

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2018**, and ending **06-30-2019**

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
SECOND HARVEST FOOD BANK GREATER NEW ORLEANS AND ACADIANA

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
700 EDWARDS AVENUE

City or town, state or province, country, and ZIP or foreign postal code
NEW ORLEANS, LA 70123

D Employer identification number
72-0956468

E Telephone number
(504) 734-1322

G Gross receipts \$ 71,754,051

F Name and address of principal officer
NATALIE JAYROE
700 EDWARDS AVENUE
NEW ORLEANS, LA 70123

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW NO-HUNGER ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1982

M State of legal domicile LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO LEAD THE FIGHT AGAINST HUNGER AND BUILD FOOD SECURITY IN SOUTH LOUISIANA BY PROVIDING FOOD ACCESS, ADVOCACY, EDUCATION AND DISASTER RESPONSE

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	24
4 Number of independent voting members of the governing body (Part VI, line 1b)	24
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	109
6 Total number of volunteers (estimate if necessary)	10,905
7a Total unrelated business revenue from Part VIII, column (C), line 12	-82,530
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	66,176,318	70,689,531
9 Program service revenue (Part VIII, line 2g)	407,467	368,957
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	144,897	89,620
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-130,659	165,886
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	66,598,023	71,313,994
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	58,889,168	55,223,058
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,582,785	4,662,777
16a Professional fundraising fees (Part IX, column (A), line 11e)	862,637	795,319
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,779,757		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,890,487	2,796,903
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	67,225,077	63,478,057
19 Revenue less expenses Subtract line 18 from line 12	-627,054	7,835,937
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	22,636,108	29,790,497
21 Total liabilities (Part X, line 26)	5,316,225	4,646,812
22 Net assets or fund balances Subtract line 21 from line 20	17,319,883	25,143,685

Part II Signature Block

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

Sign Here

Signature of officer: *****
Date: 2020-06-18

NATALIE JAYROE PRESIDENT/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____

Check if self-employed PTIN P01073556

Firm's name ▶ BOURGEOIS BENNETT LLC Firm's EIN ▶ 72-0136870

Firm's address ▶ 111 VETERANS BLVD 17TH FLOOR Phone no (504) 831-4949
METAIRIE, LA 70005

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

TO LEAD THE FIGHT AGAINST HUNGER AND BUILD FOOD SECURITY IN SOUTH LOUISIANA BY PROVIDING FOOD ACCESS, ADVOCACY, EDUCATION AND DISASTER RESPONSE

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 No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 59,795,157 including grants of \$ 54,886,423) (Revenue \$ 376,707)
See Additional Data

4b (Code) (Expenses \$ 734,162 including grants of \$ 336,635) (Revenue \$ 305)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 60,529,319

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	109		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b	Yes		
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)?		4a		No	
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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? If "Yes," see instructions and file Form 4720, Schedule N		15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: NATALIE JAYROE 700 EDWARDS AVENUE NEW ORLEANS, LA 70123 (504) 734-1322

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for sub-totals: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c).

Section 2: Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. Includes questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like ROBBINSKERSTEN LLC, RAY BROS INC, SERUNTINE REFRIGERATION SERVICE INC, etc.

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 330,008			
	b Membership dues	1b			
	c Fundraising events	1c 23,611			
	d Related organizations	1d			
	e Government grants (contributions)	1e 23,299,746			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 47,036,166			
	g Noncash contributions included in lines 1a - 1f \$	57,172,279			
h Total. Add lines 1a-1f		70,689,531			

Program Service Revenue			Business Code			
	2a PROGRAM SERVICE FEES		624210	368,957	368,957	
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			368,957			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			129,126			129,126
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		190,864					
	b Less rental expenses	330,136					
	c Rental income or (loss)	-139,272					
	d Net rental income or (loss)			-139,272		-55,514	-83,758
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			500				
	b Less cost or other basis and sales expenses	35,383	4,623				
	c Gain or (loss)	-35,383	-4,123				
	d Net gain or (loss)			-39,506			-39,506
	8a Gross income from fundraising events (not including \$ 23,611 of contributions reported on line 1c) See Part IV, line 18	a	281,523				
	b Less direct expenses	b	28,718				
c Net income or (loss) from fundraising events			252,805			252,805	
9a Gross income from gaming activities See Part IV, line 19	a	107,594					
b Less direct expenses	b	41,197					
c Net income or (loss) from gaming activities			66,397			66,397	
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a KITCHEN RENTAL	531390	13,090		13,090			
b MISCELLANEOUS	900099	8,055	8,055				
c VENDING	900099	4,917				4,917	
d All other revenue			-40,106		-40,106		
e Total. Add lines 11a-11d			-14,044				
12 Total revenue. See Instructions			71,313,994	377,012	-82,530	329,981	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	55,223,058	55,223,058		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	312,441		312,441	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	3,401,612	2,302,917	408,396	690,299
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	125,724	77,887	27,366	20,471
9 Other employee benefits.	823,000	509,855	179,138	134,007
10 Payroll taxes.				
11 Fees for services (non-employees):				
a Management.				
b Legal.	14,517	3,192	4,971	6,354
c Accounting.	27,500	6,047	9,417	12,036
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	795,319			795,319
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	216,072	84,496	131,576	
12 Advertising and promotion.				
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.	500,344	500,344		
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.	19,800	4,354	6,780	8,666
22 Depreciation, depletion, and amortization.	486,255	475,559	10,492	204
23 Insurance.	197,515	197,515		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a FREIGHT & TRANSPORTATIO	543,534	528,351	2,710	12,473
b OTHER OPERATING EXPENSE	352,545	273,605	5,580	73,360
c SUPPLIES	213,998	177,300	14,305	22,393
d EQUIPMENT EXPENSE	161,811	136,749	23,766	1,296
e All other expenses	63,012	28,090	32,043	2,879
25 Total functional expenses. Add lines 1 through 24e.	63,478,057	60,529,319	1,168,981	1,779,757
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	362,458	1	139,839
	2 Savings and temporary cash investments	10,677	2	114
	3 Pledges and grants receivable, net	1,844,832	3	6,686,386
	4 Accounts receivable, net	151,222	4	166,410
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	72,474	9	62,235
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 15,573,428		
	b Less accumulated depreciation	10b 4,897,993	10,940,506	10c 10,675,435
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	4,360,625	12	4,469,579
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	4,893,314	15	7,590,499
16 Total assets. Add lines 1 through 15 (must equal line 34)	22,636,108	16	29,790,497	
Liabilities	17 Accounts payable and accrued expenses	704,130	17	679,016
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,095,450	23	3,930,636
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	516,645	25	37,160
	26 Total liabilities. Add lines 17 through 25	5,316,225	26	4,646,812
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	14,760,602	27	17,371,212
	28 Temporarily restricted net assets	1,255,281	28	6,497,089
	29 Permanently restricted net assets	1,304,000	29	1,275,384
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	17,319,883	33	25,143,685	
34 Total liabilities and net assets/fund balances	22,636,108	34	29,790,497	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	71,313,994
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,478,057
3	Revenue less expenses Subtract line 2 from line 1	3	7,835,937
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,319,883
5	Net unrealized gains (losses) on investments	5	48,169
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-60,304
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,143,685

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	3a	Yes	
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 72-0956468

Name: SECOND HARVEST FOOD BANK GREATER NEW
ORLEANS AND ACADIANA

Form 990 (2018)

Form 990, Part III, Line 4a:

COMMUNITY PROGRAMS - DISTRIBUTED 33,791,935 POUNDS OF FOOD PRODUCT TO 508 CHARITABLE ORGANIZATIONS THROUGHOUT 25 CIVIL PARISHES IN SOUTH LOUISIANA

Form 990, Part III, Line 4b:

CHILDREN PROGRAMS - DISTRIBUTED 485,239 POUNDS OF FOOD PRODUCT TO 88 CHARITABLE ORGANIZATIONS THROUGHOUT 15 CIVIL PARISHES IN SOUTH LOUISIANA

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SKYE STURLESE FANTACI CHAIR	1 50	X		X				0	0	0
PATRICIA E WEEKS PAST CHAIR	1 50	X		X				0	0	0
ROBERT MARKS VICE CHAIR	1 50	X		X				0	0	0
MARK PRESTON TREASURER	1 50	X		X				0	0	0
FRANCES FAYARD SECRETARY	1 50	X		X				0	0	0
RANDY MCKEE DIRECTOR	0 50	X						0	0	0
DONNA RICHARDSON DIRECTOR	0 50	X						0	0	0
SUSU STALL DIRECTOR	0 50	X						0	0	0
ALEX GERSHANIK DIRECTOR	0 50	X						0	0	0
KATHLYN PEREZ BETHUNE DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL MORSE DIRECTOR	0 50	X						0	0	0
ROY ZUPPARDO DEVELOPMENT CHAIR	1 50	X		X				0	0	0
ANNIE COLVIN DIRECTOR	0 50	X						0	0	0
RUTH BOULET DIRECTOR	0 50	X						0	0	0
JEFF ENTWISLE DIRECTOR	0 50	X						0	155,042	11,176
BRAD GRUNDMEYER DIRECTOR	0 50	X						0	0	0
KRISTEN ALBERTSON DIRECTOR	0 50	X						0	0	0
LUKE CLARY DIRECTOR	0 50	X						0	0	0
TODD LAMBERT DIRECTOR	0 50	X						0	0	0
LYNNE BURKART DIRECTOR	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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 (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WALLY GUNDLACH DIRECTOR	0 50	X						0	0	0
RUPA JOLLY DIRECTOR	0 50	X						0	0	0
AYESHA MOTWANI DIRECTOR	0 50	X						0	0	0
NANCY MORAGAS DIRECTOR	0 50	X						0	0	0
STEPHEN PATE DIRECTOR	0 50	X						0	0	0
NATALIE JAYROE PRESIDENT AND CEO	40 00			X				144,990	0	13,579
ANNETTE LEBLANC VICE PRESIDENT AND CAO	40 00			X				133,818	0	13,312
KRISTEN R HOOK CHIEF PHILANTHROPY OFFICER	40 00					X		104,661	0	13,222
JOHN R DZIRGOT CHIEF OPERATING OFFICER	40 00					X		123,363	0	13,452

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

SECOND HARVEST FOOD BANK GREATER NEW ORLEANS AND ACADIANA

Employer identification number

72-0956468

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	49,492,877	60,158,752	74,737,245	66,176,318	70,689,531	321,254,723
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	49,492,877	60,158,752	74,737,245	66,176,318	70,689,531	321,254,723
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)						33,335,802
6 Public support. Subtract line 5 from line 4						287,918,921

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	49,492,877	60,158,752	74,737,245	66,176,318	70,689,531	321,254,723
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	606,628	593,279	575,137	266,481	319,990	2,361,515
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-3,101	19,974	-34,577	-210,537	-82,530	-310,771
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,068	2,586	23,710	5,187	4,917	40,468
11 Total support. Add lines 7 through 10						323,345,935

12 Gross receipts from related activities, etc (see instructions) **12** 2,021,018

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) **14** 89.040 %

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15** 88.250 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part III 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
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.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 72-0956468

Name: SECOND HARVEST FOOD BANK GREATER NEW
ORLEANS AND ACADIANA

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
SECOND HARVEST FOOD BANK GREATER NEW ORLEANS AND ACADIANA

Employer identification number
72-0956468

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,590,665	1,468,452	1,329,891	1,392,979	1,457,631
b Contributions					
c Net investment earnings, gains, and losses	61,813	137,706	150,333	-53,736	25,715
d Grants or scholarships					
e Other expenditures for facilities and programs					79,988
f Administrative expenses	14,530	15,493	11,772	9,352	10,379
g End of year balance	1,637,948	1,590,665	1,468,452	1,329,891	1,392,979

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 22 100 %
 - b** Permanent endowment ▶ 77 900 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | No |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,960,000		1,960,000
b Buildings		9,124,688	2,266,374	6,858,314
c Leasehold improvements		56,843	52,749	4,094
d Equipment		2,162,735	1,299,700	863,035
e Other		2,269,162	1,279,170	989,992
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				10,675,435

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) DEBT AND EQUITY SECURITIES AND MUTUAL FUNDS	4,469,579	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	4,469,579	

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (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, Part X, line 15

(a) Description	(b) Book value
(1) METER DEPOSITS/RENTAL DEPOSITS	24,357
(2) UNDISTRIBUTED FOOD AND GROCERY PRODUCTS	7,566,142
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	7,590,499

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
LEASE DEPOSITS	9,663
DUE TO ARCHDIOCESE OF NEW ORLEANS	114
DERIVATIVE LIABILITY	27,383
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	37,160

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	71,892,554
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	48,169
b	Donated services and use of facilities	2b	12,000
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	518,391
e	Add lines 2a through 2d	2e	578,560
3	Subtract line 2e from line 1	3	71,313,994
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	71,313,994

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	64,008,448
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	12,000
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	518,391
e	Add lines 2a through 2d	2e	530,391
3	Subtract line 2e from line 1	3	63,478,057
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	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	63,478,057

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 72-0956468

Name: SECOND HARVEST FOOD BANK GREATER NEW
ORLEANS AND ACADIANA

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	ACCOUNTING STANDARDS PROVIDE DETAILED GUIDANCE FOR FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, AND DISCLOSURES OF UNCERTAIN TAX POSITIONS RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS IT REQUIRES AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION TAX YEARS ENDED JUNE 30, 2016 AND LATER REMAIN SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES AS OF JUNE 30, 2019, MANAGEMENT OF SECOND HARVEST BELIEVES THAT IT HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 330,136 CATERING EXPENSES 93,195 MANUFACTURING EXPENSES 21,075 KITCHEN RENTAL EXPENSES 4,070 SPECIAL EVENT EXPENSES 69,915

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES SEPARATELY STATED 330,136 CATERING EXPENSES SEPARATELY STATED 93,195 MAN UFACTURING EXPENSES SEPARATELY STATED 21,075 KITCHEN RENTAL EXPENSES SEPARATELY STATED 4, 070 SPECIAL EVENT EXPENSES 69,915

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	5% OF THE AVERAGE MARKET VALUE OF THE INVESTMENT FOR THE LAST 12 QUARTERS WILL BE DISTRIBUTED ANNUALLY TO SECOND HARVEST FOOD BANK ALL AMOUNTS IN EXCESS OF THE 5% DISTRIBUTION ARE TO BE REINVESTED AS CORPUS THE PRINCIPAL BALANCE SHOULD NEVER BE REDUCED BELOW \$1,000,000 00 DISTRIBUTIONS ARE TO BE USED TO SERVE THE HUNGRY AS PER OUR MISSION PART X, LINE 2 SECOND HARVEST IS A NOT-FOR-PROFIT CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE OF LOUISIANA THEY ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND QUALIFY AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS AS DEFINED IN SECTION 509(A) OF THE CODE

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SECOND HARVEST FOOD BANK GREATER NEW ORLEANS AND ACADIANA

Employer identification number
72-0956468

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ROBBINSKERSTEN LLC 8001 S 13TH ST LINCOLN, NE 68512	DIRECT MAIL		No	1,410,793	585,313	825,480
PETER QUIRK ARCHDIOCESE OF NO 7887 WALMSLEY AVE NEW ORLEANS, LA 70125	CAPITAL CAMPAIGN SOLICITATION		No	61,000	58,337	2,663
GATEWAY COMMUNICATIONS 16805 NE MASON COURT PORTLAND, OR 97230	TELEMARKETING		No	30,138	33,086	-2,948
THE STELTER COMPANY PO BOX 5228 DES MOINES, IA 50305	PLANNED GIVING		No	3,783	5,800	-2,017
Total				1,505,714	682,536	823,178

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

LA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		HARVEST AT HOME (event type)	FOOD FROM THE BAR (event type)	4 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	234,569	40,440	30,125	305,134
	2 Less Contributions	12,875	1,260	9,476	23,611
	3 Gross income (line 1 minus line 2)	221,694	39,180	20,649	281,523
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	1,384	2,308	378	4,070
	8 Entertainment	400			400
	9 Other direct expenses	21,999	818	1,431	24,248
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Subtract line 10 from line 3, column (d) ▶					252,805

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			107,594
Direct Expenses	2 Cash prizes			5,000	5,000
	3 Noncash prizes				
	4 Rent/facility costs			1,000	1,000
	5 Other direct expenses			35,197	35,197
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.000 % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					41,197
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					66,397

9 Enter the state(s) in which the organization conducts gaming activities LA

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	%
b An outside facility	13b	100 000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ SECOND HARVEST FINANCE DEPARTMENT

Address ▶ 700 EDWARDS AVE
NEW ORLEANS, LA 70123

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Name of the organization
SECOND HARVEST FOOD BANK GREATER NEW
ORLEANS AND ACADIANA

Employer identification number
72-0956468

Part I General Information on Grants and Assistance

- 1** 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? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 219

3 Enter total number of other organizations listed in the line 1 table ▶ 75

Part III 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

(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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	SECOND HARVEST'S 501(C)3 AND GOVERNMENTAL AGENCIES ARE SUBJECT TO PERIODIC INSPECTIONS (MONITORING VISITS) TO ASSURE THAT AGENCIES MEET ALL REQUIREMENTS FOR MEMBERSHIP, AS OUTLINED IN THE MEMBER AGENCY HANDBOOK, AND TO FIND WAYS THAT WE CAN SERVE OUR AGENCIES BETTER EACH YEAR, A REPRESENTATIVE OF THE FOOD BANK WILL VISIT EACH AGENCY, THE MONITORING VISIT IS TO UPDATE THE AGENCY'S STATUS WITH THE FOOD BANK, AND AN EFFORT TO BUILD UPON AND FURTHER THE RELATIONSHIP BETWEEN THE FOOD BANK AND THE AGENCY USUALLY AN APPOINTMENT WILL BE SET SECOND HARVEST RESERVES THE RIGHT TO INSPECT ANY AGENCY WITHOUT PRIOR NOTIFICATION MONITORING VISITS CONSIST OF INSPECTIONS OF THE STORAGE AREAS AND REQUIRED RECORDS THE INFORMATION GATHERED DURING THE VISIT IS RECORDED ON A STANDARD MONITORING FORM SOME OF THE NON-501(C)3 AGENCIES AND NON-GOVERNMENTAL AGENCIES ARE SCHOOLS IN WHICH WE STORE AND DISTRIBUTE THE NATIONAL SCHOOL LUNCH COMMODITIES TO AND THEY ARE NOT REQUIRED TO HAVE PERIODIC INSPECTIONS THE REMAINING AGENCIES ARE UNINCORPORATED CHURCHES/HOUSES OF WORSHIP WHICH ARE REQUIRED TO FOLLOW THE SAME PERIODIC INSPECTIONS AND GUIDELINES AS THE 501(C)3 AGENCIES

Additional Data**Software ID:****Software Version:****EIN:** 72-0956468**Name:** SECOND HARVEST FOOD BANK GREATER NEW
ORLEANS AND ACADIANA**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRIKE II MINISTRIES 250 NORTH SECOND ST PONCHATOULA, LA 70454	72-1378829	501(C) 3		37,265	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY OUTREACH CENTER 1006 E FOURTH ST DEQUINCY, LA 70633	72-1490938	501(C) 3		173,184	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABUNDANT LIFE JUST CARES 400 GOSSEN MEMORIAL DR RAYNE, LA 70578	72-1237261	501(C) 3		272,507	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LITTLE ZION COMMUNITY OUTREACH 7814 HWY 182 FRANKLIN, LA 70538	72-1395233	501(C) 3		436,512	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OUR LADY OF VICTORY FOOD PANTRY 102 S MAIN STREET LOREAUVILLE, LA 70552	72-0821360	501(C) 3		260,718	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER ST MARY BAPTIST CHURCH 1401 MOELING ST LAKE CHARLES, LA 70601	72-1426864			218,434	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRETNA UNITED METHODIST MENS GROUP 1309 WHITNEY AVE GRETNA, LA 70056	72-6077812	501(C) 3		135,944	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BRIDGE CITY COMMUNITY CENTER 301 THIRD EMANUEL ST WESTWEGO, LA 70094	72-0613920	JEFFERSON PARISH GOV		232,037	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER NORTH SHORE FGBC 840 VOTERS RD SLIDELL, LA 70461	72-1429206	501(C) 3		96,026	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
UNITED CHURCHES OF ALGIERS 1111 NEWTON ST NEW ORLEANS, LA 70114	23-7204473			192,197	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KENNER FOOD BANK 315 WORTH ST KENNER, LA 70062	72-1211103	JEFFERSON PARISH GOV		690,715	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HAZEL HURST COMMUNITY CENTER 1121 SOUTH CAUSEWAY BLVD JEFFERSON, LA 70121	72-0613920	JEFFERSON PARISH GOV		252,132	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JAMES C SIMMONS COMMUNITY CENTER 4008 US HWY 90 AVONDALE, LA 70094	72-6013920	JEFFERSON PARISH GOV		273,482	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MARRERO COMMUNITYSENIOR ACTIVITY CENTER 1861 AMES BLVD MARRERO, LA 70072	72-0613920	JEFFERSON PARISH GOV		223,456	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HARVEY COMMUNITY CENTER 1501 ESTALOTE AVENUE HARVEY, LA 70058	72-0613920	JEFFERSON PARISH GOV		202,762	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WATSON COMMUNITY CENTER 1300 MYRTLE ST METAIRIE, LA 70003	72-6013920	JEFFERSON PARISH GOV		219,183	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PLAQUEMINES COMMUNITY ACTION AGENCY 479 F EDWARD HEBERT BLVD BELLE CHASSE, LA 70037	72-6001090	PLAQUEMINES PARISH G		33,453	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FEEDING THE GULF COAST 5709 INDUSTRIAL BLVD MILTON, FL 32583	63-0821997			72,302	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAFOURCHE PARISH GOVERNMENT 4876 HIGHWAY 1 MATHEWS, LA 70375	72-6000634	LAFOURCHE PARISH GOV		119,187	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST JOHN COMMUNITY ACTION AGENCY 128 CENTRAL AVE RESERVE, LA 70084	72-6001235	ST JOHN THE BAPTIST		78,304	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GRETNA COMMUNITY CENTER 1700 MONROE ST GRETNA, LA 70053	72-0613920	JEFFERSON PARISH GOV		217,485	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY CHRISTIAN CONCERN 2515 CAREY ST SLIDELL, LA 70458	72-1050312	501(C) 3		600,249	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEW COVENANT FAITH MINISTRIES 2324 OLD COMPTON RD HARVEY, LA 70058	72-1464626	501(C) 3		292,784	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OZANAM INN 843 CAMP ST NEW ORLEANS, LA 70130	72-0854403	501(C) 3		173,306	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE SALVATION ARMY GNO SHELTER 4546 SOUTH CLAIBORNE AVE NEW ORLEANS, LA 70125	58-0660607	501(C) 3		144,144	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAFAYETTE ASSN FOR RETARDED CITIZENS 303 NEW HOPE RD LAFAYETTE, LA 70506	72-0604268	501(C) 3		237,962	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEW ORLEANS MISSION 1130 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	72-1151696	501(C) 3		2,775,041	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LIVING WITNESS MINISTRY 1528 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	72-1112572	501(C) 3		74,410	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SECOND BAPTIST CHURCH 6TH DIST 4218 LAUREL ST NEW ORLEANS, LA 70115	72-0680066			7,941	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE SALVATION ARMYARC 200 JEFFERSON HWY JEFFERSON, LA 70121	72-0411326	501(C) 3		254,102	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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BRIDGE HOUSE CORPORATION - CAMP ST 1160 CAMP ST NEW ORLEANS, LA 70130	72-6027674	501(C) 3		45,856	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BRIDGE HOUSE COROPRATION - EARHART BLVD 4150 EARHART BLVD NEW ORLEANS, LA 70125	72-6027674	501(C) 3		149,544	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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GRACE HOUSE 1401 DELACHAISE ST NEW ORLEANS, LA 70115	72-6027674	501(C) 3		43,563	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WESTBANK FRIENDSHIP CLUB 2051 EIGHTH ST HARVEY, LA 70058	72-0846349	501(C) 3		76,412	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABRAHAM'S TENT 2300 FRUGE ST LAKE CHARLES, LA 70601	72-1082217	501(C) 3		111,676	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SHELTER RESOURCES INC 3029 ROYAL ST NEW ORLEANS, LA 70117	58-2022068	501(C) 3		26,076	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE OUTREACH CENTER 2533 LA SALLE ST NEW ORLEANS, LA 70113	62-1809569	501(C) 3		115,941	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST BERNARD BATTERED WOMEN'S PROGRAM INC 3010 JEAN LAFITTE PKWY CHALMETTE, LA 70043	58-1834566	501(C) 3		10,587	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN AVENUE BAPTIST CHURCH 204 NORTH LEWIS ST NEW IBERIA, LA 70560	72-0989784			149,975	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JEFFERSON PRESBYTERIAN CHURCH 4450 JEFFERSON HWY JEFFERSON, LA 70121	91-1827475	501(C) 3		220,142	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOUTHEAST LA AREA HEALTHEDCTR 105 HIGHLAND PARK PLAZA COVINGTON, LA 70403	72-1155014	501(C) 3		37,443	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TERREBONNE PARISH CONSOLIDATED GOVERNMENT 809 BARROW ST HOUMA, LA 70360	72-6001390	TERREBONNE PARISH GO		130,258	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROGRESSIVE COMMUNITY OUTREACH 125 GALLIAN ST LAFAYETTE, LA 70501	72-1501652	501(C) 3		1,255,489	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST MEMORIAL COGIC 1717 MOELING LAKE CHARLES, LA 70601	72-1168511			148,398	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD HOPE MISSIONARY 821 SAMPSON ST WESTLAKE, LA 70669	72-1480362			76,890	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LOVE IN ACTION OUTREACH 4607 DOWNMAN RD NEW ORLEANS, LA 70126	72-1132828	501(C) 3		1,649,471	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MOSES BAPTIST CHURCH 1032 CANAL BLVD THIBODAUX, LA 70301	72-1052024	501(C) 3		92,591	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WASHINGTON PARISH FOOD BANK 2009 MAIN ST FRANKLINTON, LA 70438	72-1363020	501(C) 3		486,400	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STORM OUTREACH COMMUNITY CTR 221 STOVALL ST HOUMA, LA 70364	54-2178253	501(C) 3		280,126	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
KINGDOM OF GOD 401 HENKLE JEANERETTE, LA 70544	56-2527092			117,742	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOLY FAITH TEMPLE BAPTIST CHURCH 1325 GOVERNOR NICHOLLS ST NEW ORLEANS, LA 70116	72-1291409	501(C) 3		12,675	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOLY FAITH TEMPLE BAPTIST CHURCH 1325 GOVERNOR NICHOLLS ST NEW ORLEANS, LA 70116	72-1291409	501(C) 3		15,627	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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LOVETOUCH MINISTRIES 2025 WHITNEY AVE GRETN, LA 70056	72-1248483	501(C) 3		514,959	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GOD'S FOOD BOX 426 MCMAHON DERIDDER, LA 70634	27-0036893			324,376	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROWLEY CHRISTIAN CARE CENTER 726 WEST SEVENTH ST CROWLEY, LA 70527	72-1132875			170,217	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY CENTER OF ST BERNARD 1111 LEBEAU ST ARABI, LA 70032	74-3173649	501(C) 3		143,514	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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MT OLIVE AME CHURCH 2442 SECOND ST SLIDELL, LA 70458	72-1189687			12,668	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST MARY MAGDALEN CHRISTIAN 701 CHEVIS ST ABBEVILLE, LA 70510	72-0522760	501(C) 3		351,111	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ST MARY MAGDALEN CHRISTIAN SERVICE CENTER 701 CHEVIS ST ABBERVILLE, LA 70510	72-0522760	501(C) 3		97,292	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FAITH HOUSE INC PO BOX 93145 LAFAYETTE, LA 70509	72-0910067	501(C) 3		57,120	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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FIRST BAPTIST CHURCH OF CHALMETTE 305 EAST ST BERNARD HWY CHALMETTE, LA 70043	62-0535346	501(C) 3		270,582	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
UNITED CHRISTIAN OUTREACH 422 CARMEL LAFAYETTE, LA 70501	72-0829068	501(C) 3		139,226	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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LAFAYETTE TEEN CHALLENGE 1254 OLIVIER DR ARNAUDVILLE, LA 70512	72-1106641	501(C) 3		142,220	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST JEROME CATHOLIC CHURCH FOOD PANTRY 2402 33RD ST KENNER, LA 70065	53-0196617	501(C) 3		52,273	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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PEARL RIVER CHURCH OF NAZARENE 64129 HWY 41 PEARL RIVER, LA 70452	72-0788691	501(C) 3		69,684	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MAGNOLIA VILLA 1801 MANGNOLIA ST NEW ORLEANS, LA 70113	72-1277603	501(C) 3		17,907	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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CENTRAL CITY CHRISTIAN FELLOWSHIP 2201 FOURTH ST NEW ORLEANS, LA 70113	36-4368312	501(C) 3		30,858	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JEFF DAVIS COMMUNITIES AGAINST 819 NORTH CHURCH JENNINGS, LA 70546	72-1488905	501(C) 3		11,816	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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PARKS COMMUNITY SUPPORT 1006 ST PAUL ST PARKS, LA 70582	72-1207117	501(C) 3		98,331	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PILGRIM REST COMMUNITY DEVELOPMENT AGENCY 33801 HWY 11 EMPIRE, LA 70050	72-1478135	501(C) 3		89,418	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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PILGRIM GROVE BAPTIST CHURCH 1110 GRACE ST MORGAN CITY, LA 70380	72-0471378			242,090	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WESTPOINT CHURCH 664 BEHRMAN HWY GRETNA, LA 70056	72-1029001	501(C) 3		44,906	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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NEW BEGINNING'S PRIMITIVE BAPTIST 622 E VETERANS MEMORIAL DRIVE KAPLAN, LA 70548	26-3793829	501(C) 3		160,704	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GETHSEMANE COGIC 317 12TH STREET LAFAYETTE, LA 70501	23-7002418	501(C) 3		166,892	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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VISION CHRISTIAN CENTER 4467 HWY 24 BOURG, LA 70342	95-1684062	501(C) 3		559,666	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TABERNACLE OF HOPE CENTER 925 WEST BROUSSARD LAFAYETTE, LA 70506	58-0742249	501(C) 3		117,550	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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COMMUNITIES UNITED FOR CHANGE 1244 BIG FOUR CORNERS RD JEANERETTE, LA 70544	80-0413130	501(C) 3		108,140	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BETHEL COLONY SOUTH TRANSFORMATION MINISTRY 4114 OLD GENTILITY RD NEW ORLEANS, LA 70126	27-8067138			1,614,822	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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BETHEL COLONY WOMEN AT THE WELL 4111 IROQUOIS ST NEW ORLEANS, LA 70126	27-0803725			34,893	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BELL BAPTIST CHURCH 2614 HWY 1 RACELAND, LA 70394	72-1085827			39,842	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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BRIGGS UMC FOOD PANTRY 710 HUEY ST ABBEVILLE, LA 70510	30-0628710	501(C) 3		155,514	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOLY GHOST COMMUNITY DINER 117 N WALNUT ST OPELOUSAS, LA 70570	72-6000519	501(C) 3		23,425	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ST CHARLES PARISH DEPARTMENT OF COMMUNITY SERVICE 608 MOCKINGBIRD LANE SAINT ROSE, LA 70087	72-6001208	ST CHARLES PARISH GO		9,853	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST CHARLES PARISH DEPT OF COMMUNITY SERVICE 14564 RIVER RD NEW SARPY, LA 70078	72-6001208	ST CHARLES PARISH GO		26,929	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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LANDMARK CHRISTIAN FELLOWSHIP 4581 HWY 31 LEONVILLE, LA 70551	41-2276160	501(C) 3		269,842	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
INFANT JESUS OF PRAGUE CHURCH 700 MAPLE AVE HARVEY, LA 70058	72-0795263			50,863	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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EUNICE FOOD BANK 501 SAMUEL DRIVE EUNICE, LA 70535	72-0840653	501(C) 3		280,255	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST BAPTIST CHURCH SLIDELL 4141 PONTCHARTRAIN DR SLIDELL, LA 70458	72-0496863	501(C) 3		716,874	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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GOOD SAMARITAN FOOD BANK OF THIBODAUX 100 BIRCH ST THIBODAUX, LA 70301	53-0196617	501(C) 3		211,251	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OUR LADY DIVINE PROVIDENCE 1000 N STARRETT RD METAIRIE, LA 70003	72-0408966	501(C) 3		70,151	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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OLPH CATHOLIC MINISTRY 2008 SHORT ST KENNER, LA 70062	72-1269754	501(C) 3		128,847	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST CLEMENT OF ROME CHURCH 4317 RICHLAND AVE METAIRIE, LA 70002	53-0196617	501(C) 3		55,146	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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SOCIAL SERVICE CTR-NEW IBERIA 432 BANK AVE NEW IBERIA, LA 70560	72-0782780	501(C) 3		176,416	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MT CALVARY B C FOOD BANK 418 JULIA ST NEW IBERIA, LA 70560	72-0471378	501(C) 3		312,971	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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SOUTHWEST LA AIDS COUNCIL 1715 COMMON ST LAKE CHARLES, LA 70601	72-1115522	501(C) 3		233,040	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST PETER CLAVER CHURCH 1831 ST PHILIP ST NEW ORLEANS, LA 70116	72-0423613	501(C) 3		341,430	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ST JOSEPH THE WORKER FOOD BANK 455 AMES BLVD MARRERO, LA 70072	53-0196617	501(C) 3		115,349	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GOOD SAMARITAN FOOD BANK OF HOUMA 254 MAGNOLIA ST HOUMA, LA 70360	72-1134481	501(C) 3		737,523	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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TANGI FOOD PANTRY 2410 WEST THOMAS ST HAMMOND, LA 70403	58-1788937	501(C) 3		389,124	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SALVATION ARMYLAFAYETTE 212 SIXTH ST LAFAYETTE, LA 70502	58-0660607	501(C) 3		118,198	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ST JOSEPH LANTERN LIGHT 1803 GRAVIER ST NEW ORLEANS, LA 70112	72-0654783			96,320	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CHRISTIAN WORLD 2001 EAST GAUTHIER RD LAKE CHARLES, LA 70607	72-0846114	501(C) 3		99,499	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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THE SAMARITAN CENTER INC 402 GIROD ST MANDEVILLE, LA 70448	58-1882948	501(C) 3		138,709	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MANDEVILLE CHRISTIAN FELLOWSHIP 1211 HWY 1088 MANDEVILLE, LA 70435	72-0996891	501(C) 3		171,773	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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GLAD TIDINGS DORCAS ROOM MINISTRY 3400 TEXAS AVE LAKE CHARLES, LA 70607	72-0819604	501(C) 3		318,957	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CATHOLIC CHARITIES OF SOUTHWEST LOUISIANA 1225 2ND ST LAKE CHARLES, LA 70601	72-0883986	501(C) 3		432,883	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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LOREAUVILLE BAPTIST CHURCH 18116 LOREAUVILLE RD LOREAUVILLE, LA 70560	72-0982444			35,015	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CONCERNED CITIZENS FOR A BETTER ALGIERS 1409 NUNEZ ST NEW ORLEANS, LA 70114	72-1105360	501(C) 3		10,156	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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PLYMOUTH ROCK BAPTIST CHURCH 1000 WALLIS ST HOUMA, LA 70360	72-0986482	501(C) 3		182,647	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST EVANGELIST HOUSING CORP 2826 MARTIN LUTHER KING BLVD NEW ORLEANS, LA 70113	72-1277603	501(C) 3		52,350	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ACADIANA CARES 809 MARTIN LUTHER KING DR LAFAYETTE, LA 70502	58-1717018	501(C) 3		489,653	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OUTREACH FULL GOSPEL BAPTIST CHURCH 304 13TH AVE FRANKLINTON, LA 70438	72-1286024	501(C) 3		132,043	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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NEW LIFE CENTER - OPELOUSAS 411 EAST LANDRY ST OPELOUSAS, LA 70570	72-0977497	501(C) 3		22,484	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CARE HELP OF SULPHUR INC 200 NORTH HUNTINGTON SULPHUR, LA 70663	72-1007880	501(C) 3		446,282	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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NOAIDS TASK FORCE 2601 TULANE AVE NEW ORLEANS, LA 70119	72-1059635	501(C) 3		158,332	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WOMAN TO WOMAN RESCUE CTR 355 SALA AVE WESTWEGO, LA 70094	72-1326346	501(C) 3		26,098	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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SHEPHERD'S INN OUTREACH 2902 EAST OPELOUSAS ST LAKE CHARLES, LA 70615	72-1148124	501(C) 3		14,468	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WESTLAKE UNITED METHODIST CHURCH 704 JOHNSON ST WESTLAKE, LA 70669	72-0708154			39,536	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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MERCY ENDEAVORS SENIORS 457 JACKSON AVE NEW ORLEANS, LA 70130	26-0502228	501(C) 3		13,660	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CHRISTIAN SERVICE CENTER OF IOTA 422 KENNEDY DR IOTA, LA 70543	72-0786459	501(C) 3		113,057	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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FAITH AND FRIENDS FOOD PANTRY 4009 LEGION ST LAKE CHARLES, LA 70601	72-1449272	501(C) 3		183,267	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COVINGTON FOOD BANK 840 NORTH COLUMBIA ST COVINGTON, LA 70433	72-1028539	501(C) 3		799,648	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREATER NEW PLYMOUTH ROCK BC 110 NORTHWEST 13TH ST RESERVE, LA 70084	72-0997971	501(C) 3		370,640	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SOLOMON HOUSE BROWN BAG EIPPH 520 CENTER ST NEW IBERIA, LA 70560	72-1425609	501(C) 3		241,168	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ST NICHOLAS SOC JUST & COMM 3317 PATOUT RD JEANERETTE, LA 70544	72-0697130	501(C) 3		91,530	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LIFT UP MY NAME HIGHER 1423 PAULINE ST NEW ORLEANS, LA 70117	72-1204782	501(C) 3		177,296	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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PROMISE OF LIFE MINISTRY 701 HICKORY ST THIBODAUX, LA 70303	72-1471676	501(C) 3		122,649	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW SUNLIGHT BC 521 FRANKLIN LAKE CHARLES, LA 70601	72-0773775			41,503	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ICONS 1411 NORTH MARKET ST OPELOUSAS, LA 70570	01-0558998	501(C) 3		25,207	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MS HELEN'S SOUP KITCHEN 117 WEST 7TH ST CROWLEY, LA 70526	72-0464892	501(C) 3		244,785	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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MAXI TABERNACLE WELCOME HOUSE 24292 CROWLEY-EUNICE HWY CROWLEY, LA 70526	72-0928453			37,621	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER MACEDONIA BAPTIST CHURCH 27796 HWY 23 PORT SULPHUR, LA 70083	01-0788696			49,298	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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TCA - GERT TOWNHOLLYGROVE 4518 THALIA ST NEW ORLEANS, LA 70125	72-0599165	501(C) 3		214,420	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TCA - OLIVE BRANCH BAPTIST CHURCH 1140 ODEON BLVD NEW ORLEANS, LA 70114	72-0599165	501(C) 3		21,530	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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FIRST ASSEMBLY OF GOD 3555 VEROT SCHOOL RD YOUNGSVILLE, LA 70592	72-0796891	501(C) 3		561,366	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST JUDE COMMUNITY CENTER 400 NORTH RAMPART ST NEW ORLEANS, LA 70112	72-0959534	501(C) 3		202,860	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ST BERNARDST FRANCIS FOOD PANTRY 610 NORTH MAIN STREET BREAUX BRIDGE, LA 70517	72-0437697	501(C) 3		216,302	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FOOD BANK OF CENTRAL & EASTERN NORTH CAROLINA 3808 TARHELL DR RALEIGH, NC 27609	56-1283426	501(C) 3		26,707	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ST BERNARD CATHOLIC CHURCH 2805 BAYOU RD ST BERNARD, LA 70085	72-0654783	501(C) 3		132,892	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST JOHN THE BAPTIST CATHOLIC CHURCH 15504 HIGHWAY 90 PARADIS, LA 70080	53-0196617	501(C) 3		147,553	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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LAFAYETTE CHURCH OF CHRIST 510 ORCHID DR LAFAYETTE, LA 70506	72-1016850	501(C) 3		429,274	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BUSH COMMUNITY FOOD PANTRY 81605 HWY 41 BUSH, LA 70431	72-0984078	501(C) 3		137,655	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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FIRST BAPTIST CHURCH OF BASILE 3001 E SCHAMBERS ST BASILE, LA 70515	72-0948392			86,516	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ALPHA & OMEGA CHURCH INTERNATIONAL 605 S COLLEGE RD LAFAYETTE, LA 70503	44-0577787	501(C) 3		68,774	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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DISTRICT 1 PRINCE HALL MASON 709 N ROBERTSON ST NEW ORLEANS, LA 70116	90-0683985	501(C) 3		146,629	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER LIVE OAK BAPTIST CHURCH 723 LEO STREET OPELOUSAS, LA 70571	70-3142014	501(C) 3		334,966	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ARKANSAS FOOD BANK 4801 WEST 65TH STREET LITTLE ROCK, AR 72209	71-0596734			36,082	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SANCTUARY OF PRAISE 1517 7TH ST MAMOU, LA 70554	20-5300905			120,580	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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BROADMOOR FOOD PANTRY 2021 S DUPRE ST NEW ORLEANS, LA 70125	72-0804276	501(C) 3		141,484	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOPE THE FOOD PANTRY OF NEW ORLEANS 13150 A I-10 SERVICE RD NEW ORLEANS, LA 70128	46-3449360	501(C) 3		2,939,307	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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HOPE THE FOOD PANTRY OF NEW ORLEANS 13150 A I-10 SERVICE RD NEW ORLEANS, LA 70128	46-3449360	501(C) 3		84,391	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CCANO-HEALTH GUARDIANS 1424 DANTE ST NEW ORLEANS, LA 70118	72-0408911	501(C) 3		8,699	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ST CHARLES UNITED METHODIST CHURCH 1905 ORMOND BLVD DESTREHAN, LA 70047	23-7188652			594,472	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NINTH BAPTIST CHURCH 726 N LATOUR VILLE PLATTE, LA 70586	72-0985045			206,884	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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VOLUNTEERS OF AMERICA GNO 1002 NAPOLEON AVE NEW ORLEANS, LA 70115	72-0709750	501(C) 3		117,962	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST JOHN BAPTIST CHURCH 824 W HICKORY ST VILLE PLATTE, LA 70586	72-1194596	501(C) 3		296,045	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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REDEMPTION CHURCH 27351 HWY 190 LACOMBE, LA 70445	72-1256093	501(C) 3		136,979	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SPIRIT OF LIBERTY 1015 WILLOW ST FRANKLIN, LA 70538	55-0910334	501(C) 3		392,364	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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TRUE VINE MINISTRIES 1555 W WILLOW SCOTT, LA 70583	72-1063479			224,430	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PENTECOSTALS OF VINTON 835 FAIRCHILD ST VINTON, LA 70668	72-1244861	501(C) 3		423,003	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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COSMOPOLITAN EVANGELISTIC BAPTIST CHURCH 1929 BIENVILLE ST NEW ORLEANS, LA 70112	72-1334354	501(C) 3		84,826	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOPE CENTER - TWO RIVERS BAPTIST ASSOCIATION 63076 COMMERCIAL ST ROSELAND, LA 70456	80-0941334	501(C) 3		400,015	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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HIGH PRAISE FELLOWSHIP 60456 N MILITARY RD SLIDELL, LA 70461	72-1259958	501(C) 3		12,203	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OUR DAILY BREAD FOOD BANK 1006 WEST COLEMAN AVE HAMMOND, LA 70404	72-1438651	501(C) 3		1,422,033	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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CALVARY BAPTIST CHURCH 1059 CALVARY VILLE PLATTE, LA 70586	72-0983610			118,419	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LITTLE BETHEL BAPTIST CHURCH 210 WEST PALMETTO ST AMITE, LA 70422	72-1438651	501(C) 3		52,004	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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UNITED GOSPEL TABERNACLE DBA HOPE CENTER 18100 EAST MAIN ST GALLIANO, LA 70354	74-6068926	501(C) 3		374,473	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW FOUNDATION FOR LIFE INC 1061 CAMBRIDGE DR LAPLACE, LA 70068	72-1283558	501(C) 3		220,429	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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OUR LADY OF GRACE 780 HIGHWAY 44 RESERVE, LA 70084	72-6015996	501(C) 3		68,409	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HELP CENTER OF CHURCHES 946 ELLIS ST FRANKLINTON, LA 70438	58-2026331	501(C) 3		176,588	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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UNIVERSITY MEDICAL CENTER NEW ORLEANS CANCER CENTE 2000 CANAL ST NEW ORLEANS, LA 70112	25-1925187			56,336	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW JERUSALEM BC 710 WELSH STREET WELSH, LA 70591	72-0538503			120,016	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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SOUTH BEAU CARE MINISTRIES 2465 TEXAS EASTERN RD RAGLEY, LA 70657	72-1195474	501(C) 3		235,002	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOPE THE FOOD PANTRY OF NEW ORLEANS MARTIN MANOR 1500 N JOHNSON ST NEW ORLEANS, LA 70119	46-3449360	501(C) 3		171,944	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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FIRST BAPTIST CHURCH OF JENNINGS 1001 CARY AVENUE JENNINGS, LA 70546	72-0660495			274,797	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE UPPERROOM BIBLE CHURCH 8600 LAKE FOREST BLVD NEW ORLEANS, LA 70127	72-1227150			328,570	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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PANTRY OF HOPE 3975 EAST PRIEN LAKE ROAD LAKE CHARLES, LA 70165	72-1459712			602,241	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BEACON LIGHT INTERNATIONAL BAPTIST CATHEDRAL 1937 MIRABEAU AVE NEW ORLEANS, LA 70122	72-0907747	501(C) 3		66,266	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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SECOND HARVEST FOOD BANK OF EAST TENNESSEE 136 HARVEST LANE MARYVILLE, TN 37801	10-0118300	501(C) 3		49,632	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
REGIONAL FOOD BANK OF OKLAHOMA 33555 S PURDUE AVE OKLAHOMA CITY, OK 73137	73-1100380	501(C) 3		49,621	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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CATHOLIC CHARITIES-UPPER CAMERON 11054 HWY 384 LAKE CHARLES, LA 70607	72-0883986			36,478	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CATHOLIC CHARITIES-LOWER CAMERON 5250 WEST CREOLE HWY CAMERON, LA 70631	72-0883986			39,168	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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SANKOFA HEALTHY FOOD HUB 5200 DAUPHINE ST NEW ORLEANS, LA 70117	26-3471054	501(C) 3		66,239	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FISCHER HOUSING 1400 SEMMES STREET NEW ORLEANS, LA 70114	72-6000536	GOVERNMENT		77,938	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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CITY OF JEAN LAFITTE FOOD BANK 580 JEAN LAFITTE BLVD LAFITTE, LA 70067	72-0796567	GOVERNMENT		246,345	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SECOND ZION BAPTIST CHURCH 6520 SECOND ZION AVE MARRERO, LA 70072	72-1217553	501(C) 3		356,831	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ST TERESA CENTER FOR WORKS OF MERCY 305 WASHINGTON ST ST MARTINVILLE, LA 70582	81-3756179			155,936	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MT OLIVE BC #2 805 FIELD ST NEW IBERIA, LA 70560	38-3902499			206,375	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW WINE DEVELOPMENT CORPORATION 1921 AIRLINE HIGHWAY LAPLACE, LA 70068	72-1425139	501(C) 3		26,761	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VICTORY FELLOWSHIP 5708 AIRLINE HWY METAIRIE, LA 70003	72-0856545	501(C) 3		214,054	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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HOPE ALLIANCE COMMUNITY DEVELOPMENT CORPORATION 445 CAMPGROUND RD PALMETTO, LA 71358	26-3217083	501(C) 3		162,972	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST BAPTIST CHURCH OF BELLE CHASSE 8828 HWY 23 BELLE CHASE, LA 70037	72-0679068	501(C) 3		26,481	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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MISSION PANTRY LACOMBE 31294 US 190 LACOMBE, LA 70446	72-1151696	501(C) 3		38,383	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MOHORN MISSIONARY BAPTIST CHURCH 216 COSAY ROAD OPELOUSAS, LA 70570	73-1717403	501(C) 3		13,365	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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BOGALUSA HELP CENTER 350 MARTIN LUTHER KING JR DR BOGALUSA, LA 70427	72-1315302	501(C) 3		56,661	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GULF COAST BAPTIST CHURCH 1606 SOUTH BAYOU DR GOLDEN MEADOW, LA 70357	72-0471378	501(C) 3		12,450	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ALLEMANDS ELEMENTARY SCHOOL 1471 WPA ROAD DES ALLEMANDS, LA 70030	72-6001209			8,480	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
EAST BANK HEAD START 13292 RIVER RD DESTREHAN, LA 70047	72-6001209			17,659	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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GEORGE W CARVER LEARNING CENTER 337 GUM ST HAHNVILLE, LA 70057	72-6001209			18,345	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
INDEPENDENCE ELEMENTARY 221 TIGER AVE INDEPENDENCE, LA 70443	72-6001372			15,194	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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LULING ELEMENTARY 904 SUGARHOUSE RD LULING, LA 70070	72-6001209	ST CHARLES PARISH S		26,954	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST ROSE ELEMENTARY 230 PIRATE DR ST ROSE, LA 70087	72-6001209	ST CHARLES PARISH S		7,871	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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5TH WARD ELEMENTARY SCHOOL 158 PANTHER DR RESERVE, LA 70084	72-6001236	ST CHARLES PARISH S		7,363	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NORCO ELEMENTARY SCHOOL 102 5TH ST NORCO, LA 70079	72-6001209	ST CHARLES PARISH S		8,417	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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RJ VIAL ELEMENTARY 510 LOUISIANA STREET PARADIS, LA 70080	72-6001209	ST CHARLES PARISH S		9,041	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TANGIPAHOA EOC 114 NORTH LAUREL STREET AMITE, LA 70422	72-6001371	501(C) 3		14,748	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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WINGS OF THE SPIRIT MISSIONS 4875 S SHERWOOD BLVD D BATON ROUGE, LA 70816	47-2553938	501(C) 3		5,785	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BOYS AND GIRLS CLUBS OF SOUTHEAST LA 900 10TH ST GRETNA, LA 70053	72-0648695	501(C) 3		8,132	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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BOYS AND GIRLS CLUBS OF SOUTHEAST LA 1140 SOUTH BROAD ST NEW ORLEANS, LA 70125	72-0648695	501(C) 3		14,908	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
RIVERDALE HIGH SCHOOL 240 RIVERDALE DRIVE NEW ORLEANS, LA 70121	72-6000592	JEFFERSON PARISH SCH		10,449	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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TERRYTOWN ELEMENTRY 550 E FOREST LAWN DR GRETN, LA 70056	72-6000592	JEFFERSON PARISH SCH		5,288	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SMOTHERS ACADEMY 2012 JEFFERSON HWY NEW ORLEANS, LA 70121	80-0431476	501(C) 3		10,423	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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LIVAUDAIS MIDDLE SCHOOL 925 LAMAR AVE GRETNA, LA 70056	20-1641072	JEFFERSON PARISH SCH		7,939	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CATHERINE STREHLE ELEMENTARY 178 MILLIE DR WESTWEGO, LA 70094	72-6000592	JEFFERSON PARISH SCH		5,759	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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DONALD RAY STEVENS RECREATION CENTER 1619 CESSFORD STREET LAKE CHARLES, LA 70601	72-6000641	CITY OF LAKE CHARLES		8,631	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
EMMANUEL CHURCH OF CHRIST 10166 WHEAT RD AMITE, LA 70422	72-1182591			121,570	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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MARY'S CHAPEL UMC 63389 FOSTER TOWN RD ANGIE, LA 70426	23-7188652			111,893	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MQVN COMMUNITY DEVELOPMENT CORP INC 4626 ALCEE FORTIER BLVD NEW ORLEANS, LA 70129	20-4929600	501(C) 3		127,287	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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TCA - BETHEL AME CHURCH 1437 CAFFIN AVE NEW ORLEANS, LA 70117	72-0599165	ORLEANS PARISH GOVER		60,933	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TCA - URBAN LEAGUE CENTER 2800 DESIRE PKWY NEW ORLEANS, LA 70126	72-0599165	ORLEANS PARISH GOVER		53,356	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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TCA - LITTLE ZION BAPTIST CHURCH 4821 EARHART BLVD NEW ORLEANS, LA 70125	72-0599165	ORLEANS PARISH GOVER		77,156	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TCA - JAMES SINGLETON CENTER 14441 CURRAN RD NEW ORLEANS, LA 70129	72-0599165	ORLEANS PARISH GOVER		90,020	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ST PETER AME CHURCH 3424 EAGLE ST NEW ORLEANS, LA 70118	52-1108379	501(C) 3		9,401	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST ASSEMBLY OF GOD 305 IBERIA STREET YOUNGSVILLE, LA 70592	72-0796891	501(C) 3		34,487	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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TOWN OF MELVILLE 1105 1ST STREET MELVILLE, LA 71353	72-6000890	ST LANDRY PARISH GOV		124,980	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST LANDRY CAA 1065 HWY 749 OPELOUSAS, LA 70570	72-6001257	ST LANDRY PARISH GOV		296,421	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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CITY OF VILLE PLATTE 126 E MAIN STREET VILLE PLATTE, LA 70586	72-6001448	EVANGELINE PARISH GO		133,311	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST BAPTIST CHURCH OF GRAND ISLE 129 CEDAR LANE GRAND ISLE, LA 70358	72-0767261	501(C) 3		151,818	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ST ANTHONYST VINCENT DEPAUL SOCIETY 2653 JEAN LAFITTE LAFITTE, LA 70067	72-6015881	501(C) 3		142,089	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY IMPACT - BETHEL BAPTIST CHURCH 112 MATHERNE BOURG, LA 70343	72-1041929	501(C) 3		145,163	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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COMMUNITY IMPACT-FIRST BAPTIST GOLDEN MEADOW 187 OAK RIDGE DR GOLDEN MEADOW, LA 70357	72-1041929	501(C) 3		123,985	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY IMPACT-FIRST BAPTIST LOCKPORT 5545 HIGHWAY 1 LOCKPORT, LA 70374	72-1041929	501(C) 3		137,473	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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MT AIRY BAPTIST CHURCH 13635 OLD SPANISH TRAIL BOUTTE, LA 70039	72-1060852			124,517	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BEACON LIGHT BAPTIST CHURCH OF HOUMA 4325 W PARK AVE GRAY, LA 70359	05-0570465	501(C) 3		125,880	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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COMMUNITY IMPACT - GRAND CAILLOU BAPTIST CHURCH 3497 GRAND CAILLOU RD HOUMA, LA 70363	72-1041929	501(C) 3		135,719	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY IMPACT - LITTLE CAILLOU 5655 BAYOUSIDE RD CHAUVIN, LA 70344	72-1041929	501(C) 3		142,451	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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COMMUNITY IMPACT - LIVE OAK BAPTIST CHURCH 3968 HIGHWAY 665 MONTEGUT, LA 70377	72-1041929	501(C) 3		123,212	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COTEAU BAPTIST CHURCH 2066 COTEAU RD HOUMA, LA 70364	72-1041929			37,260	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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TERREBONNE PARISH CONSOLIDATED GOVERNMENT-MOBILE P 809 BARROW HOUMA, LA 70360	72-6001390	TERREBONNE PARISH GO		230,612	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TCA - CORPUS CHRISTI CHURCH 2022 ST BERNARD AVE NEW ORLEANS, LA 70116	72-0599165	ORLEANS PARISH GOVER		57,722	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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SMILE 800 ISADORE DR SAINT MARTINVILLE, LA 70582	72-0648848	ST MARTIN PARISH GO		141,382	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BETHLEHEM BAPTIST CHURCH 837 EAST 7TH ST BOGALUSA, LA 70427	72-0854336	501(C) 3		134,013	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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DAUGHTERS OF CHARITY HEALTH CENTER LOUISA 3303 HIGGINS BLVD NEW ORLEANS, LA 70126	72-1332678			10,008	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ARC OF ST CHARLES INC 114 LAKEWOOD DRIVE LULING, LA 70070	72-0696534	501(C) 3		118,894	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ADAMS MIDDLE 5525 HENICAN PL METAIRIE, LA 70003	72-6000592			15,678	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BOUTTE CHRISTIAN ACADEMY 13271 HWY 90 BOUTTE, LA 70039	72-6924176			20,250	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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JEFFERSON PARISH SCHOOL SYSTEM 4600 RIVER RD MARRERO, LA 70072	72-6000592	JEFFERSON PARISH GOV		2,780,273	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAKE FOREST ELEMENTARY CHARTER 11110 LAKE FOREST BLVD NEW ORLEANS, LA 70128	20-4731962			9,856	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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PLAQUEMINES PARISH SCHOOL BOARD 26138 HIGHWAY 23 PORT SULPHUR, LA 70082	72-6001091	PLAQUEMINES PARISH G		116,924	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE FRIENDS OF THE KING 1617 CAFFIN AVENUE NEW ORLEANS, LA 70117	51-0619611	501(C) 3		64,507	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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SCHOOL FOOD & NUTRITION SERVICE OF NEW ORLEANS 1000 HOWARD AVE STE 300 NEW ORLEANS, LA 70113	72-0893609			1,393,756	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ORLEANS PARISH SCHOOL BOARD 3520 GENERAL DEGAULLE DR NEW ORLEANS, LA 70114	46-5737261	ORLEANS PARISH GOVER		546,036	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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CHOICE FOUNDATION 2727 S CARROLLTON AVE NEW ORLEANS, LA 70118	20-2024597			9,587	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BELLE CHASSE 100 FIFTH ST BELLE CHASSE, LA 70037	72-1493224			37,284	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL SCHOOL OF LOUISIANA 1400 CAMP ST NEW ORLEANS, LA 70117	26-4472656			77,629	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST BERNARD PARISH SCHOOL BOARD 5921 E ST BERNARD HWY VIOLET, LA 70092	72-6001195			249,083	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOHN PARISH 118 W 10TH ST RESERVE, LA 70084	72-6001236	ST JOHN PARISH GOVE		228,425	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MMI 131 23RD ST KENNER, LA 70062	72-1068377	JEFFERSON PARISH GOV		303,212	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW ORLEANS COLLEGE PREP 2301 MARENGO ST NEW ORLEANS, LA 70115	20-5595689			19,174	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VANDEBILT HIGH SCHOOL 209 S HOLLYWOOD DR HOUMA, LA 70360	72-6001390			59,404	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EINSTEIN CHARTER SCHOOL 5100 CANNES ST NEW ORLEANS, LA 70129	20-0913967			26,717	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
INSTITUTE FOR ACADEMIC EXCELLENCE 1426 NAPOLEON NEW ORLEANS, LA 70115	20-2870669			22,975	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RENEW REINVENTING EDUCATION 3649 LAUREL STREET NEW ORLEANS, LA 70115	80-0419622			73,188	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ARTHUR ASHE CHARTER SCHOOL 1456 GARDENA DR NEW ORLEANS, LA 70112	72-1409800	501(C) 3		11,198	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARTIN LUTHER KING JR CHARTER 1617 CAFFIN AVENUE NEW ORLEANS, LA 70117	51-0619611	501(C) 3		13,478	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SOUTH STREET SCHOOL 409 E SOUTH ST OPELOUSAS, LA 70570	72-6001257			98,405	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHDOWN ELEMENTARY SCHOOL 5001 BAYOU BLACK DR GIBSON, LA 70356	72-0543593			9,593	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OAK PARK ELEMENTARY 2001 18TH ST LAKE CHARLES, LA 70601	72-6000235	CALCASIEU PARISH GOV		8,139	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAUL BREAU MIDDLE SCHOOL 1400 S ORANGE STREET LAFAYETTE, LA 70501	75-3142998	LAFAYETTE PARISH GOV		6,472	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FAIRVIEW ELEMENTARY SCHOOL 3955 GERTSNER MEMORIAL DRIVE LAKE CHARLES, LA 70607	72-6000235			9,751	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEANERETTE ELEMENTARY 600 IRA STREET JEANERETTE, LA 70544	76-6000543			9,454	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CHATAIGNIER ELEMENTARY 5762 VINE ST CHATAIGNIER, LA 70524	72-6000392			11,094	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICKEY MOUSE HEAD START SCHOOL PANTRY 105 TJ HATCHERSON STREET BALDWIN, LA 70514	13-5562279	501(C) 3		16,062	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ARISE ACADEMY 3819 ST CLAUDE AVE NEW ORLEANS, LA 70117	26-4472656	501(C) 3		45,178	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NET CHARTER HIGH SCHOOL 1614 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	27-0588087	501(C) 3		14,036	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GW CARVER COLLEGIATE ACADEMIES 3059 HIGGINS BLVD NEW ORLEANS, LA 70126	80-0601507	501(C) 3		10,087	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCOTT MIDDLE SCHOOL 116 MARIE STREET SCOTT, LA 70583	72-1250421	LAYAFETTE PARISH GOV		8,139	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PHOENIX HIGH SCHOOL 12700 HWY 39 BRAITHWAITE, LA 70040	72-6001091			39,537	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF SOUTHEAST LA 1140 SOUTH BROAD ST NEW ORLEANS, LA 70125	72-0648695	501(C) 3		5,949	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JONAH GROUP 1009 WILKER NEAL RD METAIRIE, LA 70003	37-1650063	501(C) 3		11,296	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEA TIME ETIQUETTE CAMP 2301 PAR 3 DRIVE HARVEY, LA 70058	72-1431584	501(C) 3		9,608	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
RIVER OF LIFE CHURCH 2140 WOODMERE BLVD HARVEY, LA 70058	72-1112429			17,679	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIRACLE FAITH HEALING 3056 LAUSSAT PL NEW ORLEANS, LA 70117	58-1930350			6,841	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MT PILGRIM BAPTIST 1006 PAILET AVENUE HARVEY, LA 70058	72-1262556	501(C)3		11,241	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROADMOOR SUMMER DAY CAMP 2021 S DUPRE NEW ORLEANS, LA 70125	72-0804276			9,890	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ALVAR BRANCH LIBRARY 913 ALVAR ST NEW ORLEANS, LA 70117	72-6000969	ORLEANS PARISH GOVER		8,051	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HOPE COMMUNITY CHURCH 2715 GADSDEN AVE KENNER, LA 70065	34-2004956			8,913	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BOYS AND GIRLS CLUB - WESTBANK 900 10TH ST GRETNA, LA 70053	72-0648695	501(C)3		28,196	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUE LOVE MISSIONARY BAPTIST CHURCH 2710 PHILLIP ST NEW ORLEANS, LA 70113	72-1374934	501(C)3		13,633	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GENERATION SUCCESS 2220 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	82-1071284			5,087	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NU LEAF INTERNATIONAL OUTREACH SERVICES INCK 65 FOUNTAIN BLEU DR NEW ORLEANS, LA 70125	82-2705901			14,026	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MILNE CENTER 8801 CHEF HWY NEW ORLEANS, LA 70127	72-6000969			5,403	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMMACULATE HEART OF MARY CHURCH 800 12TH STREET LAFAYETTE, LA 70501	90-0087914			39,871	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COVINGTON ROTARY FOUNDATION 1730 N HWY 190 COVINGTON, LA 70433	20-3357413			36,936	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
SECOND HARVEST FOOD BANK GREATER NEW ORLEANS AND ACADIANA

Employer identification number
72-0956468

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SECOND HARVEST FOOD BANK GREATER NEW ORLEANS AND ACADIANA

Employer identification number
72-0956468

Part 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 determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	67,186	57,172,279	AVERAGE WHOLESALE VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a	Yes	
33		

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

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

Part II Supplemental Information.

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

Return Reference	Explanation
PART I, LINE 32B	SECOND HARVEST EMPLOYS FOOD SOURCING PERSONS TO SOLICIT DONATIONS OF FOOD PRODUCTS FOR US TO DISTRIBUTE

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

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

▶ Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Department of the Treasury

Name of the organization

SECOND HARVEST FOOD BANK GREATER NEW ORLEANS AND ACADIANA

Employer identification number

72-0956468

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	SECOND HARVEST OF GREATER NEW ORLEANS AND ACADIANA HAS ONE CLASS OF MEMBERSHIP, AND THE SOLE MEMBER OF THE CORPORATION IS THE ARCHBISHOP OR ADMINISTRATOR OF THE ARCHDIOCESE OF NEW ORLEANS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE CORPORATE MEMBER HAS THE POWER TO APPOINT OR REMOVE THE MEMBERS OF THE BOARD OF DIRECTORS THE CORPORATE MEMBER ALSO HAS THE POWER TO APPOINT OR REMOVE THE CHAIRMAN OR THE CEO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	MEMBER OF THE CORPORATION HAS THE AUTHORITY TO HIRE/FIRE THE CEO TO APPOINT THE BOARD AND BOARD CHAIR, AND TO REVISE THE ARTICLES AND BY-LAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	REVIEWED BY AUDIT COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY THE BOARD OF DIRECTORS ARE ASKED TO READ AND SIGN THE POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPARISONS ARE MADE TO SIMILAR ORGANIZATIONS LOCALLY AND WITHIN OUR NATIONAL NETWORK

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	INFORMATION IS POSTED ON THE ORGANIZATION'S WEBSITE ALL INFORMATION IS ALSO AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN LIABILITY ON INTEREST RATE SWAP AGREEMENT -60,304

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT NO CHANGE FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
SECOND HARVEST FOOD BANK GREATER NEW
ORLEANS AND ACADIANA

Employer identification number

72-0956468

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE ROMAN CATHOLIC CHURCH OF THE ARCHDIOCESE OF NEW ORLEANS 7887 WALMSLEY AVENUE NEW ORLEANS, LA 70125 72-0408966	TO OPERATE AND PROVIDE SUPPORT TO COMMUNITY SOCIAL SERVICE PROGRAMS	LA	501(C)(3)	LINE 7			No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE ROMAN CATHOLIC CHURCH OF THE ARCHDIOCESE OF NEW ORLEANS	M	58,337	AMOUNT PAID
(2) THE ROMAN CATHOLIC CHURCH OF THE ARCHDIOCESE OF NEW ORLEANS	E	685,674	LOAN REPAYMENT
(3) THE ROMAN CATHOLIC CHURCH OF THE ARCHDIOCESE OF NEW ORLEANS	P	276,074	AMOUNT PAID

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation