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GOVERNMENT COPY

Postlethwaite & Netterville
One Galleria Blvd.,
Suite 2100
Metairie, LA 70001

May 13, 2011

Second Harvest Food Bank of Greater New
Orleans and Acadiana
700 Edwards Avenue
New Orleans, LA 70123

Second Harvest Food Bank of Greater New Orleans and Acadiana

Enclosed are the original and one copy of the 2009 Exempt
Organization returns, as follows...

2009 FORM 990

2009 FORM 990-T

Each original should be dated, signed and filed in accordance
with the filing instructions. The copy should be retained
for your files.

Sincerely,

Postlethwaite & Netterville

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2010

Prepared for	Second Harvest Food Bank of Greater New Orleans and Acadiana 700 Edwards Avenue New Orleans, LA 70123
Prepared by	Postlethwaite & Netterville One Galleria Blvd., Ste 2100 Metairie, LA 70001
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SECOND HARVEST FOOD BANK OF 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 country, and ZIP + 4 NEW ORLEANS, LA 70123 F Name and address of principal officer: NATALIE JAYROE SAME AS C ABOVE	D Employer identification number 72-0956468 E Telephone number 504-734-1322 G Gross receipts \$ 37,926,891. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 0928
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.NO-HUNGER.ORG	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 IN SOUTH LOUISIANA THROUGH FOOD DISTRIBUTION, ADVOCACY, EDUCATION,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	32
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of employees (Part V, line 2a)	5	67
	6 Total number of volunteers (estimate if necessary)	6	9207
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	-894.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-655.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		34,708,442.	36,629,671.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		17,497.	38,829.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		103,405.	588,154.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,356.	-39,110.
		34,836,700.	37,217,544.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,865,496.	30,404,037.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,089,312.	2,813,086.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	242,896.	358,462.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 945,437.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,996,793.	3,038,159.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	35,194,497.	36,613,744.	
19 Revenue less expenses. Subtract line 18 from line 12	-357,797.	603,800.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	12,620,306.	19,063,660.
	22 Net assets or fund balances. Subtract line 21 from line 20	246,653.	5,828,919.
		12,373,653.	13,234,741.

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 NATALIE JAYROE, PRESIDENT/CEO Type or print name and title	Date		
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 POSTLETHWAITE & NETTERVILLE ONE GALLERIA BLVD., STE 2100 METAIRIE, LA 70001	EIN ▶	Phone no. ▶ (504) 837-5990	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: TO LEAD THE FIGHT AGAINST HUNGER IN SOUTH LOUISIANA THROUGH DISTRIBUTION, 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? [X] Yes [] No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 33700934. including grants of \$ 30404037.) (Revenue \$ 35,222.) DISTRIBUTION OF 20 MILLION POUNDS OF FOOD PRODUCT TO 281 CHARITABLE ORGANIZATIONS THROUGHOUT 23 CIVIL PARISHES IN SOUTH LOUISIANA.

4b (Code:) (Expenses \$ 534,856. including grants of \$) (Revenue \$ 15,105.) LOUISIANA NUTRITION ASSISTANCE PROGRAM PURCHASED OVER 1.3 MILLION POUNDS OF FOOD FOR DISTRIBUTION THROUGH THE FIVE STATEWIDE FOOD BANKS IN LOUISIANA.

4c (Code:) (Expenses \$ 833,884. including grants of \$) (Revenue \$) PROGRAMS TO SERVE CHILDREN (BACKPACK, NINE-A-DAY, SUMMER FOOD SERVICE PROGRAM), SENIORS (SENIOR BROWN BAG), AND ADVOCACY FOR NUTRITION COMPLEMENT OUR FOOD DISTRIBUTION BY REACHING OUT TO TARGET GROUPS IN NEED.

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

4e Total program service expenses \$ 35,069,674.

SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

**SECOND HARVEST FOOD BANK OF GREATER NEW
ORLEANS AND ACADIANA**

Form 990 (2009)

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
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) and 501(c)(4) 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>		X
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>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Form **990** (2009)

**SECOND HARVEST FOOD BANK OF GREATER NEW
ORLEANS AND ACADIANA**

Form 990 (2009)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	109		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
	67		
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 this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Form **990** (2009)

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
			32
1b	Enter the number of voting members that are independent		
			30
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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
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	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ANNETTE LEBLANC - 504-734-1322**
700 EDWARDS AVENUE, HARAHAHAN, LA 70123

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
SR. ANTHONY BARCZYKOWSKI, D.C. DIRECTOR	0.40	X					0.	0.	0.	
MARIAN B. CEASAR DIRECTOR	0.40	X					0.	0.	0.	
KARL J. CONNOR DIRECTOR	0.40	X					0.	0.	0.	
DAVE DUCOTE DIRECTOR	0.40	X					0.	0.	0.	
ANDREW FAVRET DIRECTOR	0.40	X					0.	0.	0.	
PAUL L. FINE DIRECTOR	0.40	X					0.	0.	0.	
JAN M. HAYDEN DIRECTOR	0.40	X					0.	0.	0.	
JEFF HEBERT DIRECTOR	0.40	X					0.	0.	0.	
STEVE HEMPERLEY DIRECTOR	0.40	X					0.	0.	0.	
NICK KARL DIRECTOR	0.40	X					0.	0.	0.	
JOHN L. KOCH DIRECTOR	0.40	X					0.	0.	0.	
CLAYTON F. LESTER DIRECTOR	0.40	X					0.	0.	0.	
SALVADOR G. LONGORIA DIRECTOR	0.40	X					0.	0.	0.	
SONDRA SUGGS MORROW DIRECTOR	0.40	X					0.	0.	0.	
LEANN O. MOSES DIRECTOR	0.40	X					0.	0.	0.	
BRENDA DARDAR ROBICHAUX DIRECTOR	0.40	X					0.	0.	0.	
SALLY SEYLER DIRECTOR	0.40	X					0.	0.	0.	

SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
BRUCE SOLTIS DIRECTOR	0.40	X					0.	0.	0.	
KENNETH ST. CHARLES DIRECTOR	0.40	X					0.	0.	0.	
CHERYL TEAMER DIRECTOR	0.40	X					0.	0.	0.	
REGINA TEMPLET DIRECTOR	0.40	X					0.	0.	0.	
D. ASHBROOKE TULLIS DIRECTOR	0.40	X					0.	0.	0.	
LINDA USDIN DIRECTOR	0.40	X					0.	0.	0.	
GORDON R. WADGE DIRECTOR	0.40	X					0.	131,774.	19,430.	
BRUCE WAINER DIRECTOR	0.40	X					0.	0.	0.	
LEAH WHANN DIRECTOR	0.40	X					0.	0.	0.	
ARTHUR E.F. WIESE, JR. DIRECTOR	0.40	X					0.	0.	0.	
1b Total							325,723.	131,774.	42,239.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 3

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

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

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA

Form 990 (2009)

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Part VIII Statement of Revenue						
		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 263,869.				
	b Membership dues	1b				
	c Fundraising events	1c 61,895.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 13,379,018.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 22,924,889.				
	g Noncash contributions included in lines 1a-1f: \$	30,641,333.				
	h Total. Add lines 1a-1f		36,629,671.			
	Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code 624210	38,829.	38,829.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			38,829.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		65,061.		65,061.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	437384.			
		(ii) Personal				
		b Less: rental expenses	438278.			
	c Rental income or (loss)	-894.				
	d Net rental income or (loss)		-894.		-894.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	530071.			
		b Less: cost or other basis and sales expenses	6,978.			
		c Gain or (loss)	-6,978.	530071.		
	d Net gain or (loss)		523,093.		523,093.	
	8 a Gross income from fundraising events (not including \$ 61,895. of contributions reported on line 1c). See Part IV, line 18	a	187787.			
		b Less: direct expenses	239754.			
c Net income or (loss) from fundraising events			-51,967.		-51,967.	
9 a Gross income from gaming activities. See Part IV, line 19	a	26,260.				
	b Less: direct expenses	24,337.				
	c Net income or (loss) from gaming activities		1,923.		1,923.	
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a MISCELLANEOUS		900099	11,498.	11,498.		
	b VENDING	900099	330.		330.	
	c					
	d All other revenue					
	e Total. Add lines 11a-11d			11,828.		
12 Total revenue. See instructions.			37,217,544.	50,327.	-894.	
					538,440.	

**SECOND HARVEST FOOD BANK OF GREATER NEW
ORLEANS AND ACADIANA**

Form 990 (2009)

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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) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	30,404,037.	30,404,037.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	252,366.	116,446.	83,526.	52,394.
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	2,104,866.	1,689,668.	133,381.	281,817.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	49,958.	41,558.	1,474.	6,926.
9 Other employee benefits	225,525.	170,533.	26,316.	28,676.
10 Payroll taxes	180,371.	132,371.	20,722.	27,278.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	358,462.			358,462.
f Investment management fees				
g Other	335,592.	146,706.	162,539.	26,347.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	363,667.	340,304.	61.	23,302.
17 Travel	59,402.	55,712.	2,150.	1,540.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	73,093.	73,093.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	277,725.	273,939.	1,446.	2,340.
23 Insurance	83,773.	83,773.		
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a FREIGHT & TRANSPORTATIO	560,712.	560,712.		
b FOOD PURCHASED ON BEHAL	386,204.	386,204.		
c OTHER OPERATING EXPENSE	290,659.	248,055.	8,828.	33,776.
d PERSONNEL RECRUITMENT &	227,450.	106,705.	81,931.	38,814.
e EQUIPMENT EXPENSE	164,650.	86,449.	66,367.	11,834.
f All other expenses	215,232.	153,409.	9,892.	51,931.
25 Total functional expenses. Add lines 1 through 24f	36,613,744.	35,069,674.	598,633.	945,437.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA

Form 990 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	4,374.	1	34,628.
	2	Savings and temporary cash investments	5,313,489.	2	4,539,167.
	3	Pledges and grants receivable, net	943,585.	3	1,114,556.
	4	Accounts receivable, net	209,060.	4	56,165.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). 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	32,857.	9	117,720.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,239,696.		
	b	Less: accumulated depreciation	10b 1,189,120.	10c 2,095,761.	8,050,576.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	2,024,965.	12	2,338,633.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,996,215.	15	2,812,215.
16	Total assets. Add lines 1 through 15 (must equal line 34)	12,620,306.	16	19,063,660.	
Liabilities	17	Accounts payable and accrued expenses	246,653.	17	652,379.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	5,119,385.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	0.	25	57,155.
	26	Total liabilities. Add lines 17 through 25	246,653.	26	5,828,919.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	8,138,091.	27	9,410,927.
	28	Temporarily restricted net assets	3,235,562.	28	2,823,814.
	29	Permanently restricted net assets	1,000,000.	29	1,000,000.
	Organizations that do not follow SFAS 117, 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	12,373,653.	33	13,234,741.
34	Total liabilities and net assets/fund balances	12,620,306.	34	19,063,660.	

Form 990 (2009)

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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?	X	
2c	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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.	X	

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **SECOND HARVEST FOOD BANK OF 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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

SECOND HARVEST FOOD BANK OF GREATER NEW

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	67,336,524.	36,804,270.	26,624,613.	34,708,442.	36,629,671.	202,103,520.
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	67,336,524.	36,804,270.	26,624,613.	34,708,442.	36,629,671.	202,103,520.
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)						55,530.
6 Public support. Subtract line 5 from line 4.						202,047,990.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	67,336,524.	36,804,270.	26,624,613.	34,708,442.	36,629,671.	202,103,520.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	121,029.	225,425.	320,110.	123,521.	1,032,516.	1,822,601.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	45,304.	125,830.	14,568.	165,674.	199,615.	550,991.
11 Total support. Add lines 7 through 10						204,477,112.
12 Gross receipts from related activities, etc. (see instructions)					12	227,059.

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 2009 (line 6, column (f) divided by line 11, column (f))	14	98.81	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.85	%

16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. 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 IV 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 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

SECOND HARVEST FOOD BANK OF GREATER NEW
ORLEANS AND ACADIANA

Employer identification number

72-0956468

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA	Employer identification number 72-0956468
--	--

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LOUISIANA DEPARTMENT OF AGRICULTURE AND FORESTRY 5825 FLORIDA BLVD BATON ROUGE, LA 708210631	\$ 12,555,596.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	P & K SERVICES, LLC 703 S GREENVILLE W GREENVILLE, MI 48838	\$ 1,072,512.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	QUAKER-TROPICANA-GATORADE P.O. BOX 049003 CHICAGO, IL 60604	\$ 962,984.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	WALMART DC 6057 45346 PARKWAY BLVD. ROBERT, LA 70455	\$ 1,249,702.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	WINN DIXIE DISTRIBUTION CENTER 3925 HIGHWAY 190 W. HAMMOND, LA 70401	\$ 736,290.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	CHIQUITA BRANDS COMPANY 250 EAST 5TH ST CINCINNATI, OH 45202	\$ 804,346.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA	Employer identification number 72-0956468
--	--

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	ASSORTED FOOD ITEMS RECEIVED AT VARIOUS TIMES DURING THE YEAR.	\$ 11,608,067.	06/30/10
2	ASSORTED FOOD ITEMS RECEIVED AT VARIOUS TIMES DURING THE YEAR.	\$ 1,072,512.	06/30/10
3	ASSORTED FOOD ITEMS RECEIVED AT VARIOUS TIMES DURING THE YEAR.	\$ 962,984.	06/30/10
4	ASSORTED FOOD ITEMS RECEIVED AT VARIOUS TIMES DURING THE YEAR.	\$ 1,249,702.	06/30/10
5	ASSORTED FOOD ITEMS RECEIVED AT VARIOUS TIMES DURING THE YEAR.	\$ 736,290.	06/30/10
6	ASSORTED FOOD ITEMS RECEIVED AT VARIOUS TIMES DURING THE YEAR.	\$ 804,346.	06/30/10

Name of organization SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA	Employer identification number 72-0956468
---	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization SECOND HARVEST FOOD BANK OF 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" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for 'Held at the End of the Tax Year' with rows 2a-2d, and questions 3-9 regarding monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, and 2a regarding reporting requirements for art and historical treasures.

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 XIV.
- 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 organization answered "Yes" to 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 XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	1191391.	1463177.			
b Contributions					
c Net investment earnings, gains, and losses	177,528.	-271,786.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1368919.	1191391.			

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment 27.00 %
 - b Permanent endowment 73.00 %
 - c Term endowment _____ %
- 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 | X | |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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		5,129,794.	128,620.	5,001,174.
c Leasehold improvements		36,549.	11,748.	24,801.
d Equipment		880,617.	656,925.	223,692.
e Other		1,232,736.	391,827.	840,909.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,050,576.

SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	37,217,544.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	36,613,744.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	603,800.
4	Net unrealized gains (losses) on investments	4	257,288.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	257,288.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	861,088.

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

1	Total revenue, gains, and other support per audited financial statements	1	38,432,656.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	257,288.
b	Donated services and use of facilities	2b	179,100.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	778,724.
e	Add lines 2a through 2d	2e	1,215,112.
3	Subtract line 2e from line 1	3	37,217,544.
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 XIV.)	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	37,217,544.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	37,571,568.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	179,100.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	778,724.
e	Add lines 2a through 2d	2e	957,824.
3	Subtract line 2e from line 1	3	36,613,744.
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 XIV.)	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	36,613,744.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: 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: SECOND HARVEST IS A NOT-FOR-PROFIT CORPORATION

Part XIV Supplemental Information (continued)

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.

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE AN ORGANIZATION TO
ACCOUNT FOR UNCERTAINTIES IN INCOME TAXES. THE INTERPRETATION REQUIRES
RECOGNITION AND MEASUREMENT OF UNCERTAIN INCOME TAX POSITIONS USING A
"MORE-LIKELY-THAN-NOT" APPROACH. SECOND HARVEST ADOPTED THE PROVISIONS OF
THE INTERPRETATION AT THE BEGINNING OF FISCAL YEAR 2010 WITH NO MATERIAL
IMPACT ON ITS FINANCIAL STATEMENTS. SECOND HARVEST'S TAX RETURNS FOR THE
YEARS ENDED JUNE 30, 2009, JUNE 30, 2008, AND JUNE 30, 2007 REMAIN OPEN
AND SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ONE MONTH RENTAL INCOME & MANAGEMENT FEES BETWEEN ORGANIZATION &
DISREGARDED: 76355.

SPECIAL EVENTS & GAMING EXPENSES SEPARATELY STATED IN AUDIT: 264091.

RENTAL EXPENSES SEPARATELY STATED IN AUDIT: 438278.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

ONE MONTH RENTAL INCOME & MANAGEMENT FEES BETWEEN ORGANIZATION &
DISREGARDED: 76355.

SPECIAL EVENTS & GAMING EXPENSES SEPARATELY STATED IN AUDIT: 264091.

RENTAL EXPENSES SEPARATELY STATED IN AUDIT: 438278.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

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

Name of the organization **SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA** Employer identification number **72-0956468**

Part I Fundraising Activities. Complete if the organization answered "Yes" to 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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **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 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			
RUSS REID CO	DIRECT MAIL		X	990,024.	333,887.	656,137.
MEGAN HILL	GRANT WRITING		X	56,000.	7,000.	49,000.
HARMEYER CREATIVE SOLUTIONS	CAPITAL CAMPAIGN CONSULTING		X	0.	17,575.	-17,575.
Total				1046024.	358,462.	687,562.

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

SECOND HARVEST FOOD BANK OF GREATER NEW

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		HARVEST THE MUSIC	HARVEST AT HOME	NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	217,347.	32,335.		249,682.
	2 Less: Charitable contributions	43,000.	18,895.		61,895.
	3 Gross income (line 1 minus line 2)	174,347.	13,440.		187,787.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	6,500.			6,500.
	7 Food and beverages	63,388.	1,858.		65,246.
	8 Entertainment	40,324.			40,324.
	9 Other direct expenses	114,262.	13,422.		127,684.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(239,754)
	11 Net income summary. Combine line 3, column (d), and line 10				-51,967.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			26,260.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			24,337.	24,337.
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(24,337)	
8 Net gaming income summary. Combine line 1, column (d), and line 7				1,923.	

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: <u>LA</u>		
a Is the organization licensed to operate gaming activities in each of these states?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "No," explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," explain:		
11 Does the organization operate gaming activities with nonmembers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**SECOND HARVEST FOOD BANK OF GREATER NEW
ORLEANS AND ACADIANA**

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	_____ %
b An outside facility	13b	100.00 %

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

Name ► ANNETTE LEBLANC

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?

15a	Yes	No
		X

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?

17a	Yes	No
		X

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **SECOND HARVEST FOOD BANK OF 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (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	0.	67,287.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ABUNDANT LIFE JUST CARES 400 GOSSEN MEMORIAL DR. RAYNE, LA 70578	72-1237261	501(C)3	0.	422,122.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ACADIANA C.A.R.E.S. P. O. BOX 3865 LAFAYETTE, LA 70502	58-1717018	501(C)3	0.	171,824.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ANDREW JACKSON ELEMENTARY 201 8TH ST CHALMETTE, LA 70043		OTHER	0.	7,352.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ANGIE BAPTIST CHURCH 64458 ROYAL ST. ANGIE, LA 70426		OTHER	0.	218,255.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ANTIOCH BAPTIST CHURCH 16461 OLD SPANISH TRAIL DES ALLEMANDS, LA 70030		OTHER	0.	34,697.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

2 Enter total number of section 501(c)(3) and government organizations ▶ **191.**

3 Enter total number of other organizations ▶ **67.**

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

Schedule I (Form 990) 2009

**SECOND HARVEST FOOD BANK OF GREATER NEW
ORLEANS AND ACADIANA**

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: ALL SECOND HARVEST 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.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
**▶ Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

**Employer identification number
72-0956468**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
AVONDALE COMMUNITY CENTER 4008 U.S. HWY 90 AVONDALE, LA 70094	72-6013920	GOVERNMENT	0.	439,923.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
B.W. COOPER / OSS 3416 EARHART BLVD. NEW ORLEANS, LA 70125	72-1295640	501(C)3	0.	41,260.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BARBE ELEMENTARY 400 PENN ST. LAKE CHARLES, LA 70601	72-6000235	OTHER	0.	17,369.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BEREAN HEAD START 1629 SIMON BOLIVAR ST. NEW ORLEANS, LA 70113	72-0599165	OTHER	0.	12,253.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BETHEL COLONY SOUTH 4114 OLD GENTILLY RD. NEW ORLEANA, LA 70126	27-0803725	OTHER	0.	28,984.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BETHLEHEM MISSIONARY BAPTIST CHURCH - 146 E 20TH ST - RESERVE, LA 70084		OTHER	0.	8,002.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BRIDGE CITY COMMUNITY CENTER 1221 ELMWOODPARK BLVD. #402 JEFFERSON, LA 70123		GOVERNMENT	0.	252,598.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BRIDGE CITY HEAD START 301 THIRD EMMANUEL ST. BRIDGE CITY, LA 70094	72-6013920	OTHER	0.	11,574.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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OMB No. 1545-0047

2009

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Inspection**

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

**Employer identification number
72-0956468**

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BRIDGE HOUSE 1160 CAMP STREET NEW ORLEANS, LA 70130	72-6027674	501(C)3	0.	215,374.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CALCASIEU WOMEN'S SHELTER P.O. BOX 276 LAKE CHARLES, LA 70602	72-0859660	501(C)3	0.	7,285.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CARE HELP OF SULPHUR, INC 200 NORTH HUNTINGTON SULPHUR, LA 70663	72-1007880	501(C)3	0.	48,475.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CASA NIA, INC. 1221 TRUXTON ST. GRETNA, LA 70053	75-3165234	501(C)3	0.	63,283.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CATHOLIC CHARITIES - AFTER SCHOOL ASSEMBLY - 1000 HOWARD AVE. - NEW ORLEANS, LA 70113	53-0196617	501(C)3	0.	5,539.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CATHOLIC CHARITIES, LAKE CHARLES 612 LA AVE. LAKE CHARLES, LA 70601	72-0883986	501(C)3	0.	150,695.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CAUSEWAY HEAD START 3420 N. CAUSEWAY BLVD. METAIRIE, LA 70002	72-6013920	OTHER	0.	12,222.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CENTRAL CITY CHRISTIAN 2201 4TH ST. NEW ORLEANS, LA 70113	36-4368312	501(C)3	0.	89,824.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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CHRISTIAN SERVICE CENTER OF IOTA 422 KENNEDY DR. IOTA, LA 70543	72-0786459	501(C)3	0.	49,984.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CHRISTIAN SERVICE CTR OF RAYNE 211 CLEGG ST. RAYNE, LA 70578	72-1015139	501(C)3	0.	204,135.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CHRISTIAN WORLD 2001 E. GAUTHIER RD LAKE CHARLES, LA 70607	72-0846114	501(C)3	0.	273,445.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CHURCH OF THE KING 2145 OAKPARK BLVD. LAKE CHARLES, LA 70601	20-5670950	OTHER	0.	117,372.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITIES UNITED FOR CHANGE 1244 BIG FOUR CORNERS RD JEANERTTE, LA 70563	35-2301792	501(C)3	0.	76,909.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY CHRISTIAN CONCERN 2228 SECOND ST. SLIDELL, LA 70458	72-1050312	501(C)3	0.	93,833.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY CTR. OF ST. BERNARD 1107 LEBEAU ST. ARABI, LA 70032	74-3173649	501(C)3	0.	422,188.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY INVESTORS 452 WEST HARMON ST CHURCH POINT, LA 70525	20-2747644	501(C)3	0.	80,139.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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COMMUNITY OUTREACH CENTER 543 MARCANTEL RD. DEQUDE QUINCY, LA 70633	72-1490938	501(C)3	0.	335,090.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COVENANT HOUSE 611 N. RAMPART NEW ORLEANS, LA 70112	58-1669937	501(C)3	0.	12,168.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COVENANT PRESBYTERIAN URBAN MINISTRIES - 2128 FELICITY ST. - NEW ORLEANS, LA 70113	91-1827475	501(C)3	0.	117,780.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CROSSROADS LOUISIANA, INC. 3727 GENERAL DE GAULLE NEW ORLEANS, LA 70114	72-0933181	501(C)3	0.	75,673.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CROWLEY CHRISTIAN CARE CENTER 126 W. SEVENTH ST. CROWLEY, LA 70527	72-1132875	OTHER	0.	140,915.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
DIANA HEAD START 2144 PACE ST. NEW ORLEANS, LA 70114	72-6013920	OTHER	0.	8,511.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
DOUGHTY CHAPEL AME CHURCH 623 NORTH LEE RD. COVINGTON, LA 70433	52-1334922	501(C)3	0.	266,642.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
EBNEZER BC FOOD PANTRY 2812 GENERAL MIDDLETON CREOLE, LA 70615	68-0673444	501(C)3	0.	332,762.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ECUMENICAL SOCIAL SERV ALLIANCE 2300 FRUGE STREET LAKE CHARLES, LA 70601	72-1449272	501(C)3	0.	148,130.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
EL YO YO HEAD START 735 GENERAL PERSHING ST. NEW ORLEANS, LA 70115	53-0196617	OTHER	0.	9,287.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
EMMANUEL BAPTIST CHURCH 708 BEECH ST. FRANKLIN, LA 70538		OTHER	0.	116,945.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
EMPOWERMENT TEMPLE OUTREACH 221-1/2 S. GENOIS ST. NEW ORLEANS, LA 70119	11-3713693	501(C)3	0.	230,379.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
EUNICE FOOD BANK 501 SAMUEL DRIVE EUNICE, LA 70535	72-0840653	501(C)3	0.	100,449.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FAITH HOUSE, INC. 1453 W. WILLOW ST LAFAYETTE, LA 70509	72-0910067	501(C)3	0.	7,537.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST ASSEMBLY OF GOD 3555 VEROT SCHOOL RD YOUNGSVILLE, LA 70592	72-0796891	501(C)3	0.	77,926.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST BAPTIST CHURCH CFP 2010 W. BEAUREGARD ST. CHALMETTE, LA 70043	62-0535346	501(C)3	0.	111,441.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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FIRST BAPTIST CHURCH OF WESTLAKE 501 SULPHUR AVE. WESTLAKE, LA 70669	72-0494588	OTHER	0.	15,204.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST BAPTIST CHURCH SLIDELL 4141 PONCHATRAIN DRIVE SLIDELL, LA 70458	72-0496863	501(C)3	0.	112,852.	FAIR MARKET VALUE	FOOD	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	0.	149,271.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST GOOD HOPE BAPTIST 11317 OLD JEANERETTE RD. JEANERETTE, LA 70544	02-0679492	OTHER	0.	90,814.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST PRESBYTERIAN FOOD PANTRY 204 N. LEWIS ST. NEW IBERIA, LA 70563	72-0989784	501(C)3	0.	98,685.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FOOD BANK OF COVINGTON 840 N COLUMBIA ST. COVINGTON, LA 70433	72-1028539	501(C)3	0.	437,884.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FOOD FOR LIFE OF NEW ORLEANS 2926 ESPLANADE AVE. NEW ORLEANS, LA 70119	72-1445944	501(C)3	0.	33,461.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FOOD NET 217 SURREY LAFAYETTE, LA 70501	58-1990111	501(C)3	0.	242,797.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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FOUNDERS HEAD START 4128 FRANKLIN AVE. NEW ORLEANS, LA 70122	72-0599165	OTHER	0.	6,807.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FRANKLIN AVENUE BAPTIST CHURCH 2515 FRANKLIN AVE NEW ORLEANS, LA 70117	72-0545885	OTHER	0.	188,688.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GAMBRELL CHURCH 246 GAMBRELL CHURCH STARKE, LA 70661		OTHER	0.	253,966.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GARDEN OF HOPE MINISTRY 1823 LA HARPE ST. NEW ORLEANS, LA 70116		OTHER	0.	100,731.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GATEHOUSE FOUNDATION 206 S. MAGNOLIA ST. LAFAYETTE, LA 70501	72-0970837	501(C)3	0.	39,893.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GCTFS - SIL SPAIN HOME 4401 SPAIN ST. NEW ORLEANS, LA 70122	72-0992051	501(C)3	0.	8,362.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GETHSEMANE COGIC 317 12TH ST LAFAYETTE, LA 70501	23-7002418	501(C)3	0.	12,371.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GLAD TIDINGS/DORCAS MINISTRY 3400 TEXAS AVE. LAKE CHARLES, LA 70607	72-0819604	501(C)3	0.	180,583.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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GLORY CLOUD CHRISTIAN CENTER 2616 SHARON ST., STE. E KENNER, LA 70065	80-0149605	501(C)3	0.	49,547.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GLORY OF CHRIST CHRISTIAN CENTER 3160 GENERAL MEYER AVE. NEW ORLEANS, LA 70114	72-1282929	501(C)3	0.	123,278.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GNO TEEN CHALLENGE 1905 FRANKLIN AVENUE NEW ORLEANS, LA 70117	72-1106641	501(C)3	0.	127,925.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GOD'S FOOD BOX 711 MAHLON ST. DERIDDER, LA 70634	27-0036893	501(C)3	0.	81,336.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GOOD HOPE MISSIONARY BAPTIST CHURCH - 821 SAMPSON ST. - WESTLAKE, LA 70669	72-1480362	OTHER	0.	44,763.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GOOD SAMARITAN FOOD BANK/RACELAND 2084 HWY 182 RACELAND, LA 70394	53-0196617	501(C)3	0.	18,414.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GOOD SAMARITAN FOOD BANK/THIBODEAUX - 100 BURCH ST. - THIBODAU, LA 70301	53-0196617	501(C)3	0.	51,937.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GOOD SAMARITAN FOODBANK/TERREBONNE 254 MAGNOLIA ST. HOUMA, LA 70301	53-0196617	501(C)3	0.	158,718.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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GOOD SAMARITAN SERVICES 1501 UTAH BEACH BRIDGE CITY, LA 70094	38-3666349	501(C)3	0.	918,925.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GRACE OUTREACH CENTER 2533 LA SALLE NEW ORLEANS, LA 70113	62-1809569	501(C)3	0.	30,664.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GRANVILLE T WOODS ELEMENTARY 1037 31ST ST KENNER, LA 70065		OTHER	0.	5,820.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER BOGAULSA FULL GOSPEL 226 MEMPHIS ST. BOGAULSA, LA 70427	20-8673309	OTHER	0.	16,383.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER GOLDEN LIGHT BAPTIST CHURCH - 2403 HWY. 190 - BASILE, LA 70515	72-1043626	OTHER	0.	122,272.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER MACEDONIA BAPTIST CHURCH 27796 HWY 23 PORT SULPHUR, LA 70083	01-0788696	OTHER	0.	101,087.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER NEW PLYMOUTH ROCK B.C. 111 N.W. 13TH ST. RESERVE, LA 70084	72-0997971	501(C)3	0.	123,617.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER NORTH SHORE FGBC 39203 VOTERS RD SLIDELL, LA 70459	72-1429206	501(C)3	0.	21,471.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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GREATER ST. MARY B.C. 1401 MOELING ST. LAKE CHARLES, LA 70601	72-1426864	OTHER	0.	306,364.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GRETNA COMMUNITY CENTER 1700 MONROE ST. GRETNA, LA 70053		GOVERNMENT	0.	253,040.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GRETNA FOOD DISTRIBUTION CENTER 1400 JEFFERSON STREET GRETNA, LA 70053	72-1112732	501(C)3	0.	57,598.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GRETNA UNITED METH. MENS GROUP 1309 WHITNEY AVENUE GRETNA, LA 70056	72-6077812	501(C)3	0.	127,329.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HABITAT FOR HUMANITY 3551 AVE C LAKE CHARLES, LA 70615	91-1914868	501(C)3	0.	15,986.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HARBOR HOUSE, ETC 2400 MERGANSER LAKE CHARLES, LA 70615	72-0761245	501(C)3	0.	32,347.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HARTMAN OUTREACH CENTER, INC 190 HWY 90 WEST PATTERSON, LA 70392	32-0038755	501(C)3	0.	17,563.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HARVEY COMMUNITY CENTER 1501 ESTALOTE AVE. HARVEY, LA 70058		GOVERNMENT	0.	373,430.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

**Employer identification number
72-0956468**

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HARVEY FOURSQUARE #2 LAKE BERNARD CT. HARVEY, LA 70058	83-0511454	501(C)3	0.	84,449.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HAZEL HURST COMMUNITY CENTER 1121 S. CAUSEWAY BLVD JEFFERSON, LA 70121		GOVERNMENT	0.	95,880.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOLY FAITH TEMPLE BAPTIST 1325 GOVERNOR NICHOLLS ST. NEW ORLEANS, LA 70116	72-1291409	501(C)3	0.	88,872.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOME AGAIN 1409 NUNEZ ST. NEW ORLEANS, LA 70114	72-1105360	501(C)3	0.	17,588.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOPE HAVENCOMMUNITY CENTER 1101 BARATARIA BLVD MARRERO, LA 70072	53-0196617	501(C)3	0.	18,866.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOPE HOUSE, INC 916 ST ANDREW STREET NEW ORLEANS, LA 70130	72-0734380	501(C)3	0.	21,951.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOUSE OF JUDAH FOUNDATION INC 3804 CLOVER LANE HARVEY, LA 70058	72-1481616	OTHER	0.	76,132.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HUMANE SOCIETY OF LOUISIANA 271 PLAUCHE ST HARAHAN, LA 70123	51-0569173	501(C)3	0.	17,435.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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I.C.O.N.S. 186 CYPRESS DR., FHS OPELOUSAS, LA 70570	01-0558998	501(C)3	0.	16,653.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
IMMANUEL BETTER LIVING CHURCH 46105 HIGHWAY 10 FRANKLINTON, LA 70438	42-1668189	OTHER	0.	301,075.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
INDEPENDENT LIVING SKILLS 1101 BARATARIA BLVD MARRERO, LA 70072	72-0408911	501(C)3	0.	25,831.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
INFANT JESUS OF PRAGUE CHURCH 700 MAPLE AVENUE HARVEY, LA 70058	72-0408966	OTHER	0.	57,084.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ISABEL BAPTIST CHURCH 53674 PARKER RD. BOGAULSA, LA 70427	72-0982783	OTHER	0.	187,964.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ISLAMIC RELIEF 2132 SIMON BOLIVAR AVE. NEW ORLEANS, LA 70113	95-4453134	501(C)3	0.	88,375.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JEFF DAVIS COUNCIL ON AGING 210 S STATE STREET JENNINGS, LA 70546	72-0684711	501(C)3	0.	214,590.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JEFFERSON PRESBYTERIAN CHURCH 4450 JEFFERSON HWY JEFFERSON, LA 70121	91-1827475	501(C)3	0.	138,640.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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JIMMY'S KIDS 1201 CAMILLE PL CHALMETTE, LA 70043	72-1160157	501(C)3	0.	6,875.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JOSEPH DAVIES ELEMENTARY 4101 MISTROT ST MEREAX, LA 70075		OTHER	0.	5,785.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JOY FELLOWSHIP CHURCH/SLIDELL 1510 W. LINDBERG DRIVE SLIDELL, LA 70458	72-1309920	OTHER	0.	327,961.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JUST THE RIGHT ATTITUDE 6836 BUNDY RD. NEW ORLEANS, LA 70127	72-1446982	501(C)3	0.	947,395.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
KENNER COUNCIL ON AGING 641 COMPROMISE ST KENNER, LA 70062			0.	13,564.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
KENNER FOOD BANK 315 WORTH ST KENNER, LA 70062		GOVERNMENT	0.	1,608,400.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
KENNER HEAD START 200 DECATUR ST. KENNER, LA 70062	72-6013920	OTHER	0.	9,307.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
KIDS COUPES/ADAMS ST. CDC 1801 ADAMS ST. NEW ORLEANS, LA 70118	72-1500686	501(C)3	0.	8,585.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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KINGDOM OF GOD 1004 MARTIN LUTHER KING JEANERETTE, LA 70544	56-2527092	OTHER	0.	175,984.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
KINGSLEY HOUSE 1600 CONSTANCE ST. NEW ORLEANS, LA 70130	72-0408940	501(C)3	0.	12,284.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
KIPP/CENTRAL CITY 2625 THALIA ST. NEW ORLEANS, LA 70113		OTHER	0.	6,899.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAFAYETTE ACADEMY 2727 S. CARROLTON AVE NEW ORLEANS, LA 70118		OTHER	0.	14,550.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAFAYETTE ASSN. FOR RET. CIT. 303 NEW HOPE RD. LAFAYETTE, LA 70506	72-0604268	501(C)3	0.	97,962.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAFOURCHE PARISH GOVERNMENT 4876 HWY 1 MATTHEWS, LA 70375		GOVERNMENT	0.	215,217.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAKE VISTA FOURSQUARE 15 SPANISH FORT BLVD NEW ORLEANS, LA 70124	83-0512781	501(C)3	0.	183,207.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAST HOPE, INC 1302 MAGAZINE ST. NEW ORLEANS, LA 70130	72-1313365	501(C)3	0.	18,358.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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LATINO FARMERS COOPERATIVE 216 W. OAKLAND DR. ST. ROSE, LA 70087	26-2056307	501(C)3	0.	37,046.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LEBEAU COMMUNITY CENTER 103 LEBEAU CHURCH RD LEBEAU, LA 77345	72-0437696	501(C)3	0.	10,673.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LIBERTY HEIGHTS GIVING GRACE 2217 CATAHOULA HIWAY ST. MARTINVILLE, LA 70582	75-2716427	501(C)3	0.	271,795.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LIFT UP MY NAME HIGHER 2500 BAYOU ROAD NEW ORLEANS, LA 70119	72-1204782	501(C)3	0.	222,261.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LIGHTHOUSE RANCH FOR BOYS 51453 HWY 443 LORANGER, LA 70446	72-0897907	501(C)3	0.	15,544.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LIVING WATER MINISTRIES 215 THOMPSON AVE IOWA, LA 70647	72-1499500	501(C)3	0.	23,682.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LOREAUVILLE BAPTIST CHURCH 1886 LOREAUVILLE RD. LOREAUVILLE, LA 70552	72-0982444	OTHER	0.	62,239.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LOUISE HEAD START 1205 LOUISIANA AVE. NEW ORLEANS, LA 70115	72-0599165	OTHER	0.	10,776.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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LOVE IN ACTION OUTREACH 7905 DOWNMAN ROAD NEW ORLEANS, LA 70126	72-1132828	501(C)3	0.	491,681.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LOVETOUCH MINISTRIES 57 5TH STREET GRETNA, LA 70053	72-1248483	501(C)3	0.	96,686.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LOWER ALGIERS SENIOR CENTER 6400 GENERAL MEYER AVENUE NEW ORLEANS, LA 70131	72-0844833	501(C)3	0.	10,108.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LULING ELEMENTARY 904 SUGARHOUSE RD LULING, LA 70070		OTHER	0.	11,142.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MAGONLIA VILLA 1801 MAGNOLIA ST. NEW ORLEANS, LA 70113	72-1277603	501(C)3	0.	41,279.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MANDEVILLE CHRISTIAN FELLOWSHIP 76140 HARD RD. COVINGTON, LA 70435	72-0996891	501(C)3	0.	12,962.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MARREROCOMMUNITY/SENIOR CITIZEN 1017 ST. ANDREW ST NEW ORLEANS, LA 70130		GOVERNMENT	0.	239,760.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MARTIN LUTHER KING HEAD START 1401 SIMON BOLIVAR ST. NEW ORLEANS, LA 70113	72-0599165	OTHER	0.	9,229.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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MARTIN LUTHER KING, JR. ELEMENTARY 1617 CAFFIN AVE NEW ORLEANS, LA 70117		OTHER	0.	14,323.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MARY QUEEN OF VIETNAM 5069 WILLOWBROOK DRIVE NEW ORLEANS, LA 70129		501(C)3	0.	10,192.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MAXIE GOSPEL TABERNACLE 24292 CROWLEY/EUNICE HWY CROWLEY, LA 70526	72-0928453	OTHER	0.	30,965.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MCDONOGH 32 ELEMENTARY SCHOOL 800 DE ARMAS NEW ORLEANS, LA 70114		OTHER	0.	13,677.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MEDARD H NELSON CHARTER SCHOOL 3121 ST BERNARD AVE NEW ORLEANS, LA 70119		OTHER	0.	14,491.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MERCY ENDEAVORS 1017 ST. ANDREW ST NEW ORLEANS, LA 70130	26-0502228	501(C)3	0.	21,581.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MORRIS BROWN A.M.E. CHURCH 1813 URQUHART ST. NEW ORLEANS, LA 70116	52-1334922	501(C)3	0.	111,462.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MOSES BAPTIST CHURCH 1032 CANAL BLVD THIBODAUX, LA 70301	72-1052024	501(C)3	0.	8,010.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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MS. HELEN'S SOUP KITCHEN 117 W. 7TH. ST. CROWLEY, LA 70526	72-046-4892	501(C)3	0.	123,648.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MT. CALVARY B. C. FOOD BANK 414 WEEKS ST. NEW IBERIA, LA 70560	72-0471378	501(C)3	0.	133,233.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MT. OLIVE AME CHURCH 2442 SECOND ST. SLIDELL, LA 70458	72-1189687	OTHER	0.	41,040.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MT. PLEASANT BAPTIST CHURCH 280 MT. PLEASANT LANE BOGALUSA, LA 70427	72-0982115	501(C)3	0.	142,921.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MT. ZION BAPTIST CHURCH 107 MAGNOLIA RIDGE RD. BOUTTE, LA 70039		OTHER	0.	162,520.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW BEGINNING FELLOWSHIP 240 W MILLS, STE. 107 BREAUX BRIDGE, LA 70517	26-3793829	501(C)3	0.	27,740.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW BEGINNING'S PRIMITIVE BAPTIST 411 SOUTH EASTERN AVE CROWLEY, LA 70526	26-3793829	501(C)3	0.	146,658.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW LIFE ASSEMBLY OF GOD 2394 EAST MAIN VILLE PLATTE, LA 70586	72-1252231	501(C)3	0.	103,372.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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NEW LIFE CENTER - OPELOUSAS 411 E. LANDRY ST. OPELOUSAS, LA 70570	72-0977497	501(C)3	0.	14,659.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW LIFE FELLOWSHIP CHURCH 301 WESTBANK EXPRESSWAY WESTWEGO, LA 70094	72-1424849	501(C)3	0.	36,256.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW ORLEANS MISSION 1130 ORETHA CASTLE HALEY BLVD. NEW ORLEANS, LA 70113	72-1151696	501(C)3	0.	551,857.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW START CENTER 516 N. MAIN ST. ST. MARTINVILLE, LA 70582	72-1450742	501(C)3	0.	20,063.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW SUNLIGHT B.C. 515 V. E. WASHINGTON ST LAKE CHARLES, LA 70601	72-0773775	OTHER	0.	66,372.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW ZORAH BAPTIST CHURCH 604 JULIA ST. MORGAN CITY, LA 70380		OTHER	0.	153,289.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NO AIDS TASK FORCE (FFF) 2601 TULANE AVE. SUITE 500 NEW ORLEANS, LA 70119	72-1059635	501(C)3	0.	39,038.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NOAH'S ARK COMMUNITY CENTER 2840 S. SARATOGA ST. NEW ORLEANS, LA 70115	72-1508883	501(C)3	0.	53,247.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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NOBTS - PRESCHOOL 3939 GENTILLY BLVD. NEW ORLEANS, LA 70126	72-0494592	501(C)3	0.	13,893.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NORTHSIDE CHURCH OF CHRIST 9026 HWY 182 OPELOUSAS, LA 70571	72-1049034	OTHER	0.	160,795.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
O.L.P.H. CATHOLIC MINISTRY 2137 KANSAS ST. KENNER, LA 70062	72-1269754	501(C)3	0.	137,360.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ODYSSEY HOUSE LOUISIANA, INC. 1125 N. TONTI ST NEW ORLEANS, LA 70119	72-0743677	501(C)3	0.	38,758.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OPTIONS FOR INDEPENDENCE 1340 W. TUNNEL BLVD. SUITE 430 HOUMA, LA 70360	72-1208898	501(C)3	0.	45,496.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OUR LADY OF DIVINE PROVIDENCE 1000 NORTH STARRETT ROAD METAIRIE, LA 70003	72-0408966	501(C)3	0.	52,197.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OUR LADY OF VICTORY FOOD PANTRY 120 DAIGRE ST. LOREAUVILLE, LA 70552	72-0821360	501(C)3	0.	198,678.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OUR SAVIORS CHURCH (HOPE CENTER) 801 S MAIN ST. MARTINVILLE, LA 70518	74-3009370	501(C)3	0.	46,446.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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Internal Revenue Service

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OMB No. 1545-0047

2009

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Inspection**

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Employer identification number
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OUTREACH FULL GOSPEL BAPTIST CHURCH - 304 13TH. AVE. - FRANKLIN, LA 70538	72-1286024	501(C)3	0.	93,116.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OZANAM INN 843 CAMP ST. NEW ORLEANS, LA 70130	72-0854403	501(C)3	0.	88,848.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PARKS COMMUNITY SUPPORT 1006 ST. PAUL ST. PARKS, LA 70582	72-1207117	501(C)3	0.	98,748.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PEARL RIVER CHURCH OF NAZARENE 64129 HWY 41 PEARL RIVER, LA 70452	72-0788691	501(C)3	0.	168,317.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PENTECOST B.C. OUTREACH 1510 HARRISON AVE. NEW ORLEANS, LA 70122	72-1020168	501(C)3	0.	6,609.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PENTECOST MISSIONARY BAPTIST CHURCH - 36138 SHADY LANE - SLIDELL, LA 70460	58-1859613	501(C)3	0.	6,257.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PEOPLES COMMUNITY ORGANIZATION 4303 CARTIER ST. NEW ORLEANS, LA 70122	58-2001640	501(C)3	0.	763,969.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PILGRIM GROVE BAPTIST CHURCH 398 GREENWOOD ROAD MORGAN CITY, LA 70381		OTHER	0.	262,263.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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PILGRIM REST COMM. DEVEL. AGENCY 33800 JOHN RILEY RD. EMPIRE, LA 70050	72-1478135	501(C)3	0.	48,901.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PLAQUEMINES PAR. COM. ACTION 479 F. EDWARD HEBERT BLVD. BELLE CHASE, LA 70037		GOVERNMENT	0.	44,438.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PLYMOUTH ROCK BAPTIST CHURCH 1000 WALLIS ST HOUMA, LA 70360		501(C)3	0.	33,642.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PRAY THE WORD SAY THE WORD 2503 COLUMBUS ST. NEW ORLEANS, LA 70119	72-1291359	501(C)3	0.	113,610.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PROGRESSIVE COMMUNITY OUTREACH 125 GALLIAN ST. LAFAYETTE, LA 70501	72-1501652	501(C)3	0.	107,994.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PROJECT LAZARUS 2824 DAUPHINE ST. NEW ORLEANS, LA 70117	72-1154192	501(C)3	0.	18,612.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PROMISE OF LIFE MIN. WORSHIP CHURCH - 701 HICKORY ST. - THIBODAUX, LA 70301	72-1471676	501(C)3	0.	91,170.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
RACHEL SIMS BAPTIST MISSION 729 SECOND STREET NEW ORLEANS, LA 70130	20-0302842	501(C)3	0.	32,224.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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REACH OUT AND TOUCH OUTREACH 121 ST PHILLIP ST RACELAND, LA 70394	13-4306364	OTHER	0.	14,659.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
REFUGE RESTORATION OUTREACH 6905 ALMA ST. HOUMA, LA 70364	72-1500729	OTHER	0.	7,127.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
RESPONSIBILITY HOUSE / GRETNA 5001 WESTBANK EXPRESSWAY STE B MARRERO, LA 70072	72-1271032	501(C)3	0.	8,376.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SAFE HARBOR CHRISTIAN OUTREACH 712 MAIN ST. MAMOU, LA 70554	74-3250906	501(C)3	0.	144,044.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SALVATION ARMY/LAFAYETTE 212 SIXTH ST. LAFAYETTE, LA 70502	58-0660607	501(C)3	0.	63,183.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SAMUEL GREEN CHARTER 2319 VALENCE ST NEW ORLEANS, LA 70115		OTHER	0.	14,617.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SANTA ON THE BAYOU 3201 BAYOU RD. ST. BERNARD, LA 70085		501(C)3	0.	19,741.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SERVANTS OF CHRIST FOOD PANTRY 4513 E LA HWY 46 REGGIO, LA 70085	72-1294144	501(C)3	0.	23,366.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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SEVENTH DAY ADVENT. CHURCH 1804 CESSFORD ST. LAKE CHARLES, LA 70601	72-1172368	OTHER	0.	182,846.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SHELTER RESOURCES, INC. 3029 ROYAL ST NEW ORLEANS, LA 70117	58-2022068	501(C)3	0.	9,129.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SHEPHARDS FOOD PANTRY 527 W MAIN ST. NEW IBERIA, LA 70560	76-0736816	501(C)3	0.	227,645.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SHEPHERD'S INN OUTREACH CHURCH 2900 E. OPELOUSAS ST LAKE CHARLES, LA 70615	72-1148124	OTHER	0.	64,887.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SHILOH CHRISTIAN FELLOWSHIP 2441 N. CLAIBORNE AVE. NEW ORLEANS, LA 70117	72-1262540	501(C)3	0.	50,741.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SOCIAL SERVICE CTR-NEW IBERIA 432 BANK AVENUE NEW IBERIA, LA 70560	72-0782780	501(C)3	0.	81,338.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SOLOMON HOUSE BROWN BAG EPIPHANY 520 CENTER ST. NEW IBERIA, LA 70560	72-1425609	501(C)3	0.	120,913.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SOUTHEAST LA AREA HEALTHED.CTR 1302 J.W. DAVIS DRIVE HAMMOND, LA 70403	72-1155014	501(C)3	0.	45,025.	FAIR MARKET VALUE	FOOD	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	0.	162,990.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. BERNARD BATTERED WOMEN'S P.O. BOX 645 ARABI, LA 70032	58-1834566	501(C)3	0.	35,289.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. CHARLES COMM HEALTH CENTER 843 MILING AVE LULING, LA 70070	47-0852944	501(C)3	0.	291,331.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. CLEMENT OF ROME 4317 RICHLAND DR METAIRIE, LA 70002	53-0196617	501(C)3	0.	74,980.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. EDWARD THE CONFESSOR/SVDP 4921 W. METAIRIE AVE METAIRIE, LA 70001	53-0196617	501(C)3	0.	11,319.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. FRANCIS DINER, INC 1201 HOPKINS ST NEW IBERIA, LA 70560	63-0371391	501(C)3	0.	20,658.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JEROME CHURCH FOOD BANK 2402 33RD ST. KENNER, LA 70065	72-0579200	501(C)3	0.	82,484.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOHN COMMUNITY ACTION AGENCY 128 CENTRAL AVE. RESERVE, LA 70084	72-6001235	GOVERNMENT	0.	70,520.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ST. JOHN HEAD START 1920 CLIO ST. NEW ORLEANS, LA 70113	53-0196617	501(C)3	0.	6,508.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOHN THE BAPTIST COMM CTR. 1000 HOWARD AVE. NEW ORLEANS, LA 70113	53-0196617	501(C)3	0.	53,290.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOSEPH DINER 403 W. SIMCOE ST. LAFAYETTE, LA 70502	72-0977497	501(C)3	0.	196,260.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOSEPH FEED JESUS 1802 TULANE AVE NEW ORLEANS, LA 70119	53-0196617	501(C)3	0.	16,629.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOSEPH SHELTER FOR MEN 425 ST. JOHN ST. LAFAYETTE, LA 70501	72-0977497	501(C)3	0.	24,329.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOSEPH THE WORKER FDBANK 455 AMES BLVD MARRERO, LA 70072	53-0196617	501(C)3	0.	67,791.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. MARY MAGDALEN CHRISTIAN SC 701 CHEVIS ST. ABBERVILLE, LA 70510	72-0522760	501(C)3	0.	278,277.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. MEMORIAL COGIC 1717 MOELING LAKE CHARLES, LA 70601	72-1168511	OTHER	0.	159,934.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ST. NICHOLAS SOC. JUST. & COMM 6207 LUMEA ST. NEW IBERIA, LA 70560	72-0697130	501(C)3	0.	20,504.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. PAUL CH. OF GOD IN CHRIST 930 CAFFIN ST. NEW ORLEANS, LA 70117	72-0996077	OTHER	0.	57,882.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. PETER AME CHURCH 8311 PRITCHARD PLACE NEW ORLEANS, LA 70118		501(C)3	0.	118,659.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. PETER CLAVER CHURCH 1910 URSULINE AVENUE NEW ORLEANS, LA 70116	72-0423613	501(C)3	0.	39,016.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. RITA PARISH FOOD PANTRY 7100 JEFFERSON HWY. HARAHAN, LA 70123	72-6008704	501(C)3	0.	23,222.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. ROSE ELEMENTARY 230 PIRATE DR ST. ROSE, LA 70087		OTHER	0.	10,692.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
STORM OUTREACH COMMUNITY CENTER 130 MORRISON AVE. HOUMA, LA 70364	54-2178253	501(C)3	0.	173,062.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
STRIKE II MINISTRIES 250 N. SECOND ST. PONCHATOULA, LA 70454	72-1378829	501(C)3	0.	21,367.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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STRONG TOWER CHRISTIAN CENTER 405 NW CENTRAL AVE. AMITE, LA 70422	01-0688260	501(C)3	0.	71,685.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TABERNACLE OF HOPE CENTER 925 WEST BROUSSARD LAFAYETTE, LA 70509	58-0742249	501(C)3	0.	35,197.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TANGI FOOD PANTRY 2410 W. THOMAS ST. HAMMOND, LA 70403	58-1788937	501(C)3	0.	249,108.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TERREBONNE PARISH CONSOL. GOVT 809 BARROW ST. HOUMA, LA 70360	72-6001390	GOVERNMENT	0.	245,250.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE APOTHECA 164 SOUTH 8TH ST. PONCHATOULA, LA 70454	42-1732527	OTHER	0.	510,266.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE ARK OF LAFAYETT/ST. MARTIN 1254 OLIVER DR. ARNAUVILLE, LA 70512	72-1422170	501(C)3	0.	138,343.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE CARING CENTER OF SLIDELL 1020 JOE BUCCARAN DR. SLIDELL, LA 70459	58-1965127	501(C)3	0.	14,271.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE H.O.P.E. CENTER 9271 HWY.190 EAST RAGLEY, LA 70657	72-05-72425	501(C)3	0.	108,609.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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THE LOUIS INFANTS CRISIS CENTER 3513 BAYOU BLACK DR. HOUMA, LA 70361	72-1204793	501(C)3	0.	6,932.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE ROOTS OF MUSIC 929 EUTERPE ST. NEW ORLEAMS, LA 70130	26-1160255	501(C)3	0.	6,569.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE SALVATION ARMY OF NO 4546 S. CLAIBORNE AVENUE NEW ORLEANS, LA 70125	58-0660607	501(C)3	0.	37,646.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE SALVATION ARMY/ARC 200 JEFFERSON HWY JEFFERSON, LA 70121	72-0411326	501(C)3	0.	85,338.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE SAMARITAN CENTER, INC. 402 GIROD ST. MANDEVILLE, LA 70448	58-1882948	501(C)3	0.	75,998.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TIMOTHY HOUSE 2231 URSULINE AVENUE NEW ORLEANS, LA 70119	72-1147601	501(C)3	0.	61,461.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TOTAL COMMUNITY ACTION 1420 S. JEFFERSON DAVIS PKWY NEW ORLEANS, LA 70125	72-0599165	501(C)3	0.	116,933.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TOWN OF WASHINGTON 536 ST. LANDRY VET. MEM HWY WASHINGTON, LA 70581	69-072-0303	GOVERNMENT	0.	238,838.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

Employer identification number
72-0956468

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
UNITED CHRISTIAN OUTREACH 422 CARMEL LAFAYETTE, LA 70501	72-0829068	501(C)3	0.	8,941.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
UNITED CHURCHES OF ALGIERS 1111 NEWTON ST., RM 109 NEW ORLEANS, LA 70114	23-7204473	OTHER	0.	141,830.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
UNITY OF GREATER NEW ORLEANS, LA 2475 CANAL ST., STE. 300 NEW ORLEANS, LA 70119	72-1222911	501(C)3	0.	18,680.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VERMILION COUNCIL ON AGING 1928 GRACELAND ABBEVILLE, LA 70510	72-0742249	501(C)3	0.	98,780.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VERMILION MILK FUND 801 N. CUSHING KAPLAN, LA 70548	72-1113558	501(C)3	0.	14,288.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VICTORY FELLOWSHIP (MARY'S SONG) 134 N. BROAD ST NEW ORLEANS, LA 70119	72-0856545	501(C)3	0.	14,634.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VILLE PLATTE CHURCH OF CHRIST 312 CHATAGNIER ST VILLE PLATTE, LA 70586	72-1170589	OTHER	0.	82,698.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VISION CHRISTIAN CENTER 4467 HWY 24 BOURG, LA 70343	94-3171081	501(C)3	0.	49,285.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for
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OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **SECOND HARVEST FOOD BANK OF GREATER NEW
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**Employer identification number
72-0956468**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
W. SMITH ELEMENTARY 6701 ST BERNARD HIGHWAY CHALMETTE, LA 70092		OTHER	0.	5,881.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WASHINGTON PARISH FOOD BANK 2009 MAIN ST FRANKLINTON, LA 70438	72-1363020	OTHER	0.	264,451.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WATSON COMMUNITY CENTER 1300 MYRTLE METAIRIE, LA 70003		GOVERNMENT	0.	1,068,346.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WAY MAKER RESCUE MISSION 804 FIRST AVE HARVEY, LA 70058	72-1240027	501(C)3	0.	12,523.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WE WOMEN WORKING WILLINGLY, INC 1037 LADY OF THE LAKE ROAD NEW IBERIA, LA 70560	72-1414433	501(C)3	0.	139,860.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WESTBANK FRIENDSHIP CLUB 2051 EIGHTH ST HARVEY, LA 70058	72-0846349	501(C)3	0.	10,978.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WESTLAKE UNITED CHURCH 704 JOHNSON WESTLAKE, LA 70669	72-0708154	OTHER	0.	16,396.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WESTPOINT CHURCH 664 BEHRMAN HWY GRETNA, LA 70056	72-1029001	501(C)3	0.	16,065.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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

Schedule I-1 (Form 990) 2009

Name of the organization **SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA** Employer identification number **72-0956468**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
WOMAN TO WOMAN RESCUE CENTER 355 SALA AVE WESTWEGO, LA 70094	72-1326346	501(C)3	0.	41,411.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
YAHWEH WORD OF FAITH 948 CHITAMACHE BALDWIN, LA 70514	06-1762870	OTHER	0.	145,359.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ZION COMMUNITY OUTREACH 7814 HWY 182 FRANKLIN, LA 70538	72-1395223	501(C)3	0.	229,882.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ZION TRAVELERS MISSIONARY BAPTIST 608 W. SECOND STREET IOWA, LA 70647	72-1479605	OTHER	0.	79,972.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Part IV Supplemental Information

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.

**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" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

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

Employer identification number
72-0956468

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <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)		
b If any of the boxes on 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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <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 type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2009

SECOND HARVEST FOOD BANK OF GREATER NEW
ORLEANS AND ACADIANA

72-0956468

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
GORDON R. WADGE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	127,620.	0.	4,154.	4,846.	14,584.	151,204.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

▶ See the Instructions for Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the Organization **SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA**

Employer Identification number
72-0956468

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
ELIZABETH E. ADLER PAST CHAIR	1.20	X		X				0.	0.	0.
ROY ZUPPARDO CHAIR	1.20	X		X				0.	0.	0.
DAN CRUMB TREASURER	1.20	X		X				0.	0.	0.
SKYE STURLESE FANTACI SECRETARY	1.20	X		X				0.	0.	0.
NATALIE JAYROE PRESIDENT & CEO	40.00	X		X	X			121,516.	0.	9,968.
ANNETTE LE BLANC VICE PRESIDENT & CFO	40.00			X	X			103,137.	0.	9,065.
GERALD DUHON, JR. CHIEF PHILANTHROPY OFFICER	40.00				X			101,070.	0.	3,776.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA** Employer identification number **72-0956468**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	X	2	194,121.	FMV
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	22,732	30,447,212.	AVERAGE WHOLESALE VA
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 Acknowledgment **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE
NUMBER OF OCCASIONS CONTRIBUTED.

SCHEDULE M, LINE 32B: SECOND HARVEST EMPLOYS FOOD SOURCING PERSONS TO
SOLICIT DONATIONS OF FOOD PRODUCTS FOR US TO DISTRIBUTE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA	Employer identification number	72-0956468
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND DISASTER RESPONSE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

THE SUMMER FOOD SERVICE PROGRAM (SFSP) PROVIDES FREE, NUTRITIOUS MEALS AND SNACKS TO HELP CHILDREN IN LOW-INCOME AREAS GET THE NUTRITION THEY NEED TO LEARN, PLAY, AND GROW, THROUGHOUT THE SUMMER MONTHS WHEN THEY ARE OUT OF SCHOOL.

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 CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS, A LOUISIANA NON-PROFIT CORPORATION.

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.

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.

FORM 990, PART VI, SECTION B, LINE 11: REVIEWED BY AUDIT COMMITTEE.

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization	SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA	Employer identification number 72-0956468
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FORM 990, PART VI, SECTION B, LINE 15: COMPARISONS ARE MADE TO SIMILAR ORGANIZATIONS LOCALLY AND WITHIN OUR NATIONAL NETWORK

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

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

SCHEDULE G, PART I, LINE 2B, COLUMN (V): THE SERVICE FEES FOR STRATEGY AND PLANNING PAID TO RUSS REID CO WERE \$12,500, EMAIL BLAST WAS \$500, PRINT/PRODUCTION REIMBURSEMENTS WERE \$251,441, AND POSTAGE REIMBURSEMENTS WERE \$69,446.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization **SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA** **Employer identification number** **72-0956468**

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

(a) Name, address, and EIN 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
SECOND HARVEST 700 EDWARDS, LLC - 27-1490360 700 EDWARDS AVE NEW ORLEANS, LA 70123	LESSOR	LOUISIANA	193,577.	6961174.	N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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
CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS - 72-0408911, 1000 HOWARD AVENUE, NEW ORLEANS, LA 70113-1942	TO OPERATE AND PROVIDE SUPPORT TO COMMUNITY SOCIAL SERVICE PROGRAMS	LOUISIANA	501(C)(3)	LINE 7	
CATHOLIC CHARITIES ASSOCIATION - 72-0824200 1000 HOWARD AVENUE NEW ORLEANS, LA 70113-1942	PROVIDE SUPPORT TO THE ROMAN CATHOLIC CHURCH, ARCHDIOCESE OF NEW ORLEANS	LOUISIANA	501(C)(3)	LINE 11D, III-O	
PACE GREATER NEW ORLEANS - 42-1614056 4201 NORTH RAMPART NEW ORLEANS, LA 70117	PROVIDE ALL INCLUSIVE CARE FOR ELDERLY CLIENTS	LOUISIANA	501(C)(3)	LINE 7	
PHILMAT, INC - 72-0787616 1000 HOWARD AVENUE NEW ORLEANS, LA 70113-1942	COMMODITIES SUPPLEMENTAL FOOD PROGRAM	LOUISIANA	501(C)(3)	LINE 7	

SECOND HARVEST FOOD BANK OF GREATER NEW

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

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

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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 other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS	L	53,681.
(2)		
(3)		
(4)		
(5)		
(6)		

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

..... June 30, 2010

Prepared for	Second Harvest Food Bank of Greater New Orleans and Acadiana 700 Edwards Avenue New Orleans, LA 70123
Prepared by	Postlethwaite & Netterville One Galleria Blvd., Ste 2100 Metairie, LA 70001
Amount due or refund	No amount is due. The organization will receive a refund in the amount of \$485
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	May 16, 2011
Special Instructions	The return should be signed and dated.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2009

Department of the Treasury Internal Revenue Service (77)

For calendar year 2009 or other tax year beginning JUL 1, 2009 and ending JUN 30, 2010

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing organization name (SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA), address (700 EDWARDS AVENUE, NEW ORLEANS, LA 70123), and other identifying information.

H Describe the organization's primary unrelated business activity. SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of ANNETTE LEBLANC Telephone number 504-734-1322

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include various income and expense categories with totals of 320,340 and 320,995.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

Table with 4 columns: Deduction description, (A) Income, (B) Expenses, (C) Net. Rows include compensation, salaries, repairs, interest, taxes, and other deductions, totaling 73,785.

SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA

Form 990-T (2009)

72-0956468

Page 2

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	0.
44a Payments: A 2008 overpayment credited to 2009	44a	
b 2009 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Other credits and payments: <input type="checkbox"/> Form 2439 <input checked="" type="checkbox"/> Form 4136 <u>485.</u> <input type="checkbox"/> Other _____ Total	44f	485.
45 Total payments. Add lines 44a through 44f	45	485.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	485.
49 Enter the amount of line 48 you want: Credited to 2010 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49	485.

Part V Statements Regarding Certain Activities and Other Information (See instructions on page 17)

1 At any time during the 2009 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				X
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	PRESIDENT/CEO	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP code	POSTLETHWAITE & NETTERVILLE ONE GALLERIA BLVD., STE 2100 METAIRIE, LA 70001		EIN 72-1202445
				Phone no. (504) 837-5990

Form 990-T (2009)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instr. on pg 18)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (See instructions on page 19)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule) STATEMENT 2	(b) Other deductions (attach schedule) STATEMENT 3	
(1) 700 EDWARDS AVE, NEW ORLEANS, LA				
(2) 70123 - RENTAL OF WAREHOUSE AND				
(3) STORAGE	437,384.	73,785.	364,493.	
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3) 5,145,526.	7,025,484.	73.24%	320,340.	320,995.
(4)		%		

Totals Enter here and on page 1, Part I, line 7, column (A) **320,340.** Enter here and on page 1, Part I, line 7, column (B) **320,995.**
 Total dividends-received deductions included in column 8 **0.**

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (See instructions on page 20)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) **0.** Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) **0.**

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions on page 20)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions on page 21)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions on page 21)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions on page 21)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
			%
			%
			%
			%
Total. Enter here and on page 1, Part II, line 14			0.

SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%						
	:	%						
	:	%						

27 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%				S/L -		
	:	%				S/L -		
	:	%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2009 tax year:

(a)	(b)	(c)	(d)	(e)	(f)
	:				
	:				

43 Amortization of costs that began before your 2009 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return: SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA
Business or activity to which this form relates: 700 EDWARDS AVE, NEW ORLEANS, LA 70123 - REN
Identifying number: 72-0956468

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses 250,000.
2 Total cost of section 179 property placed in service (see instructions)
3 Threshold cost of section 179 property before reduction in limitation 800,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions
6 (a) Description of property (b) Cost (business use only) (c) Elected cost
7 Listed property. Enter the amount from line 29
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7
9 Tentative deduction. Enter the smaller of line 5 or line 8
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year
15 Property subject to section 168(f)(1) election
16 Other depreciation (including ACRS)

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include Class life 12-year and 40-year.

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 73,785.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use **25**

26 Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%						
	:	%						
	:	%						

27 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
	:	%				S/L -		
	:	%				S/L -		
	:	%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 **29**

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

42 Amortization of costs that begins during your 2009 tax year:

(a)	(b)	(c)	(d)	(e)	(f)
	:				
	:				

43 Amortization of costs that began before your 2009 tax year **43**

44 Total. Add amounts in column (f). See the instructions for where to report **44**

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA	Employer identification number 72-0956468
	Number, street, and room or suite no. If a P.O. box, see instructions. 700 EDWARDS AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW ORLEANS, LA 70123	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **▶ ANNETTE LEBLANC - 700 EDWARDS AVENUE - HARAHAN, LA 70123**
 Telephone No. **▶ 504-734-1322** FAX No. **▶**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2011**.

5 For calendar year **_____**, or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE NECESSARY INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** Title **▶ CPA** Date **▶**

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2009, or fiscal year beginning JUL 1, 2009, and ending JUN 30, 2010

2009

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

**SECOND HARVEST FOOD BANK OF GREATER NEW
ORLEANS AND ACADIANA**

Employer identification number

72-0956468

Name and title of officer

**NATALIE JAYROE
PRESIDENT/CEO**

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>37217544</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize POSTLETHWAITE & NETTERVILLE to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ******* THIS IS NOT A FILEABLE COPY ******* Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 72610912345
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**