
	tax year ▶		,
4	Number of states where property subject to conservation easement is lo	cated ►	
5	Does the organization have a written policy regarding the periodic monit		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation ea	asements during the year
	•	•	- ,
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	ations, and enforcing conservation easem	nents during the year
	▶\$	•	•
8	Does each conservation easement reported on line 2(d) above satisfy the	ne requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easeme	nts in its revenue and expense statement	t and
	balance sheet, and include, if applicable, the text of the footnote to the o	organization's financial statements that de	escribes the
	organization's accounting for conservation easements		
Pa	art III Organizations Maintaining Collections of Art,		Similar Assets.
	Complete if the organization answered "Yes" on F	<del></del>	
1a	If the organization elected, as permitted under FASB ASC 958, not to re		
	of art, historical treasures, or other similar assets held for public exhibition	on, education, or research in furtherance	of public
	service, provide in Part XIII the text of the footnote to its financial statem		
b	If the organization elected, as permitted under FASB ASC 958, to report		
	art, historical treasures, or other similar assets held for public exhibition,	education, or research in furtherance of	public service,
	provide the following amounts relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical treasures, or o	- · · ·	vide the
	following amounts required to be reported under FASB ASC 958 relating	g to these items	
а			<b>▶</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

Schedule D (Fo	orm 990) 2019 Feeding	Louislana,	Inc.			27-0	667900			Page 2
Part III	Organizations Maintaini				reasures,	or Othe	r Similar A	ssets	(contin	ued)
	e organization's acquisition, acces nitems (check all that apply)	sion, and other record	s, check	any of the follo	owing that m	ake signific	cant use of its			
a Publi	c exhibition	d 📋	Loan or	exchange pro	gram					
b 🔲 Scho	larly research	е 🗌	Other							
c Pres	ervation for future generations									
4 Provide a	a description of the organization's	collections and explain	n how the	ey further the o	organization's	s exempt p	urpose in Part			
	e year, did the organization solici	t or receive donations	of art, his	storical treasur	es, or other :	sımılar				
assets to	be sold to raise funds rather than	i to be maintained as p	art of the	e organization'	s collection?				Ye	s 🗍 No
Part IV	Escrow and Custodial A	rrangements.				·	•			
•	Complete if the organization 990, Part X, line 21	on answered "Yes	on Fo	orm 990, Pa	art IV, line	9, or rep	orted an ar	nount	on Forn	n
1a Is the org	janization an agent, trustee, custo	dian or other intermed	iary for c	ontributions of	r other asset	s not				
	on Form 990, Part X?								Ye	s No
b If "Yes," e	explain the arrangement in Part X	III and complete the fol	llowing ta	able						
									Amount	<u>t                                    </u>
c Beginnin	g balance						1c			
d Additions	during the year						1d			
e Distributi	ons during the year						1e			
f Ending b	alance						1f			
2a Did the o	rganization include an amount on	Form 990, Part X, line	21, for e	escrow or custo	odial accoun	t liability?			Ye	s 📘 No
	explain the arrangement in Part X	III Check here if the ex	planatio	n has been pr	ovided on Pa	rt XIII				
Part V	Endowment Funds.									
	Complete if the organizati	on answered "Yes	on Fo	orm 990, Pa	art IV, line	10			1	
		(a) Current year	(b)	) Prior year	(c) Two ye	ars back	(d) Three year	s back	(e) Four	years back
1a Beginnin	g of year balance		ļ							
b Contribut	tions		ļ		ļ <u></u>					
c Net inves	stment earnings, gains, and									
losses										
	r scholarships		ļ							
	penditures for facilities and									
programs										
	rative expenses									
-	ear balance	L	L		L				<u>l</u>	
	he estimated percentage of the co	•	e (line 1g	g, column (a)) l	held as					
	signated or quasi-endowment	,								
	nt endowment ► %	o								
c Term end		h l - l   4000/								
•	entages on lines 2a, 2b, and 2c s	•				l familia				
	endowment funds not in the pos	session of the organiza	ition that	are neid and	administered	for the			ſ	Van Na
organizal	•								22(3)	Yes No
	lated organizations								3a(i)	
	led organizations		6	ah adula DO					3a(ii)	
	n line 3a(ii), are the related organ								3b	
Part VI	In Part XIII the intended uses of the Land, Buildings, and Equation 1.		wment it	unas	<del></del>				·	
Fait VI	Complete if the organizati		" on Ec	orm 000 Pr	ort IV Juno	112 500	S Form 000	Dort \	Y line 1	10
	Description of property	(a) Cost or other		(b) Cost or o			Accumulated	Tait	(d) Book	
	besomption of property	(investment)		(other			epreciation		( <b>a</b> ) 500k	value
1a Land	<del></del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	,			+		
b Buildings										
_	d improvements					-		+		
d Equipme	•				3,500		1,63	3		1,867
e Other	•••				3,300		1,00	_		<b>1</b> ,007
	s 1a through 1e (Column (d) mus	t equal Form 990. Par	X, colur	nn (B), line 10		•		•		1,867

Dort VIII	·	 DOGISTANA,	
	Invoctments		

Part VII	Complete if the organization answered "Ye	s" on Form 990 Part IV Jir	ne 11h See Form 990 Pa	art X line 12
	(a) Description of security or category	(b) Book value	(c) Method of va	·
	(including name of security)	',	Cost or end-of-year	
(1) Financial of	derivatives			
(2) Closely he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12)	<b>&gt;</b>		
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Ye			·
	(a) Description of investment	(b) Book value	(c) Method of va Cost or end-of-year	
(4)	<del>_</del>		Cost or end-or-year	market value
(1)				
_(3)				
(4)			+	<u>.</u>
(5)		•		
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13)	<b>&gt;</b>		
Part IX	Other Assets.		1.	
<u> </u>	Complete if the organization answered "Ye	s" on Form 990, Part IV, lin	ne 11d See Form 990, Pa	art X, line 15
	(a) Descripti			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	
Part X	Other Liabilities.			
	Complete if the organization answered "Ye	s" on Form 990, Part IV, Iir	ne 11e or 11f See Form 9	990, Part X,
	line 25			· .
1.	(a) Description of liability		-	(b) Book value
	ncome taxes			20 707
	Current Liabilities			28,787
	oll Liabılitıes	<u> </u>		3,564
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 25.)		<b>.</b>	32,351
	uncertain tax positions. In Part XIII, provide the text of the	ne footnote to the organization's fi	nancial statements that reports	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b 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 part to provide any additional information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

5

1,573,210

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Feeding Louisiana, Inc.

27-0667900

Form 990, Part VI, Line 7a - Election of Members and Their Rights The board member acts on behalf of the member food bank they represent.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 A draft of the 990 is presented at the board prior to filing the return.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The executive director's salary is approved by the board of directors.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are available on the entity's website and upon request.