Form

OMB No. 1545-0047 2020 Open to Public

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.frs.gov/Forman for Instructions and the latest information.

4	A For the 2020	alendar year, or tax year beginning 07,	01/20 , and ending 06/	30/21		inspection		
Ļ	Check if applicable:	C Name of organization			D Emplo	yer identification number		
Ĺ	Address change	The Food Ba	nk of Central Louisia	na	1			
L	Name change	Doing business as			72-	1154072		
Γ	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3223 Baldwin Avenue						
Ē	Final return/	City or town, state or province, country, and ZIP or forei	on postal code		318	-445-2773		
F	lerminated		71301		154.21 - 154.51 (1750.47)			
F	Amended return	F Name and address of principal officer:	71301		G Gross r	eceipls 20,076,32		
L	Application pending	Jayne Wright - Velez		H(a) Is this a g	roup return for	subordinales? Yes X		
		3223 Baldwin Ave		H(b) Are all su	hardlantas ta			
_		Alexandria	LA 71301	1000000		t. See instructions		
1	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (inse			, 5115-11-11-11-1	i. dec mandendina		
J	Website: ▶ V	ww.fbcenla.org	4547(6)(1) 01 527	H/o\ C		poetri 🍆		
К	Form of organization	X Corporation Trust Association	Other >	L Year of formation: 1				
	Part I St	mmary				M State of legal domicite: L		
	1 Briefly de	cribe the organization's mission or most sign	ificant activities:					
9	To a	lleviate hunger in Central	Louisiana		******	******************		
Š								
Activities & Governance	5							
Š	2 Check thi	box ▶ ☐ if the organization discontinued it	s operations or disposed of many the	0F0/ -/'				
5	3 Number of	voting members of the governing body (Part	VI line (a)		0000	1 45		
4	4 Number of	independent voting members of the governing	or body (Bod VI. Ess 4b)		3	15		
E.	5 Total num	per of individuals employed in calendar year 2	2030 (Part V. line 15)		. 4	15		
5	6 Total num	per of volunteers (estimate if necessary)	:020 (Fart V, line 2a)		. 5	31		
-	7a Total unre	ated business revenue from Part VIII, column			. 6	473		
	b Net unrela	ated business revenue from Part VIII, columned business taxable income from Form 990-	Copy like 12		. 7a			
:===	1			Malas Vas		0		
a	8 Contribution	ns and grants (Part VIII, line 1h)		12 200		Current Year 19,695,445		
2		VICE TOVETILE (FBIT VIII, IIIIe ZO)		7/	,504	19,095,445		
Revenue	10 Investmen	moonie (i dit viii, coldinii (A), lines 3, 4, and	7(1)	1 21	,128	372.006		
œ	11 Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c,	30	,964	373,006			
	12 Total reve	ue – add lines 8 through 11 (must equal Part	VIII column (A) line 12)	13,500		7,872		
7/	13 Grants and	similar amounts paid (Part IX, column (A), lir	es 1_3)	8,631		The state of the s		
	14 Denema pi	to or for members (Part IX, column (A) line	ι Δ\		,1/0	12,149,457		
S	15 Salaries, o	her compensation, employee benefits (Part I) I fundraising fees (Part IX, column (A), line 1 ising expenses (Part IX, column (D), line 25) ises (Part IX, column (A), lines 11a–11d, 11f-	Column (A) lines 5–10)	710	620	1 100 005		
Expenses	16a Profession	fundraising fees (Part IX, column (A) line 1	tel	. /10	,620	1,109,285		
9	b Total fundr	ising expenses (Part IX, column (D) line 25)	▶ 398 062					
ũ	17 Other expe	ises (Part IX, column (A), lines 11a-11d, 11f-	240)	1 003	700			
		ses. Add lines 13–17 (must equal Part IX, col		1,093	, / 28	1,785,548		
4000000	19 Revenue le	s expenses. Subtract line 18 from line 12	driir (A), iiile 25)	10,443	,518	15,044,290		
t Assets or	TARK DO A VO			3,056 Beginning of Curre	, 620	5,032,033		
sets	20 Total asset	(Part X, line 16)		8,632		End of Year 13,801,450		
tAs dB	21 Total liabilit	es (Part X, line 26)		604	,361			
포토	22 Net assets	r fund balances. Subtract line 21 from line 20	******************************	8,028	136	741,278 13,060,172		
P.	art II Sigr	ature Block		0,020	, 130	13,000,172		
Un	der penalties of per	ury. I declare that I have examined this return, included	iding accompanying achedules and state	monte and to the bear				
tru	e, correct, and com	lete. Declaration of preparer/(other than officer) is	based on all information of which prepare	ements, and to the besi er has anv knowledge	of my kno	wledge and belief, it is		
		S 61.10 1/15/			1 2	lalara		
Sig	n Sign	une oypeticer / /			Date	17/2022		
Her	e k j	ayne Wright - Velez	Evec	utive Dire	(00000000000000000000000000000000000000			
		or print name and title	<u> </u>	derve Dire	CCOL			
	Print/Type pr	parer's name Prepar	er's signature	Date	12.	T. Drive		
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Prep		 KnightMasden, APA 		02/14/2		7 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10		
Use		5615 Jackson Stre	e+ # .T	Firm	s EIN P	72-1135207		
	Firm's addres		1303-2326	Secon				
May		s return with the preparer shown above? See	instructions	Phor	e no.	318-445-9334		
For P	aperwork Reduction	n Act Notice, see the separate instructions.	maductions			X Yes No		
DAA		and acharate metractions.				Form 990 (2020)		

	990 (2020) The Food Bank of Central Louisiana 72-1154072	Page 2
Pa	Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III	
T	o alleviate hunger in Central Louisiana	
	·	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	1838 V.C. 18
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	T
	services?	Yes X No
942	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.	9.
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 14,422,155 including grants of \$ 12,149,457) (Revenue \$	See a succession of the succes
G	(Code:)(Expenses \$ 14,422,155 including grants of \$ 12,149,457) (Revenue \$ ather, store and redistribute food to individuals and charita	ble
0	rganizations that serve the needy	
	EU 1000 1000 1000 1000 1000 1000 1000 10	
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
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ıb.	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	/A	
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-	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
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d	Other program services (Describe on Schedule O.)	
1007	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ▶ 14,422,155	

Form 990 (2020) The Food Bank of Central Louisiana 72-1154072 Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X 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 X 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 X 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 X 5 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 x 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 x Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, complete Schedule D, Part III X 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 X 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 X 10 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a 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 X 11b c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c 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 167 If "Yes," complete Schedule D, Part IX X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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 x 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII X 12a 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 X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F. Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 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 See instructions Х 17 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 х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III X 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II,

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Form 990 (2020) The Food Bank of Central Louisiana 72-1154072

	art iv Checklist of Required Schedules (continued)					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individu	ale on			Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	als Oil		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 compensa	ted				
	employees? If "Yes," complete Schedule J		7. 1. 7. 1. 10. 10.	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	7		200		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer like					
	through 24d and complete Schedule K. If "No," go to line 25a			24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the			24c		
d	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year	,,,,,,,		24d		
25a	그 보다 하나 되었다면 보고 있다면 되었다면 보고 있는데 하는데 하는데 하는데 되었다면 하는데			240		
	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 pric				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9	TO THE PARTY		1		
	If "Yes," complete Schedule L, Part I			25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to an	y curre	ent			
	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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trust	lee, ke	у		}	
	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 the			5000		
0.00000	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 Schedul IV instructions, for applicable filing thresholds, conditions, and exceptions):	e L, Pa	art			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribu	tor? If		1000000	Na.	\$100001100
577	"Yes " complete Schoolule 1 Boot IV			28a		х
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28b		х
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b		DEFECTIVE CONTRACTOR C	M. SON CONTROL		
	"Yes," complete Schedule L. Part IV			28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu	ile M		29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifications of art, historical treasures, or other similar assets, or qualifications of art, historical treasures, or other similar assets, or qualifications of art, historical treasures, or other similar assets, or qualifications of art, historical treasures, or other similar assets, or qualifications of art, historical treasures, or other similar assets, or qualifications of art, historical treasures, or other similar assets, or qualifications or other similar assets, or qualifications of art, historical treasures, and the similar assets are also as a second or other similar assets.	ed				
	conservation contributions? If "Yes," complete Schedule M			30	_	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sched		Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			22		x
22	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Reg	ulation	***************************************	32	_	
33	sections 201 7701 2 and 201 7701 32 If "Vas " complete Schedule P. Red I			33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Par			- 33		
3	그렇게 하다면 모든 나는 얼마가 되었다. 그 나는 아내는 아내는 아내는 아내는 아내는 아내는 아내는 아내는 아내는 아내			34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	receives.		35a		х
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with	а	CONTRACTOR ENGINEERING			
	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-charitat	ole				1882
	related organization? If "Yes," complete Schedule R, Part V, line 2		Transcription Transcription (Transcription	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related orga	nizatio	n			225
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			37	_	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines	11b an	d			
····	19? Note: All Form 990 filers are required to complete Schedule O.			38	X	_
	irt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	50				
_	Silash ii Salisaale S Salitania a responde of note to any into in tine i art v				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	101111111111111111111111111111111111111				
_	reportable gaming (gambling) winnings to prize winners?		CECCEPERSONAL EXTENSES THE	1c	W. 1600 (1986)	waterstiffii)
DAA			testig een 200 e/o on 200 ac produit in 1940 tile deside.	For	m 990	(20)

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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? x 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 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)? X 4a 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). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? x 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6ь 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 and services provided to the payor? X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 70 X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X 71 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? X g 7g X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ь 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 116 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a 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 Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X If "Yes," see instructions and file Form 4720, Schedule N. 16 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.

Form 990 (2020) The Food Bank of Central Louisiana 72-1154072

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 to

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 instructions
Chack if Schodula O contains a response or note to any line in this Flort VI

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15			
	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				I	
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	16	15			
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	Tayvasasv.	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?	35413		5		х
6	Did the organization have members or stockholders?	113.5155		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		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	****		7.64		
- 575	stockholders, or persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	or but	sa falloudaa	10		
a	The enversion hadro	ar by t	re rollowing,	0.0	X	836000
b	Each committee with authority to act on behalf of the governing body?	5.07.1918		8a	X	
9				86		-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			172		v
Sai	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
000	tion B. Folicies (This Section Direquests information about policies not required by the line.	nai r	evenue Co	ide.)		
40-	NAME OF THE PROPERTY OF THE PR			-	Yes	
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			1000000		
445	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 fo	rm?	11a	X	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				10000	088
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			I CONTRACTOR	50.00	
	describe in Schedule O how this was done		MANAGEM N	12c	х	
13	Did the organization have a written whistleblower policy?		YAYATI MATA	13	Х	
14	Did the organization have a written document retention and destruction policy?	NIVO NO	***********	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?					
a	The organization's CEO, Executive Director, or top management official			15a	x	
b	Other officers or key employees of the organization		VSE SER 1-1 1-1 1	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	11111444	40.000000000000			
	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	moscoror e	veverner
Sec	tion C. Disclosure	-LALILA I	this is the same of the same	1.7.		
17	List the states with which a copy of this Form 900 is required to be filed by None					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (S	ection f	501(c)	******		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website X 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 inter	not	iou and			
	financial statements available to the public during the tax year.	est poi	icy, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	uda 🏲				
£U.	otate the name, address, and telephone number of the person who possesses the organization's books and reco	US P				
	ayne Wright-Velez 3223 Baldwin Ave					

Form 990 (2	020) The Food Bank of Central Louisiana 72-1154072	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, ar Independent Contractors	nd
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	Officers Directors Trustees Key Employees and High at Co.	

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.
- e 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.

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 hours for	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) Joe Gardner	With White	+		-	\vdash	<u> </u>	-			
Chair	0.00	x		х						-
(2) Todd St. Romain	0.00	1		^			-	0	0	
F-1411-121-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	0.00				1				1	
Vice-Chair	0.00	X		x				0	0	0
(3) Kent Lachney										
Treasurer	0.00	х		х					_	
(4) Cornelia Pickens	Sutton			v			-	0	0	0
	0.00									
Secretary	0.00	x		x				o	o	0
(5) Christine Meshel	.1						=	-		0
	0.00									
Board Member	0.00	x						0	0	0
(6) Lottie Bash										
	0.00							-20	840	
Board Member (7)Kelli West	0.00	х	-			-	_	0	0	0
(//Kelil West	0.00									
Board Member	0.00	x						0		2
(8) Ronnie Briley	0.00	42	1	_	_		-	0	0	0
	0.00		- 1							
Board Member	0.00	x			_1			0	o	0
(9) Gary Brown					į.					
CONTROL SERVICE A PARTICLE SERVICE SER	0.00		- 1							
Board Member	0.00	X				_	_12	0	0	0
10)Brian Couvillon	0 00									
Board Member	0.00	x							322	
11) Christina Hathor		A	+	-	-	-		0	0	0
.,, nachor	0.00									
Board Member	0.00	x						0	o	0

Form 990 (2020) The Food Part VII Section A. Officers								siana 72-115		Page 8
(A) Name and title	(B) Average hours per week (list any	(d	o nat o	Pos check	C) ition more	than o	ne an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
ů.	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-2/1099-MISC)	organization and related organizations
(12) Tim Holloway		T	1 1000			-				************
Board Member	0.00	x						0	o	0
(13) David Melanco	n	-				П				
Board Member	0.00	x						o	o	0
(14) Marie Simpson	en varia	1								
Willia William	0.00	x								0
Board Member (15) Robert Willet			-					0	0	0
Board Member	0.00	x						0	0	0
					80.050					
T 111111177 A 55 01 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
1b Subtotal		-					A			
c Total from continuation shee	ets to Part VII, S	Secti	on A	١			•			
d Total (add lines 1b and 1c) . Total number of individuals (in reportable compensation from	cluding but not l	imite	d to	thos	e lis	ted al	bove	e) who received more than	\$100,000 of	
3 Did the organization list any fo		0	VVV	otoo	kas	emn	love	ee or highest compensator		Yes No
employee on line 1a? If "Yes," For any individual listed on line organization and related organ	complete Schele 1a, is the sum	dule of re	J for porta	suct	ind	lividu. pens	al	n and other compensation	from the	3 X
individual 5 Did any person listed on line 1 for services rendered to the or	a receive or acc	rue d	omp	ensa	ation	from	an	y unrelated organization or	individual	5 X
Section B. Independent Contracto	rs				201		- Zan			
 Complete this table for your five compensation from the organization. 	zation. Report co							lar year ending with or with	in the organization's tax yea	
Name and	(A) business address							Descrip	(B) ion of services	(C) Compensation
		_				-			· · · · · · · · · · · · · · · · · · ·	
			-	STERROR	No. To See Line of the Line of	55, 50	March -	a gasa sa		
2 Total number of independent of received more than \$100,000 or								se listed above) who	0	
DAA		12 PART 1		VAC (19					-121 h	Form 990 (2020)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated (D) Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 4,824,940 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 14,870,505 g Noncash contributions included in lines 1a-1f 11,614,284 19 h Total. Add lines 1a-1f 19,695,445 **Business Code** Program Service f All other program service revenue g Total, Add lines 2a-2f..... Þ Investment income (including dividends, interest, and other similar amounts) 373,006 373,006 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a b Less: rental expenses 6b c 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 Other Revenue basis and sales exps 7b c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Ba b Less: direct expenses 8b c Net income or (loss) from fundraising events ь 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 Miscellaneous revenue 7,872 7,872 All other revenue Total, Add lines 11a-11d 7,872 D Total revenue. See instructions 20,076,323 380,878 0 0

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	, 513, 61961063	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				100
20	and domestic governments. See Part IV, line 21	7,330,035	7,330,035		
2	Grants and other assistance to domestic	4 010 400	4 030 400		
	individuals. See Part IV, line 22	4,819,422	4,819,422		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
2	individuals. See Part IV, lines 15 and 16				
5	Benefits paid to or for members Compensation of current officers, directors,				
3	trustees, and key employees				
6	Compensation not included above to disqualified				
Ü	persons (as defined under section 4958(f)(1)) and	i	1		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	916,387	695,721	111,249	109,417
8	Pension plan accruals and contributions (include	210,307	033,121	444,673	109,41
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	126,325	95,906	15,336	15,083
10	Payroll taxes	66,573	50,542	8,082	7,949
11	Fees for services (nonemployees):	30,0,0	30,312	0,002	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a	Management				
ь	74 (NO) (ASIA) (NO)				
c	Accounting	22,973		22,973	
d	Laboration of the second	/		22/2/5	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	***			
g					
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	22,187	22,187		
13	Office expenses	69,284	10,822	2,723	55,739
14	Information technology				
15	Royalties				
16	Occupancy	20,800	20,800		
17	Travel	23,439	21,654	533	1,252
18	Payments of travel or entertainment expenses			100000	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	11,896		11,896	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	237,962	226,064	11,898	
23	Insurance	97,673	81,771	14,905	997
24	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	Grant Expense	278,791	278,791		
b	Lease - van	211,569	211,569		
C	Direct mail	134,457			134,457
d	Contract labor	84,634	80,662	3,972	
е	All other expenses	569,883	476,209	20,506	73,168
25	Total functional expenses. Add lines 1 through 24e	15,044,290	14,422,155	224,073	398,062
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)			98 0 July 10 J	

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 1,878,359 5,445,531 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 1,105,022 529,387 4 Accounts receivable, net 119,200 66,234 5 Loans and other receivables from 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 1,404,922 1,465,028 8 9 Prepaid expenses and deferred charges 21,427 12,928 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 5,131,325 10a b Less: accumulated depreciation 3,049,266 1,580,666 10b 3,550,659 10c 11 Investments—publicly traded securities 1,054,301 2,731,683 11 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 33) 16 8,632,497 13,801,450 16 Accounts payable and accrued expenses 17 111,765 152,796 17 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 any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 492,596 588,482 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 ... 604,361 26 741,278 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 5,542,392 10,007,325 27 Net assets with donor restrictions 2,485,744 28 3,052,847 Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 8,028,136 32 Total net assets or fund balances 32 13,060,172 Total liabilities and net assets/fund balances 8,632,497 13,801,450

Form 990 (2020)

orm 990 (2020) The Food Ba		ral Louisiana	72-1154072			Pag	e 12
Part XI Reconciliation of N							-
Check if Schedule O	contains a respons	se or note to any line in th	nis Part XI		يستينينت	يسيي	X
1 Total revenue (must equal Part VIII	, column (A), line 12)		1	20,0		
2 Total expenses (must equal Part IX	l, column (A), line 25			2	15,0		
3 Revenue less expenses. Subtract I	ine 2 from line 1			3		32,0	
4 Net assets or fund balances at beg	inning of year (must	equal Part X, line 32, colum	n (A))	4	8,0	28,1	136
5 Net unrealized gains (losses) on in-	vestments			5			-0.0
 Donated services and use of facilities 	es		VIII 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6			y
7 Investment expenses				7			-
8 Prior period adjustments				8			
9 Other changes in net assets or fund	d balances (explain c	on Schedule O)		9	-1		3
Net assets or fund balances at end	of year. Combine lin	es 3 through 9 (must equal	Part X, line				
32, column (B))			****************************	10	13,0	60,1	72
Part XII Financial Statemer							g j
Check if Schedule O c	ontains a respons	e or note to any line in th	is Part XII			NAME OF THE OWNER O	
b Were the organization's financial st If "Yes," check a box below to indic separate basis, consolidated basis, X Separate basis Consol c If "Yes" to line 2a or 2b, does the or the audit, review, or compilation of if the organization changed either it Schedule O. 3a As a result of a federal award, was	atements compiled of ate whether the finar olidated basis atements audited by ate whether the finar or both: Idated basis aganization have a cotts financial statements oversight process of the organization requires	or reviewed by an independencial statements for the year th: Both consolidated and sep an independent accountant incial statements for the year. Both consolidated and sepommittee that assumes responses and selection of an independence selection process during the incial statements.	ent accountant? were compiled or arate basis ? were audited on a arate basis onsibility for oversight of pendent accountant? the tax year, explain on		2a 2b 2c	x	
Single Audit Act and OMB Circular					3a	х	
b If "Yes," did the organization underg			n did not undergo the				
required audit or audits, explain why	the same of the sa	TO A PLANTAGE OF THE PARTY OF T	경기가 있다면 되었다면 하다 하다 하다.		3b	X	

SCHEDULE A (Form 990 or 990-EZ)

FORM 990 OF 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.

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

The Food Bank of Central Louisiana

Employer identification number 72 - 1154072

1000	0000000	Page 5		THE CONTRACT	HOULD.	LOLLICA	12-11	34072					
_	art	*****	ason for Public Chari	ty Status. (All organizati	ons must	complete	this part.) See instruct	tions.					
The	orga	nization is r	ot a private foundation bec	ause it is: (For lines 1 through	12, check o	nly one box	.)						
1		A church,	convention of churches, or	association of churches describ	ed in sect	ion 170(b)(1)(A)(i).						
2		A school d	escribed in section 170(b)	(1)(A)(ii). (Attach Schedule E (F	Form 990 o	r 990-EZ).)	T00=024-T070-9:						
3		A hospital	or a cooperative hospital se	ervice organization described in	section 1	70(b)(1)(A)(i	ii).						
4		A medical	research organization opera	ated in conjunction with a hosp	ital describ	ed in sectio	n 170(b)(1)(A)(iii). Enter the	hospital's name.					
		city, and st	ate:										
5			ation operated for the bene 0(b)(1)(A)(iv). (Complete P	fit of a college or university own	ned or oper	ated by a go	overnmental unit described in) 					
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8				n 170(b)(1)(A)(vi). (Complete F	Part II \								
9		An agriculti	ural research organization of	lescribed in section 170(b)(1)(e of agriculture (see instruction	A)(ix) oper	ated in conju ne name, cit	inction with a land-grant colle y, and state of the college or	ege					
10		receipts fro support from	m activities related to its ex n gross investment income	(1) more than 33 1/3% of its sempt functions, subject to certain unrelated business taxable 30, 1975. See section 509(a)	ain exception	ons; and (2)	no more than 331/3% of its	ross					
11		An organiza	ition organized and operate	d exclusively to test for public s	safety See	section 50	(A)(A)						
12		An organiza	ition organized and operate	d exclusively for the benefit of,	to perform	the function	e of or to carry out the pure.						
		of one or m	ore publicly supported orga	nizations described in section that describes the type of sup	509(a)(1) c	r section 50	9(a)(2). See section 509(a)	(3)					
	a b	the support support	ported organization(s) the p ing organization. You must A supporting organization:	perated, supervised, or control ower to regularly appoint or ele complete Part IV, Sections A supervised or controlled in con	ect a majori A and B. nection with	ly of the dire	ctors or trustees of the ed organization(s), by having	1					
	÷	organiza	ition(s). You must comple	orting organization vested in th te Part IV, Sections A and C.									
	C	Type III its supp	functionally integrated. A orted organization(s) (see in	supporting organization opera	ted in connete Part IV,	ection with, Sections A	and functionally integrated w	rith,					
	d	that is n	ot functionally integrated. T	ed. A supporting organization on the organization generally must must complete Part IV, Sect	satisfy a d	stribution re	quirement and an attentiven	on(s) ess					
	е	Check th	nis box if the organization re	eceived a written determination	from the IF	S that it is a							
		function	ally integrated, or Type III n	on-functionally integrated supp	orting orga	nization.							
			mber of supported organiza										
	9 F	rovide the	ollowing information about	the supported organization(s).		10 2000 00000	Management des sassant à la saint						
(I) V		of supported	(ii) EIN	(iii) Type of organization	U03610-0000000000000000000000000000000000	organization	(v) Amount of monetary	(vi) Amount of					
	organ	nization		(described on lines 1–10 above (see instructions))	F-1000	ur governing iment?	support (see	other support (see					
				above (see mandellaris))	Yes		instructions)	instructions)					
A)	-				168	No							
1654				1									
В)													
C)	_												
D)													
Ξ)	-												
258					COL DOGGEOGRAPHIC								
tal													

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Schedule A (Form 990 or 990-EZ) 2020
Part II Support Schedule

Sec	ction A. Public Support	, teme to quality	ariaci tric tests	nated below, p	nease complete	s rait iii.)	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,687,813	7,231,971	9,783,104	13,389,542	19,695,4	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					-	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	8,687,813	7,231,971	9,783,104	13,389,542	19,695,4	45 58,787,875
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)					13.60	
6	Public support. Subtract line 5 from line 4		····				58,787,875
_	tion B, Total Support	L	······································	t.		***************************************	38,787,875
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	8,687,813	7,231,971	9,783,104	13,389,542	19,695,4	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			w			
11	Total support. Add lines 7 through 10						58,787,875
12	Gross receipts from related activities, etc.	(see instructions)					729,982
13	First 5 years. If the Form 990 is for the org	ganization's first, se	cond, third, fourth,	or fifth tax year as	s a section 501(c)(3)	7,00
Can	organization, check this box and stop here						>
_	tion C. Computation of Public Su						
14 15	Public support percentage for 2020 (line 6,	column (f) divided	by line 11, column	(f))		14	
16a	Public support percentage from 2019 Sche 33 1/3% support test—2020. If the organi						100.00%
iva	box and stop here. The organization qualit	zation did not checi	the box on line 1.	s, and line 14 is 33	3 1/3% or more, ch	eck this	N W
b	33 1/3% support test—2019. If the organi				is 33 4/30/ or man	11141111111111111	▶ <u>X</u>
	this box and stop here. The organization of						N
17a	10%-facts-and-circumstances test—202				or 16h and line 1		
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fa						
							.
b	organization 10%-facts-and-circumstances test—201	9. If the organization	n did not check a b	ox on line 13, 16a	. 16b or 17a and	ine	
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the "						
	organization						▶ □
18	Private foundation. If the organization did	not check a box or	line 13, 16a, 16b,	17a, or 17b, chec	k this box and see	********	annanini * 12
	instructions						▶□
	17.17.11.11.11.11.11.11.11.11.11.11.11.1	A STREET, LIGHT CO.	transport teachers	*************	erencer con en	11(1)(1)(4)(4)(4)(4)	oraniani 🦠 🛏

Schedule A (Form 990 or 990-EZ) 2020
Part III Support Schedu

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. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support		196				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
্ৰ	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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		American State of the State of				
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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support					·	
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		Was dee				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					į	
	Total support. (Add lines 9, 10c, 11, and 12.)				- XIII <u>- X</u> III		
14	First 5 years. If the Form 990 is for the org organization, check this box and stop here		econd, third, fourth	, or fifth tax year as	s a section 501(c)((3)	
	ion C. Computation of Public Su	and the second s					D
	Public support percentage for 2020 (line 8,			- (0)	***	1461	
	Public support percentage for 2020 (line 6, Public support percentage from 2019 Sched				I Eddin Later States 4.3	15	%
	on D. Computation of Investmen					16	%
	Investment income percentage for 2020 (lin			naturna (fi)		Tani	
				column (1))			%
	evestment income percentage from 2019 Sc		TOURS I SOURCE ON THE REAL PROPERTY OF THE			18	%
	33 1/3% support tests—2020. If the organi						20 1
	17 is not more than 33 1/3%, check this box 33 1/3% support tests—2019. If the organi						Þ ⊨
0 1	ine 18 is not more than 33 1/3%, check this	DUX and Stop ne	re. The organizatio	n qualifies as a pu	blicly supported of	rganization	
5 3	Private foundation. If the organization did	ior cueck a pox o	n line 14, 19a, or 1	SD, Check this box	and see instructio	ns ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Þ

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
 Did the organization have any supported organization that does not have an IRS determination of status
- 2 Did the organization have any supported organization that does not have an IRS determination of status 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- c 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.
- 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.
- 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.
- c 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 to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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; (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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- B 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 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.
- 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.
- 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.
- 10a 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 supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No

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	dule A (Form 990 or 990-EZ) 2020 The Food Bank of Central Louisiana 72-1154 art IV Supporting Organizations (continued)	072		Page
2000			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	The state of the s			
	11c below, the governing body of a supported organization?	11a		E 1 W
k	The person accomes in the 11g above;	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	44-		
Sec	tion B. Type I Supporting Organizations	11c	1	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			1
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	00000		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sect	ion C. Type II Supporting Organizations	2		
		120000-0	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Saat	the supported organization(s).	1		Sales -
Sect	on D. All Type III Supporting Organizations		10000	12.00
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11	0.000	3,000 E0000
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	constitution is	000000000000000000000000000000000000000
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions,),		
а	The organization satisfied the Activities Test. Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ictions).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		- 1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	10000000000000000000000000000000000000	180,000 740	

- these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Par	lle A (Form 990 or 990-EZ) 2020 The Food Bank of Central Lo Type III Non-Functionally Integrated 509(a)(3) Supporting Org			072 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	to the state of th	the State of the Allendary of the Control of the Co	00
	Instructions. All other Type III non-functionally integrated supporting organizations must		이렇게 되었다면 나무게 되지 않다 걸 때 없는데 되었다면 하는데 그런데 하는데 그렇게 다짐하다면 하다.	
Sect	ion 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		
Sect	ion 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):	-		
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	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	1000		
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		A 1.1 (A 1.4 (A 1.1
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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 (see instructions).	Type III	supporting organization	

The Food Bank of Central Louisiana 72-1154072 Schedule A (Form 990 or 990-EZ) 2020 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions, Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by line 9 amount (ii) (iii) Section E - Distribution Allocations (see instructions) Underdistributions **Excess Distributions** Distributable Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2020 a From 2015 b From 2016. c From 2017. d From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount i Carryover from 2015 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2016 b Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Forn	n 990 or 990-EZ) 202	o The	Food	Bank of	Central	Louisiana	72-1154072	Page 8
Part VI	Supplemental III, line 12; Par B, lines 1 and 2 3a, and 3b; Pa	Information t IV, Section of 2; Part IV, Se rt V, line 1; P	A, lines 1 ction C, l art V, Se	, 2, 3b, 3c, ine 1; Part l' ction B, line	4b, 4c, 5a, 6, 9 V, Section D, 1e; Part V, Se	9a, 9b, 9c, 11a, 11 lines 2 and 3; Part	; Part II, line 17a or b, and 11c; Part IV, IV, Section E, lines and 8; and Part V, uctions.)	Section 1c, 2a, 2b,
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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.

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

OMB No. 1545-0047 2020 Open to Public Inspection

Name of the organization

Employer identification number

		1	
T	he Food Bank of Central Louisiana		72-1154072
THE PARTY	art I Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F		Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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	
Ť	funds are the organization's property, subject to the organization's excl		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	이 마음이 하나가 살아가 없는 그들은 없이 마음이라면 하게 되었다면 하지만 하게 하지 않는데 하는데 하지 않는데 하지만 하지 않는데 하지 하지 않는데 하지 하지 않는데 하지 하지 않는데 하지 하지 않는데 하지 하지 않는데 하지 하	
Ĭ	only for charitable purposes and not for the benefit of the donor or donor		
		7 3071331, 07 101 011,7 01107 102,103	Yes No
P.	art II Conservation Easements.		
	Complete if the organization answered "Yes" on F		
1	Purpose(s) of conservation easements held by the organization (check	Company Company	
	Preservation of land for public use (for example, recreation or educ		
	Protection of natural habitat	Preservation of a certified his	storic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conse	Contraction of the Contraction o
	easement on the last day of the tax year.		Held at the End of the Tax Year
а			2a
b	Total acreage restricted by conservation easements		2b]
C	Number of conservation easements on a certified historic structure inclination	uded in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/0	06, and not on a	legis
	historic structure listed in the National Register	AND A REAL PROPERTY OF THE PRO	2d
3	Number of conservation easements modified, transferred, released, ext	tinguished, or terminated by the organiza	tion during the
	tax year 🕨		
4	Number of states where property subject to conservation easement is le	ocated >	
5	Does the organization have a written policy regarding the periodic moni	toring, inspection, handling of	Week Seconds (Seconds)
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	f violations, and enforcing conservation e	asements during the year

7	Amount of expenses incurred in monitoring, inspecting, handling of violation	ations, and enforcing conservation easen	nents during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy the	he requirements of section 170(h)(4)(B)(i	V9904.445 T10 V004470
	and section 170(h)(4)(B)(ii)?	proprieta de la companya de la comp	Yes No
9	In Part XIII, describe how the organization reports conservation easeme		
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that d	escribes the
PATE AN	organization's accounting for conservation easements.		
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F	Historical Treasures, or Other to	Similar Assets.
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 exhibiti		of public
123	service, provide in Part XIII the text of the footnote to its financial staten		and works of
b			
	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:	<u></u>	. .
	(i) Revenue included on Form 990, Part VIII, line 1		S
902A	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasures, or		ovide the
	following amounts required to be reported under FASB ASC 958 relating	773 (400 - 87) (PROCE) (B. 0.104 (P. 2010)	L -
	Revenue included on Form 990, Part VIII, line 1		
-	Assets included in Form 990, Part X		S2500 D S

3	**************************************			siana 72-		Page
3	Organizations Maintaini	ng Collections of	Art, Historical T	reasures, or Otl	ner Similar Asse	ts (continued)
	Using the organization's acquisition, acces collection items (check all that apply):	sion, and other records	, check any of the fol	lowing that make sig	nificant use of its	
a	Public exhibition					
b	Scholarly research		oan or exchange pro			
c	Preservation for future generations	e [_] C	Other			
4						
	Provide a description of the organization's of XIII.	collections and explain	now they further the o	organization's exemp	of purpose in Part	
5	During the year, did the organization solicit	or receive denotions of	art blotorios) to a			
-	assets to be sold to raise funds rather than	to he maintained as no	d of the organization	es, or other similar		
Pa	rt IV Escrow and Custodial Ar	rangements	it of the organization	s collection?		Yes No
- moreo	Complete if the organizatio		on Form 990. Pa	rt IV line 9 or re	norted an amour	ot on Form
	990, Part X, line 21.			1117, 11110 0, 01 10	porteu am amour	it off i offit
1a	Is the organization an agent, trustee, custoo	dian or other intermedia	ry for contributions of	r other assets not		
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XII	and complete the follo	wing table:		***************	
			466 P. 100 47 C. 100 47 C. 100 100 100 100 100 100 100 100 100 10			Amount
C	Beginning balance		NANOANTIA YANAMAWAATAOYO KOMBIAGOWA		1c	
a	Additions during the year				1d	
e	Distributions during the year				1e	
т.	Ending balance				1f	
28	Did the organization include an amount on F	orm 990, Part X, line 2	 for escrow or custo 	odial account liability	?	Yes No
b	If "Yes," explain the arrangement in Part XIII	. Check here if the expl	anation has been pro	ovided on Part XIII		
Par	Endowment Funds.					
_	Complete if the organization	n answered "Yes" o	n Form 990, Par	t IV, line 10.		
	984 12 17 12 15 15 15	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a i	Beginning of year balance	1,054,301	1,025,253			
ь	Contributions	1,316,282		1,010,019		
	Net investment earnings, gains, and	23020 0.0000	151781 - 61616141			
	losses	361,100	15,234	29,048		
	Grants or scholarships					
	Other expenditures for facilities and					
. !	programs					
! :	Administrative expenses					
g	End of year balance	2,731,683	1,054,301	1,025,253		
٠ !	Provide the estimated percentage of the curr	ent year end balance (I	ine 1g, column (a)) h	eld as:		
a .	Board designated or quasi-endowment	%				
0 7	Permanent endowment > %					
	Ferm endowment ▶ %	uld acust 4000/				
	The percentages on lines 2a, 2b, and 2c sho		W. V	N 0 2 2 W2 W		
	Are there endowment funds not in the posses organization by:	ssion of the organization	n that are held and a	dministered for the		
	20-4 FeB 20 MAN BANG BANA (1-4 MARK)					Yes No
ì	i) Unrelated organizations					3a(i) X
b 1	ii) Related organizationsf "Yes" on line 3a(ii), are the related organiza	tions listed as speciend	on Schodule D2			3a(II) X
1 r	Describe in Part XIII the intended uses of the	organization's andowe	on schedule Kr	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3b
Part	VI Land, Buildings, and Equi		ient lunus.			
0.770.77	Complete if the organization		Form 990 Part	IV line 11a Sec	Form 000 Bort	V line 10
	Description of property	(a) Cost or other basis	(b) Cost or other	300 0000000	ccumulated	
		(investment)	(other)	2010001000 ACE	preciation	(d) Book value
a 1	and			0,647	,	90 647
	kulldings			7,702	242,165	90,647
b R	The state of the s		20	,,,,,,	242,103	143,55/
ь в	easehold improvements					
b B c L	easehold improvements		1 044	4.336	534 247	510 000
b B c L d E	easehold improvements quipment Other			4,336 B,640	534,247 804,254	510,089 2,804,386

	Form 990) 2020 The Food Bank of Cen	tral Louisiana	72-1154072	Pag
Part VII		- F 000 D-+ 0/ U-	- 111 0 - 5 - 000	D 4 V 11 40
	Complete if the organization answered "Yes" or (a) Description of security or category	(b) Book value		Part X, line 12.
	(including name of security)	3.0	2050.0070400	ear market value
(1) Financial	derivatives			
(z) Closely III	eid equity interests			
(3) Other	######################################			
/E\				
· ·				
(G)				
(H)	U presidenta en actual de como proceso proceso en escara			
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments – Program Related.			
rentvin	Complete if the organization answered "Yes" on	Form 990 Part IV line	11c See Form 990 I	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method (
	CONTROL CONTRO		Cost or end-of-ye	
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				******
(9)				
Fotal. (Columi	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, line	11d. See Form 990, F	Part X, line 15.
44)	(a) Description			(b) Book value
(1)				
(3)		-		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X	o (b) must equal Form 990, Part X, col. (8) line 15.) Other Liabilities.	************	<u> </u>	And the second
1 dit A	Complete if the organization answered "Yes" on	Form 990 Part IV line	11e or 11f See Form	000 Part Y
	line 25.	roini 550, Fart IV, ille	The or Th. See Form	990, Fait A,
	(a) Description of liability			(b) Book value
(1) Federal i	ncome taxes			
(2)				
(3)				
(4)	The state of the s			
(5)				
(6)				
(7) (8)				
(8) (9)				
	(b) must equal Form 990, Part X, col. (B) line 25.)		>	
	uncertain tax positions. In Part XIII, provide the text of the foot	note to the organization's fin-	telebriefeligie et alle lebriefeligie belande betatet	ts the
	ability for uncertain tax positions under FASB ASC 740. Chec			

	edule D (Form 990) 2020 The Food Bank of Central Lou:				Page 4
P	Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	eturn.	
_	Complete if the organization answered "Yes" on Form 990, P	Part IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements			1	20,076,323
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	i i			
а	Net unrealized gains (losses) on investments	2a		-	
b	Donated services and use of facilities	2b		-	
Ç	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIII.)	2d		1000000	
3	Add lines 2a through 2d			2e	20 076 202
4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	20,076,323
٠,	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part VIII.)	4b		-	
c	Other (Describe in Part XIII.) Add lines 4a and 4b			-	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c	20,076,323
-	Reconciliation of Expenses per Audited Financial Statem	ents With	Fynenses ner	100	20,070,323
(VARIOTE)	Complete if the organization answered "Yes" on Form 990, Pa	art IV. line	12a	vetuii	M
1	Total expenses and losses per audited financial statements			11	15,044,290
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	*********	e-accerter manager		
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1	
C	Other losses	2c			
ď	Other (Describe in Part XIII.)	2d			
Đ	Add lines 2a through 2d			2е	
3	Subtract,line 2e from line 1			3	15,044,290
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	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b		TO CONTRACTO CON	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		***************	5	15,044,290
	rt XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,			OF THE ACT	
Pa	of XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a lint V, Line 4 - Intended Uses for Endowment on tinued operation of the organization	Funds			
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Department of the Tressury Internal Revenue Service

Name of the organization

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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public OMB No. 1545-0047 2020

> ▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

The Food Bank of Central Louisiana

Inspection Employer identification number

72-1154072

No.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance X Yes Enter total number of section 501(c)(3) and government organizations listed in the line 1 table noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Food Food Food Food Food Food Food Food Food Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) 112,720 34,067 104,572 12,739 25,620 143,436 52,180 115,086 5,456 (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash drant (c) IRC section (if applicable) 72-0992800 General Information on Grants and Assistance (P) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (9) Ben D Johnson Educational Center 71430 LA 71322 71301 LA 71360 LA 71351 LA 71323 LA 71351 (a) Name and address of organization (5) Avoyelles Council on Aging 400 martin Luther King Dr. (8) Ball Community Food Pantry (6) Avoyelles Progress Action F LA (2) Alma Redwine Elementary (3) Amiable Baptist Church (1) Abram's Temple Church 641 Government Street or government (7) Avoyelles Ward One (4) Antioch Church of 1323 Vance Avenue 794 W. Bryant Rd 519 Pershing Ave 169 Hansen Court 202 Richmond Rd 720 Mayo St. 243 Nora St Natchitoches CenterPoint Alexandria Marksville Marksville Pineville Melder Bunkie Ball ۳

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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

Open to Public OMB No. 1545-0047 Inspection

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

No Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Employer identification number Yes 72-1154072 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. The Food Bank of Central Louisiana General Information on Grants and Assistance the selection criteria used to award the grants or assistance? Department of the Treasury Internal Revenue Service Name of the organization Part

(h) Purpose of grant or assistance (g) Description of noncash assistance Food Food Food Food Food Food Food Food Food (f) Method of valuation (book, FMV, appraisal, other) 22,296 205,300 31,443 162,274 31,463 381,707 43,064 82,191 14,544 (e) Amount of noncash assistance (d) Amount of cash drant 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 72-0998302 26-2778320 72-0605150 72-0985601 72-0517181 72-1097079 (P) EIN Ser (5) Central Louisiana AIDS Support (6) Christian Love Baptist Church LA 71360 LA 71302 LA 71343 71328 71457 LA 71301 LA 71301 LA 71417 LA 71334 (4) Cenla Community Action Comm. (a) Name and address of organization (7) Christus Cabrini Hospital (9) Delta Storefront Mission FA 402 Rainbow Drive #K12D LA (3) Cane River Food Pantry 103 Louisiana Avenue or government (2) Buckeye Food Pantry 3330 Masonic Drive (1) Breadcrumb Center 411 Second Street (8) Colfax Elementary 200 Front Street 904 13th Street Street Address 256 Hwy 1206 3515 Hudson Natchitoches Jonesville Alexandria Alexandria Alexandria Pineville | Ferriday Deville Colfax -

For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

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Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Open to Public
Inspection

Attach to Form 990.
 Go to www.irs.gov/Form990 for the latest information.

Employer Identification number 72-1154072 The Food Bank of Central Louisiana General Information on Grants and Assistance Name of the organization Part

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Yes (c) IRC (d) Amount of cash (e) Amount of non- (f) Method of valuation (q) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (P) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization

1 (a) Name and address of organization	NIE (A)	(c) IRC	Idl Amount of each		In Matheway of understone	1	1.4
or government		section	orant	cach acticiance	(book, FMV, appraisal,	(g) Description of	(h) Purpose of grant
41 First Bantist Church Bunkto		III appreame)	Alent.		other)	noncash assistance	or assistance
of white the same of the same							
519 Pershing Hwy							
LA 71322	72-6000413			8.495		5004	
(2) First Presbyterian Church						100	
114 Bienville Street							
Natchitoches LA 71457				12,435		2000	
(3) First Union Baptist Church				000/00		3004	
1905 Orchard Street							
LA 71301	72-1271961			27.575		FOOR	
ıry						300	
2032 10th St.							
Forest Hill LA 71430				5 928		7000	
(5) Glenmora High School				02010		1004	
1414 7th Ave							
Glenmora LA 71433				6.444		PO004	
(6) Grant Council on Aging						200	
706 Maple Street							
LA 71417	72-0655897			220.268		Food	
(7) Greater St. Lawrence Baptist Church	ч						
2911 Cypress Street	-						
LA 71302	72-0984163			224,545		Food	
(8) Harvest of Hope							
710 Jordan Street							
Montgomery LA 71454	72-1249318			248,031		Food	
(9) Helping Hands Ministries						5	
603 South Third							
LA 71446	72-1237918			518.466		Food	
L				200		3004	

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

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

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Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

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No Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Employer Identification number Yes 72-1154072 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States, Louisiana General Information on Grants and Assistance The Food Bank of Central the selection criteria used to award the grants or assistance? Name of the organization Part

(h) Purpose of grant or assistance (g) Description of noncash assistance Food food Food food Food Food Food Food food (f) Method of valuation (book, FMV, appraisal, other) 15,895 23,746 131,830 86,978 313,830 13,497 221,956 238,944 68,067 (e) Amount of noncash assistance (d) Amount of cash grant (c) IRC section (if applicable) 72-1479693 72-0985601 72-0471378 72-0471378 72-6004131 (P) EIN LA 71438 LA 71341 70645 71342 LA 71369 LA 71301 LA 71479 LA 71360 LA 71301 (a) Name and address of organization (7) Main Street Baptist Mission School Church I.A E (3) LaSalle Baptist Center or government 2058 L'eglise Street (9) Mansura Care & Hope (2) Kinder Elementary (5) Lone Star Baptist 412 N 12th Street 2618 First Street (6) Love's Lighthouse (4) Lifepoint Church 29 Bolton Avenue 9970 S Main St. 927 Main Street 312 Main Street 2655 Lee Street 8230 Hwy 112 (8) Manna House Hope House Alexandria Alexandria Simmesport Pineville Hineston Mangura Tullos Kinder •

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

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

Schedule I (Form 990) (2020)

SCHEDULE (Form 990)

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Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Attach to Form 990.

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OMB No. 1545-0047 2020

Open to Public Inspection

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance Employer identification number 72-1154072 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Food food food Food Food Food Food Food Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Melhod of valuation (book, FMV, apprasal, offset) 5,850 8,055 (e) Amount of non-39,319 29,685 116,116 456,708 54,149 cash assistance 50,381 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant The Food Bank of Central Louisiana (c) IRC section (if applicable) General Information on Grants and Assistance 72-6000934 72-0793483 72-1012663 72-0471378 (6) Natchitoches Parish Council on Agi of Comm. Servi Baptist Church Many or. 1801 Natchitoches Hwy LA 71449 LA 71449 LA 71457 LA 71457 LA 71457 LA 71457 LA 71302 (8) New Christian Life Fellowship (a) Name and address of organization LA 71301 LA 70648 (3) Natchitoches Food Pantry (4) Natchitoches Junior High (9) New Hope Assembly of God (1) Many Elementary School 1501 Natchitoches Hwy 825 Stracener Street (5) Natchitoches Office (7) Nazarene Missionary 415 Trudeau Street 1016 Keyser Avenue 2604 Harris Street 724 Keyser Street 1621 Welch Street 15320 HWY 165 (2) Many Jr. High Natchitoches Natchitoches Natchitoches Natchitoches Alexandria Alexandria Parti Kinder Many Many

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SCHEDULE I (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

Open to Public Inspection

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Yes

2020 OMB No. 1545-0047

Employer identification number

72-1154072

Go to www.irs.gov/Form990 for the latest information. The Food Bank of Central Louisiana Department of the Treasury Internal Revenue Service

Name of the organization

Part

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance the selection criteria used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, It that received more than \$5,000. Part II can be duplicated if additional space is needed. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

(h) Dumose of grant	or assistance																	
	(g) Description of noncesh assistance		Food		Food		Food		Food			1000	7	Iood)) 	Food		7000
	(f) Method of valuation (book, FMV, appraisal, other)				19		86		03			41		38		9,362		
- Caboudan	(e) Amount of non-	1000	203,149		349,879		67,886		14,603			193,941	ì	290,538		9,3		
W. Fall II call be	(d) Amount of cash	grant																
DO,C¢ UBU	(c) IRC section	(if applicable)										80		22				
aceived more t	(b) EIN		0 1 1 2 1	94-3413679 E								72-0988668		72-090396		-		
Faith to consist that is	Part IV, line 21, for any recipient unan control (e) EIN (e) EIN (d) Amount of cash	(a) Name and concerned		Oakdale LA 71463	1506 South 5th Street	Leesville Louisiana Food Bank	2307 Texas Ave	Shreveport LA (1103	(4) OBELLIH BLEMENCAL!	Oberlin LA 70655	(5) Philadelphia Baptist Church	722 Philadelphia Road Deville	(6) Pinebelt-Sabine	875 Fisher Road LA 71449	(7) Pineville Youth Center	Highway 28 E	Pineville LA 71360	(8) Plaucheville Elementary

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

LA 71301

LA 71362

(9) Rapides Parish School Board

619 6th Street

School Loop Road

Plaucheville

Schedule I (Form 990) (2020)

Food

49,170

Food

7,141

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

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Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public Inspection OMB No. 1545-0047 2020

Employer identification number 72-1154072

The Food Bank of Central Louisiana

▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

	TO TO TOTAL DATE OF	CHLLAL DO	DOGLETAILE	7			12-	72-1154072	
Parti	General Information on Grants and Assistance	l Assistance							
1 Does the or the selection	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	he amount of the gr nce?	ants or assi	stance, the grantees'	efigibility for the grant	s or assistance, an	9] 3
cribe	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	initoring the use of g	rant funds	n the United States.					ž
Part II G	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	mestic Organi: received more to	zations a han \$5,00	nd Domestic Go	vernments. Com duolicated if additi	plete if the organ	anization answer	ed "Yes" on Form 990,	
1 (a) N _k	(a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(rd Decription of	(b) Dumon of great	
	or government		section (if acolicable)	grant		book, FMV, appraisal,		(iii) Pulpose oi grant Or assistance	
(1) Refuge B	(1) Refuge Baptist Church						1	O POLITICADO DO	
505 Highway 1	way 1								
Marksville	LA 71351				21,013		Food		
(2) Reeves High School	igh School								ı
13770 Hwy. 113	у. 113								
Reeves	LA 70658				14,094		Food		
(3) Renaissance Home	nce Home								
6177 Bay	6177 Bayou Rapides Road								
Alexandria	LA 71302	72-0740957			16.924		Rood		
(4) Robeline	(4) Robeline First Baptist Church								
7739 Oak Street									
Robeline	LA 71469			+:	17,612		Food		
(s) Second H	(5) Second Harvest of Greater New Orlea	at							
700 Edwards Ave									
New Orleans	B LA 70123				169,191		Food		
(6) Six Mile	(6) Six Mile Pentecostal Church								
2033 Soa	33 Soapstone Road								
Pitkin	LA 70656				40,864		Food		
(7) St. Mary	(7) St. Mary's Training Center								
6715 Hwy	6715 Hwy. 1, North								
Alexandria	LA 71302	72-1108412			103,978		Food		
(8) St. Phil	(8) St. Phillip Neri Church		0.00						
604 4th	4th street								
Kinder	LA 70645	72-0995074			64.068		Food		
(9) The Extra Mile	a Mile						1		1
403 Rain	403 Rainbow Drive								
H	LA 71360	72-1187900			156,138		Food		
2 Enter total n	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	organizations listed	in the line	table				A	
3 Enter total n	Enter total number of other organizations listed in the line 1 table	e 1 table							

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Department of the Treasury Internal Revenue Service Name of the organization

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

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

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The Food Bank of Central Louisiana

Open to Public Inspection 2020

OMB No. 1545-0947

Employer Identification number

72-1154072

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. (h) Purpose of grant or assistance Yes noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Food food Food Food Food Food Food Food Food Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (bock, FMV, appraisal, other) 99,409 8,270 18,795 5,048 11,019 7,088 84,884 115,981 56,177 (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 13-5562351 General Information on Grants and Assistance (P) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? LA 71405 LA 71409 LA 71454 LA 71373 71301 71301 71446 LA 71302 LA 71351 (4) True Vine Missionary Baptist (a) Name and address of organization (8) W.O. Hall Elementary School (9) Washington St./Hope Center (3) Town of Boyce Recreation F (5) Verda Elementary School (2) Tioga Elementary School 620 Beauregard Street 620 Beauregard Street or government (6) Vernon Middle School (1) The Salvation Army 3111 Jones Avenue 4310 Pardue Rd. 1410 Nona Street 4810 Hwy 84 West (7) Soul Food Pantry 2600 8th Street 4310 Pardue Rd. 2580 Hwy 122 Alexandria Alexandria Alexandria Marksville Montgomery Leesville Vidalia Part Tioga -

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

The Food Bank of Central Louisiana

Open to Public OMB No. 1545-0047 Inspection 2020

Employer identification number

72-1154072

2 Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance Yes noncash assistance (g) Descripbon of food Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Food Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) 5,924 350,128 (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance (b) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? LA 71454 LA 71446 (a) Name and address of organization (1) Verda Elementary School or government (2) Veteran's Place 1506 S 5th St 2580 LA-122 Montgomery Leesville Part Part II 3 9 9 E 8 6 4

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

Schedule I (Form 990) (2020) The Food Bank of Central Louisiana 72-1154072 Fart II Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	The Food Bank of Central Louisiana Other Assistance to Domestic Individuals. Complete if be duplicated if additional space is needed.	Louisiana 7 Ils. Complete if the	72-1154072 organization answered	1 "Yes" on Form 990, Part	IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Food	46394		4,819,422	average co	Food
2					
3					
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	ovide the information rec	quired in Part I, line	2; Part III, column (b)	; and any other additional i	nformation.
	A VENEZA EL LIPETA EL LIPETA DE LA COLONIA D				
		***************************************	The second secon		
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					Schedule I (Form 990) (2020)

Department of the Treasury Internal Revenue Service

Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open To Public Inspection

The Food Bank of Central Louisiana

Employer identification number 72 – 1154072

Pa	irt I Types of Property	_				
		(a) Check if applicable	(b) Number of contributions or items contributed	(C) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determini noncesh contribution en	
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	7				
13	Qualified conservation					
	contribution — Historic			,		
	structures		a - 1 - x			
14	Qualified conservation					
375	contribution — Other					
15	Real estate — Residential					
16	Real estate — Commercial					
17	Real estate — Other					
18	Collectibles					
19	Food inventory		and the second			
20	Drugs and medical supplies					
21	Taxidermy			####		
22	Historical artifacts	_11 / 111				
23	Scientific specimens					
24	Archeological artifacts			v - com - com		
	Other ▶(x	2	11,614,284		
	Other ▶(
	Other ▶(
	Other ▶ (
	Number of Forms 8283 received by t	he organiz	ation during the tax year	for contributions for		
	which the organization completed Fo				29	
				5M5225252 HOLDOODSGUD - M		Yes No
30a	During the year, dld the organization	receive by	contribution any propert	v reported in Part I, lines 1	through	
77.0	28, that it must hold for at least three					
	to be used for exempt purposes for the	:157:30 MART BLOCK NEW MART				30a X
	If "Yes," describe the arrangement in		olding period			
	Does the organization have a gift acc		olicy that requires the re-	view of any nonstandard		
						31 X
32a	Does the organization hire or use thir	d narties o	v related organizations to	o solicit, process, or sell no	oncash	
Jad						32a X
ь	If "Yes," describe in Part II.					
	If the organization didn't report an am	ount in co	lump (c) for a type of pro	nerty for which column (a)	is checked.	
	describe in Part II.	Junt III CO	(o) for a type of pic	party ion minutionalini (d)		

Schedule M (For	m 990) 2020	The	Food	Bank	of	Central	Louis	iana	72-1154072		Page 2
Part II	Supplen the organ	n ental I nization	Informati is repor	t ion . Prot ting in Pa	vide t art I, d	he informati column (b), t	on require he numbe	d by Part r of contri	I, lines 30b, 32b, and a butions, the number of		
	or a com	binatio	1 of both	. Also co	mple	te this part fo	or any add	itional inf	ormation.		
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. 2020

Open to Public Inspection

Employer identification number

T	he Food Bank of	E Central Louis	iana	72-115407	2
Form 990, Pa	rt VI, Line 11	o - Organizatio	n's Process to	Review For	m 990
The finance	committee will	review the 990	and report ba	ck to the b	oard.
Every board	member will red	ceive a copy.	The full board	votes to a	pprove
the 990 befo	re it is filed.			1. The state of th	
Form 990, Pa	rt VI, Line 12c	c - Enforcement	of Conflicts	Policy	
Each board m	ember and staff	f member is sig	ning a code of	conduct/co	de of
ethics state	ment. This is	to be complete	d annually.		
Form 990, Pa	rt VI, Line 15a		n Process for	Top Officia	1
The board re	views the salar	y information	from food bank	s throughou	t the
Feeding Amer	ica network. I	They look at th	e average sala	ries of foo	d banks
that have th	e same level of	f food distribu	tion, budget a	nd even the	region
of the count	ry in their det	ermination of	the compensation	on. This r	eview
coincides wi	th the annual e	valuation.			nere de deservación

Form 990, Pa	rt VI, Line 19	- Governing Do	cuments Disclo	sure Explan	ation
Governing do	cuments are ava	ilable upon re	quest.		
A 1077234 1 10844 10843 1843		\$277524 VI. E. B. B. B. B. B. B. B. B.	001014574112542444114444444		*******
Form 990, Pa	rt XI, Line 9 -	Other Changes	in Net Assets	Explanation	n
Rounding	(1740) (170) (186) (180) (180) (186) (186)			\$	
N. C.					endersker in the end

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