

Bourgeois Bennett, L.L.C.
111 Veterans Blvd., 17th Floor
Metairie, Louisiana 70005
504.831.4949

February 28, 2013

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

Enclosed is the organization's 2011 Exempt Organization
return. Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you
have reviewed the return for completeness and accuracy,
please sign, date and return Form 8879-EO to our office. We
will transmit the return electronically to the IRS and no
further action is required. Return Form 8879-EO to us by May
15, 2013.

We have prepared the return from information you furnished
us without verification. Upon examination of the return by
tax authorities, requests may be made for underlying data.
We therefore recommend that you preserve all records which
you may be called upon to produce in connection with such
possible examinations.

We sincerely appreciate the opportunity to serve you. Please
contact us if you have any questions concerning the tax
returns.

Bourgeois Bennett, L.L.C.
Certified Public Accountants.

Form **8879-EO**

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

OMB No. 1545-1878

For calendar year 2011, or fiscal year beginning JUL 1, 2011, and ending JUN 30, 2012

2011

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 being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	42432590
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, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **BOURGEOIS BENNETT, L.L.C.** to enter my PIN **70123**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 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 2011 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 ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

72020070005
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 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**

Return of Organization Exempt From Income Tax

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

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

A For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

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	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 \$ 43,504,264. 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 ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (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

Activities & Governance	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. 3 Number of voting members of the governing body (Part VI, line 1a) 3 29 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 29 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 100 6 Total number of volunteers (estimate if necessary) 6 15516 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 14,282. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 12,787.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 53,641,355. Prior Year 42,026,795. Current Year 9 Program service revenue (Part VIII, line 2g) 201,445. 263,097. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 82,672. 98,874. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 49,123. 43,824. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 53,974,595. 42,432,590.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 44,446,250. 37,937,890. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,509,856. 4,082,132. 16a Professional fundraising fees (Part IX, column (A), line 11e) 513,011. 555,843. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,660,792. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,506,575. 2,502,634. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 51,975,692. 45,078,499. 19 Revenue less expenses. Subtract line 18 from line 12 1,998,903. -2,645,909.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21,729,612. Beginning of Current Year 18,482,456. End of Year 21 Total liabilities (Part X, line 26) 6,072,002. 5,522,258. 22 Net assets or fund balances. Subtract line 21 from line 20 15,657,610. 12,960,198.	

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 Use Only	Print/Type preparer's name PAUL PECHON Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01073556 Firm's name ▶ BOURGEOIS BENNETT, L.L.C. Firm's address ▶ 111 VETERANS BLVD. 17TH FLOOR METAIRIE, LA 70005 Firm's EIN ▶ 72-0136870 Phone no. 504.831.4949	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

TO LEAD THE FIGHT AGAINST HUNGER IN SOUTH LOUISIANA THROUGH FOOD 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?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 41,421,449. including grants of \$ 37,937,890.) (Revenue \$ 273,821.)

DISTRIBUTION OF 23 MILLION POUNDS OF FOOD PRODUCT TO 343 CHARITABLE ORGANIZATIONS THROUGHOUT 23 CIVIL PARISHES IN SOUTH LOUISIANA.

4b (Code:) (Expenses \$ 1,149,489. 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.

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 42,570,938.

**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 <i>Schedule B, Schedule of Contributors?</i>	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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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 temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then 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
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</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, Parts II and IV</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, Parts III and IV</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	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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 (or a family member thereof) 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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	

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

Form 990 (2011)

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 73		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 100		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<input checked="" type="checkbox"/>	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<input checked="" type="checkbox"/>	
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<input checked="" type="checkbox"/>	
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<input checked="" type="checkbox"/>
	4a		
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<input checked="" type="checkbox"/>
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		<input checked="" type="checkbox"/>
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<input checked="" type="checkbox"/>	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<input checked="" type="checkbox"/>	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input checked="" type="checkbox"/>
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<input checked="" type="checkbox"/>
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<input checked="" type="checkbox"/>	
	7h		
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?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Form 990 (2011)

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

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 29 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 29		
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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	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	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did 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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
JESSICA ANDREWS - 504-734-1322
700 EDWARDS AVENUE, NEW ORLEANS, LA 70123

SECOND HARVEST FOOD BANK OF GREATER NEW

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SR. ANTHONY BARCZYKOWSKI, D.C. DIRECTOR	0.40	X						0.	0.	0.
(2) JOHN ECKHOLDT DIRECTOR	0.40	X						0.	0.	0.
(3) KARL J. CONNOR DIRECTOR	0.40	X						0.	0.	0.
(4) DAVE DUCOTE DIRECTOR	0.40	X						0.	0.	0.
(5) SKYE STURLESE FANTACI SECRETARY	1.20	X		X				0.	0.	0.
(6) ANNA FRACHOU DIRECTOR	0.40	X						0.	0.	0.
(7) JEFF HEBERT DIRECTOR	0.40	X						0.	0.	0.
(8) STEVE HEMPERLEY DIRECTOR	0.40	X						0.	0.	0.
(9) NICK KARL DIRECTOR	0.40	X						0.	0.	0.
(10) CLAYTON F. LESTER DIRECTOR	0.40	X						0.	0.	0.
(11) SALVADOR G. LONGORIA DIRECTOR	0.40	X						0.	0.	0.
(12) SONDR A SUGGS MORROW DIRECTOR	0.40	X						0.	0.	0.
(13) SHELIA SANDERFORD DIRECTOR	0.40	X						0.	0.	0.
(14) BRENDA DARDAR ROBICHAUX DIRECTOR	0.40	X						0.	0.	0.
(15) STEPHEN BOH DIRECTOR	0.40	X						0.	0.	0.
(16) BRUCE L. SOLTIS DIRECTOR	0.40	X						0.	0.	0.
(17) BILL MOHL 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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAMES CARTER DIRECTOR	0.40	X						0.	0.	0.
(19) CHERYL TEAMER DIRECTOR	0.40	X						0.	0.	0.
(20) D. ASHBROOKE TULLIS DIRECTOR	0.40	X						0.	0.	0.
(21) LINDA USDIN DIRECTOR	0.40	X						0.	0.	0.
(22) STEVEN A. KUIPER DIRECTOR	0.40	X						0.	0.	0.
(23) BRUCE WAINER DIRECTOR	0.40	X						0.	0.	0.
(24) DANE SNODGRASS DIRECTOR	0.40	X						0.	0.	0.
(25) PATRICIA E. WEEKS DIRECTOR	0.40	X						0.	0.	0.
(26) ROY ZUPPARDO CHAIR	1.20	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								346,774.	0.	24,357.
d Total (add lines 1b and 1c)								346,774.	0.	24,357.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RYAN GOOTEE GENERAL CONTRACTORS, LLC PO BOX 5623, METAIRIE, LA 70055-6253	CONSTRUCTION	1,668,712.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

SEE PART VII, SECTION A CONTINUATION SHEETS

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

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Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 323,410.					
	b Membership dues	1b					
	c Fundraising events	1c 213,857.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 7046313.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 34,443,215.					
	g Noncash contributions included in lines 1a-1f: \$	34,558,391.					
	h Total. Add lines 1a-1f		42,026,795.				
Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code 624210	262,604.	262,604.			
	b MANAGEMENT FEE	624210	493.	493.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		263,097.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		93,562.			93,562.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	729293.				
		(ii) Personal					
		b Less: rental expenses	704285.				
	c Rental income or (loss)	25,008.					
	d Net rental income or (loss)		25,008.		14,282.	10,726.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	3,362.				
		(ii) Other	1,950.				
		b Less: cost or other basis and sales expenses	0.				
		c Gain or (loss)	3,362.				
	d Net gain or (loss)		5,312.			5,312.	
	8 a Gross income from fundraising events (not including \$ 213,857. of contributions reported on line 1c). See Part IV, line 18	a	289911.				
		b Less: direct expenses	329017.				
c Net income or (loss) from fundraising events			-39,106.			-39,106.	
9 a Gross income from gaming activities. See Part IV, line 19	a	81,348.					
	b Less: direct expenses	38,372.					
	c Net income or (loss) from gaming activities		42,976.			42,976.	
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS		900099	10,724.	10,724.			
	b VENDING	900099	4,222.			4,222.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d			14,946.				
12 Total revenue. See instructions.			42,432,590.	273,821.	14,282.	117,692.	

SECOND HARVEST FOOD BANK OF GREATER NEW

ORLEANS AND ACADIANA

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).

Check if Schedule O contains a response to any question in this Part IX

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 United States. See Part IV, line 21	37,937,890.	37,937,890.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	371,132.	234,694.	63,598.	72,840.
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	2,995,919.	1,894,541.	513,387.	587,991.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	93,713.	56,379.	18,351.	18,983.
9 Other employee benefits	373,463.	224,678.	73,133.	75,652.
10 Payroll taxes	247,905.	159,085.	41,959.	46,861.
11 Fees for services (non-employees):				
a Management				
b Legal	13,099.	8,424.	4,675.	
c Accounting	24,325.	15,643.	8,682.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	555,843.			555,843.
f Investment management fees				
g Other	73,284.	47,128.	26,156.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	397,095.	396,614.	481.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	91,002.	91,002.		
21 Payments to affiliates	20,590.	13,241.	7,349.	
22 Depreciation, depletion, and amortization	370,535.	312,999.	1,190.	56,346.
23 Insurance	62,255.	62,255.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FREIGHT & TRANSPORTATIO	674,663.	670,639.	2,354.	1,670.
b MAILING & SOLICITATION	215,658.	83,434.		132,224.
c OTHER OPERATING EXPENSE	214,583.	119,815.	39,059.	55,709.
d SUPPLIES	186,693.	143,930.	19,839.	22,924.
e All other expenses	158,852.	98,547.	26,556.	33,749.
25 Total functional expenses. Add lines 1 through 24e	45,078,499.	42,570,938.	846,769.	1,660,792.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	916,093.	1	804,865.	
	2 Savings and temporary cash investments	1,926,322.	2	781,278.	
	3 Pledges and grants receivable, net	1,230,724.	3	1,353,424.	
	4 Accounts receivable, net	41,170.	4	33,175.	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	67,747.	9		84,547.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,038,142.			
	b Less: accumulated depreciation	10b 2,121,829.	10,363,768.	10c	10,916,313.
	11 Investments - publicly traded securities			11	
	12 Investments - other securities. See Part IV, line 11	2,819,757.	12		2,838,189.
	13 Investments - program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11	4,364,031.	15		1,670,665.
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,729,612.	16		18,482,456.	
Liabilities	17 Accounts payable and accrued expenses	995,731.	17	612,973.	
	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	5,051,265.	23		4,884,279.
	24 Unsecured notes and loans payable to unrelated third parties			24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25,006.	25		25,006.
	26 Total liabilities. Add lines 17 through 25	6,072,002.	26		5,522,258.
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	13,511,008.	27	11,038,112.	
	28 Temporarily restricted net assets	937,321.	28	781,082.	
	29 Permanently restricted net assets	1,209,281.	29	1,141,004.	
	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	15,657,610.	33		12,960,198.	
34 Total liabilities and net assets/fund balances	21,729,612.	34		18,482,456.	

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**SECOND HARVEST FOOD BANK OF GREATER NEW
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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,432,590.
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,078,499.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,645,909.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,657,610.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-51,503.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	12,960,198.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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 separate basis, consolidated 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 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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
11g(i)		
11g(ii)		
11g(iii)		

 - (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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,624,613.	34,708,442.	36,629,671.	53,641,355.	42,026,795.	193,630,876.
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	26,624,613.	34,708,442.	36,629,671.	53,641,355.	42,026,795.	193,630,876.
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)						9,983,038.
6 Public support. Subtract line 5 from line 4.						183,647,838.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	26,624,613.	34,708,442.	36,629,671.	53,641,355.	42,026,795.	193,630,876.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	326,672.	123,521.	502,445.	882,422.	822,855.	2,657,915.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			-655.	36,418.	14,282.	50,045.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	14,568.	165,674.	225,875.	342,591.	4,222.	752,930.
11 Total support. Add lines 7 through 10						197,091,766.
12 Gross receipts from related activities, etc. (see instructions)					12	273,821.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	93.18	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	97.75	%
16a 33 1/3% support test - 2011. 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			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2010. 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			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2011. 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			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2010. 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			<input type="checkbox"/>
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			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2011.** 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 - 2010.** 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, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

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, total 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 total 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 Part I, 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 Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA	Employer identification number 72-0956468
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WINN DIXIE DISTRIBUTION CENTER 2814 HIGHWAY 190 W HAMMOND, LA 70401	\$ 3,109,635.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	USDA - US DEPARTMENT OF AGRICULTURE PO BOX 140 VARNADO, LA 70467	\$ 6,141,293.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CALIFORNIA ASSOCIATION OF FOOD BANK 1624 FRANKLIN, SUITE 22 OAKLAND, CA 94612	\$ 1,380,562.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	PEPSICO PARENT COMPANY 555 WEST MONROE CHICAGO, IL 60661	\$ 891,883.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	SAMS CLUB 3900 AIRLINE HWY METAIRIE, LA 70003	\$ 1,123,199.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	WALMART 45346 PARKWAY BLVD ROBERT, LA 70455	\$ 8,780,494.	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
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(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	\$ 3,109,635.	06/30/12
2	ASSORTED FOOD ITEMS RECEIVED AT VARIOUS TIMES DURING THE YEAR	\$ 6,141,293.	06/30/12
3	ASSORTED FOOD ITEMS RECEIVED AT VARIOUS TIMES DURING THE YEAR	\$ 1,380,562.	06/30/12
4	ASSORTED FOOD ITEMS RECEIVED AT VARIOUS TIMES DURING THE YEAR	\$ 891,883.	06/30/12
5	ASSORTED FOOD ITEMS RECEIVED AT VARIOUS TIMES DURING THE YEAR	\$ 1,123,199.	06/30/12
6	ASSORTED FOOD ITEMS RECEIVED AT VARIOUS TIMES DURING THE YEAR	\$ 8,780,494.	06/30/12

Name of organization SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA	Employer identification number 72-0956468
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total 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.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(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

(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

(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

(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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA

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 the 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	1,647,251.	1,368,919.	1,191,391.	1,463,177.	
b Contributions					
c Net investment earnings, gains, and losses	19,077.	290,568.	177,528.	-271,786.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	11,657.	12,236.			
g End of year balance	1,654,671.	1,647,251.	1,368,919.	1,191,391.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 31.04 %
- b Permanent endowment ▶ 68.96 %
- c Temporarily restricted endowment ▶ .00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? _____

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,960,000.		1,960,000.
b Buildings		8,042,952.	716,935.	7,326,017.
c Leasehold improvements		36,549.	18,962.	17,587.
d Equipment		1,284,890.	872,339.	412,551.
e Other		1,713,751.	513,593.	1,200,158.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,916,313.

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

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) DEBT AND EQUITY		
(B) SECURITIES AND MUTUAL		
(C) FUNDS	2,838,189.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	2,838,189.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) METER DEPOSITS/RENTAL DEPOSITS	38,482.
(2) UNDISTRIBUTED FOOD AND GROCERY PRODUCTS	1,632,183.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	1,670,665.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE DEPOSITS & DEFERRED RENT	25,006.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	25,006.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**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	42,432,590.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	45,078,499.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,645,909.
4	Net unrealized gains (losses) on investments	4	-51,502.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-1.
9	Total adjustments (net). Add lines 4 through 8	9	-51,503.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-2,697,412.

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	43,224,496.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-51,502.
b	Donated services and use of facilities	2b	127,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	716,408.
e	Add lines 2a through 2d	2e	791,906.
3	Subtract line 2e from line 1	3	42,432,590.
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	42,432,590.

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

1	Total expenses and losses per audited financial statements	1	45,921,908.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	127,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	716,409.
e	Add lines 2a through 2d	2e	843,409.
3	Subtract line 2e from line 1	3	45,078,499.
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	45,078,499.

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 X, LINE 2: ACCOUNTING STANDARDS PROVIDE DETAILED GUIDANCE FOR

FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, AND DISCLOSURES OF UNCERTAIN

TAX POSITIONS RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. IT REQUIRES

AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION

WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED

UPON EXAMINATION. TAX YEARS ENDED JUNE 30, 2009 AND LATER REMAIN SUBJECT

TO EXAMINATION BY THE TAXING AUTHORITIES. AS OF JUNE 30, 2012, MANAGEMENT

OF SECOND HARVEST BELIEVES THAT IT HAS NO UNCERTAIN TAX POSITIONS THAT

Part XIV Supplemental Information (continued)

QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ROUNDING -1.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES SEPARATELY STATED IN AUDIT 704,285.

FUNDRAISING EXPENSES INCLUDED IN FUNCTIONAL EXPENSE

ALLOCATION 12,123.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 716,408.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES SEPARATELY STATED IN AUDIT 704,285.

ROUNDING 1.

FUNDRAISING EXPENSES INCLUDED IN FUNCTIONAL EXPENSE

ALLOCATION 12,123.

TOTAL TO SCHEDULE D, PART XIII, LINE 2D 716,409.

PART V, LINE 4: 5% OF THE AVERAGE MARKET VALUE OF THE INVESTMENT FOR THE LAST 12 QUARTERS WILL BE DISTRIBUTED ANNUALLY TO SECOND HARVEST FOOD BANK. ALL AMOUNTS IN EXCESS OF THE 5% DISTRIBUTION ARE TO BE REINVESTED AS CORPUS. THE PRINCIPAL BALANCE SHOULD NEVER BE REDUCED BELOW \$1,000,000.00. DISTRIBUTIONS ARE TO BE USED TO SERVE THE HUNGRY AS PER OUR MISSION.

PART X, LINE 2: SECOND HARVEST IS A NOT-FOR-PROFIT CORPORATION ORGANIZED UNDER THE LAWS OF THE STATE OF LOUISIANA. THEY ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND

Part XIV Supplemental Information (continued)

QUALIFY AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS AS DEFINED IN
SECTION 509(A) OF THE CODE.

Lined area for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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

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 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
RUSS REID CO - 14384 COLLECTIONS CENTER DR,	DIRECT MAIL		X	1,286,352.	463,801.	822,551.
LISA GADD GUILLOT - 1423 JOSEPH ST, NEW ORLEANS, LA	GRANT WRITING		X	95,609.	27,600.	68,009.
HARMEYER CREATIVE SOLUTION - 11 DAVID BURNS RD, BOYCE, LA	CAPITAL CAMPAIGN CONSULTING		X	0.	64,442.	0.
Total				1,381,961.	555,843.	890,560.

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

LA

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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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	CANSTRUCTION	2	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	358,232.	86,011.	59,525.	503,768.
	2 Less: Charitable contributions	117,500.	50,000.	46,357.	213,857.
	3 Gross income (line 1 minus line 2)	240,732.	36,011.	13,168.	289,911.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			500.	500.
	6 Rent/facility costs	4,000.			4,000.
	7 Food and beverages	93,249.	4,616.		97,865.
	8 Entertainment	154,623.	400.		155,023.
	9 Other direct expenses	55,868.	7,107.	8,654.	71,629.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(329,017)
11 Net income summary. Combine line 3, column (d), and line 10				-39,106.	

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))
Revenue	1 Gross revenue			81,348.	81,348.
	2 Cash prizes				
Direct Expenses	3 Noncash prizes			10,843.	10,843.
	4 Rent/facility costs			1,000.	1,000.
	5 Other direct expenses			26,529.	26,529.
	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)				(38,372)
	8 Net gaming income summary. Combine line 1, column d, and line 7				42,976.

9 Enter the state(s) in which the organization operates gaming activities: LA
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

SECOND HARVEST FOOD BANK OF GREATER NEW

Schedule G (Form 990 or 990-EZ) 2011 ORLEANS AND ACADIANA

72-0956468 Page 3

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
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 ► JESSICA ANDREWS

Address ► 700 EDWARDS AVE - NEW ORLEANS, LA 70123

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

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

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: RUSS REID CO

(I) ADDRESS OF FUNDRAISER: 14384 COLLECTIONS CENTER DR, CHICAGO, IL 60693

(I) NAME OF FUNDRAISER: LISA GADD GUILLOT

(I) ADDRESS OF FUNDRAISER: 1423 JOSEPH ST, NEW ORLEANS, LA 70115

(I) NAME OF FUNDRAISER: HARMEYER CREATIVE SOLUTION

SECOND HARVEST FOOD BANK OF GREATER NEW

Part IV Supplemental Information *(continued)*

(I) ADDRESS OF FUNDRAISER: 11 DAVID BURNS RD, BOYCE, LA 71409

[The area below the first line of text contains multiple horizontal lines for additional information.]

**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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2011

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. Part II can be duplicated 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.	83,115.	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.	293,295.	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.	73,335.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ALFA & OMEGA CHURCH INTERNATIONAL 605 S. COLLEGE RD LAFAYETTE, LA 70503	44-0577787	501(C)3	0.	31,087.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ALICE BOUCHER WORLD LANGUAGES ACADEMY - 400 PETTERSON ST - LAFAYETTE, LA 70501	72-6000625	OTHER	0.	166.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ANGIE BAPTIST CHURCH 64458 ROYAL ST ANGIE, LA 70426	72-1034661	OTHER	0.	135,728.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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

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

Schedule I (Form 990) (2011)

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

Schedule I (Form 990)

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Part II 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
ANTIOCH BAPTIST CHURCH 16461 OLD SPANISH TRAIL DES ALLEMANDS, LA 70030	72-0924522	OTHER	0.	63,493.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ARABI ELEMENTARY 7200 ALEXANDER AVE ARABI, LA 70032	72-6001195	OTHER	0.	42.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ARKANSAS FOOD BANK 4301 WEST 65TH ST LITTLE ROCK, AR 72209	71-0596734	501(C)3	0.	61,254.	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.	59,081.	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.	209.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BAY AREA FOOD BANK 5248 MOBILE SOUTH ST THEODORE, AL 36582	63-0821997	501(C)3	0.	61,254.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BEACON LIGHT BAPTIST CHURCH OF HOUMA - 4325 W PARK AVE - GRAY, LA 70359	05-0570465	501(C)3	0.	9,231.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BEAUREGARD BUDDY BALL INC. 211 W DOYLE ST JENNINGS, LA 70456	56-2566942	501(C)3	0.	18,499.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BELL BAPTIST CHURCH 2614 HWY 1 RACELAND, LA 70394	72-1085827	OTHER	0.	33,135.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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SECOND HARVEST FOOD BANK OF GREATER NEW
ORLEANS AND ACADIANA

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Part II 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
BEREAN HEAD START 1629 SIMON BOLIVAR ST. NEW ORLEANS, LA 70113	72-0599165	OTHER	0.	13,092.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BETHEL COLONY SOUTH 4114 OLD GENTILLY RD. NEW ORLEANS, LA 70126	27-0803725	OTHER	0.	161,101.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BETHLEHEM MISSIONARY BAPTIST CHURCH - 146 E 20TH ST - RESERVE, LA 70084	72-1052157	OTHER	0.	32,712.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BOYS AND GIRLS CLUBS OF SOUTHEAST LA - 1140 SOUTH BROAD ST. - NEW ORLEANS, LA 70125	72-0648695	501(C)3	0.	6,462.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BRIDGE CITY COMMUNITY CENTER 1221 ELMWOODPARK BLVD. #402 JEFFERSON, LA 70123	72-6013920	GOVERNMENT	0.	540,996.	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.	13,089.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BRIDGE HOUSE 1160 CAMP STREET NEW ORLEANS, LA 70130	72-6027674	501(C)3	0.	154,954.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BRIGGS UMC FOOD PANTRY 710 HUEY ST ABBEVILLE, LA 70510	30-0628710	501(C)3	0.	58,532.	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.	85,581.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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SECOND HARVEST FOOD BANK OF GREATER NEW
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Part II 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
CATHOLIC CHARITIES - AFTER SCHOOL ASSEMBLY - 1000 HOWARD AVE. - NEW ORLEANS, LA 70113	53-0196617	501(C)3	0.	13,703.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CATHOLIC CHARITIES ARCHDIOCESE 1000 HOWARD AVE. NEW ORLEANS, LA 70113	53-0196617	501(C)3	0.	27,191.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CATHOLIC CHARITIES OF SOUTHWEST LA 612 LA AVE. LAKE CHARLES, LA 70601	72-0883986	501(C)3	0.	93,045.	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.	13,898.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CENTRAL CITY CHRISTIAN FELLOWSHIP 2201 4TH ST. NEW ORLEANS, LA 70113	36-4368312	501(C)3	0.	99,788.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CHALMETTE ELEMENTARY 75 EAST CHALMETTE CIRCLE CHALMETTE, LA 70043	72-6001195	OTHER	0.	58.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CHRISTIAN SERVICE CENTER OF IOTA 422 KENNEDY DR. IOTA, LA 70543	72-0786459	501(C)3	0.	87,216.	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.	24,113.	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.	134,857.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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SECOND HARVEST FOOD BANK OF GREATER NEW

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ORLEANS AND ACADIANA

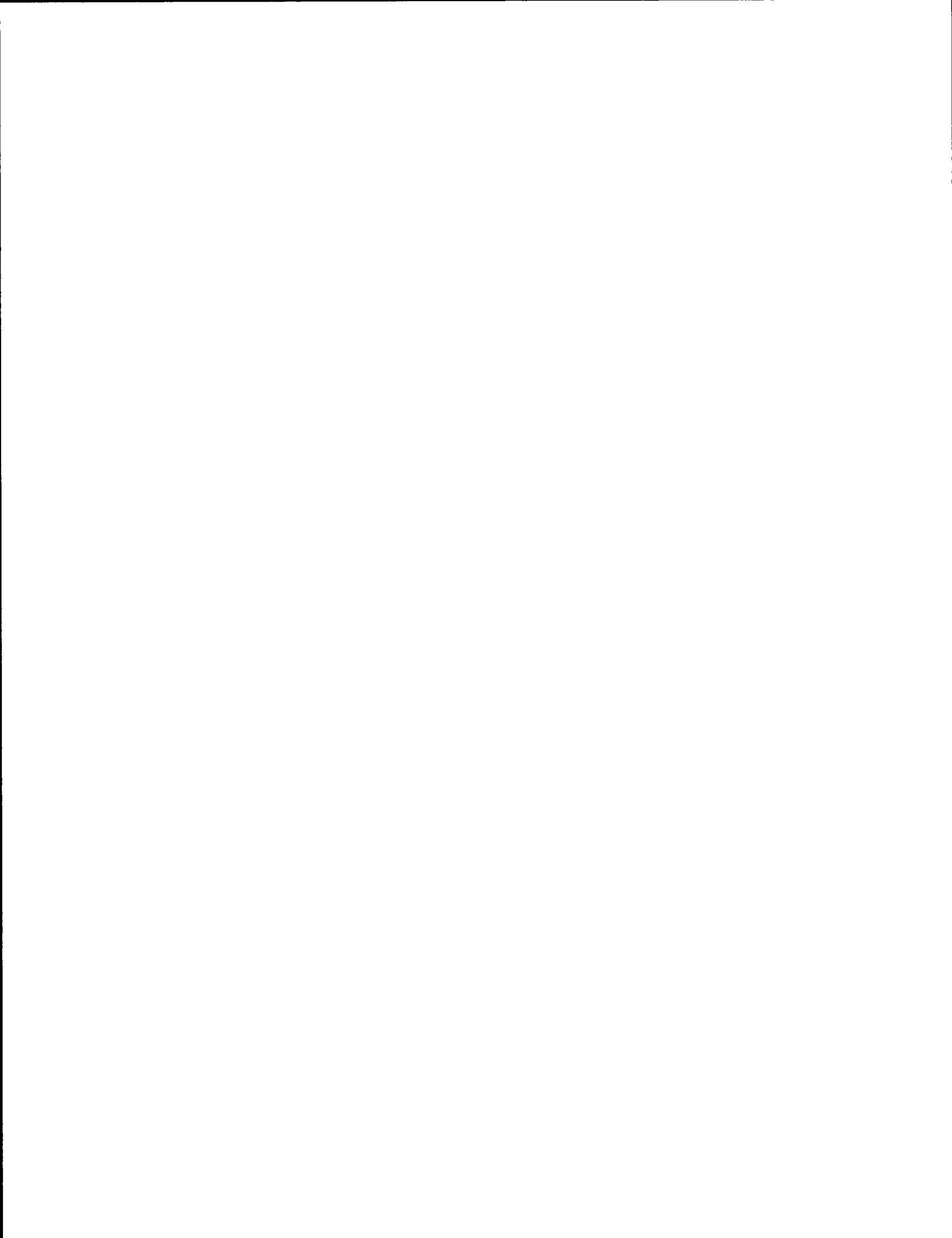
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CHRISTOPHER HOMES, INC. 1220 SPAIN ST NEW ORLEANS, LA 70117	72-0900265	501(C)3	0.	10,730.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CLAY STREET HEAD START 606 CLAY STREET KENNER, LA 70062	72-6013920	GOVERNMENT	0.	2,040.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITIES UNITED FOR CHANGE 1244 BIG FOUR CORNERS RD JEANERTE, LA 70563	35-2301792	501(C)3	0.	150,403.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY CENTER OF ST. BERNARD 1107 LEBEAU ST. ARABI, LA 70032	74-3173649	501(C)3	0.	624,064.	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.	123,550.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY IMPACT - BETHEL BAPTIST PO BOX 1060 BOURG, LA 70343	72-0471378	501(C)3	0.	5,858.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY IMPACT - CHRIST BAPTIST CHURCH - 1700 EAST TUNNEL BLVD - HOUMA, LA 70363	72-0471378	501(C)3	0.	10,881.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY IMPACT - COTEAU BAPTIST CHURCH - 2066 COTEAU RD - HOUMA, LA 70364	62-0535346	501(C)3	0.	9,716.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY IMPACT - GRAND CAILLOU BAPTIST CHURCH - 3497 GRAND CAILLOU RD - HOUMA, LA 70363	72-1041929	501(C)3	0.	27,966.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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SECOND HARVEST FOOD BANK OF GREATER NEW
ORLEANS AND ACADIANA

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Part II 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
COMMUNITY IMPACT - LAROSE FIRST BAPTIST - 111 W. 16TH ST - LAROSE, LA 70373	72-0471378	501(C)3	0.	6,225.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY IMPACT - LITTLE CAILLOU 5655 BAYOUSIDE RD CHAUVIN, LA 70344	72-0471378	501(C)3	0.	17,725.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY IMPACT - MONTEGUT BAPTIST CHURCH - 1305 HWY 55 - MONTEGUT, LA 70377	72-0471378	501(C)3	0.	4,867.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY IMPACT - TRINITY BAPTIST CHURCH - 195 JOHNNY DUFRENE DR - RACELAND, LA 70394	72-0471378	501(C)3	0.	3,635.	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.	107,116.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY OUTREACH CENTER 543 MARCANTEL RD. DEQUINCY, LA 70633	72-1490938	501(C)3	0.	90,581.	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.	19,503.	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.	62,316.	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.	65,517.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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SECOND HARVEST FOOD BANK OF GREATER NEW
ORLEANS AND ACADIANA

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Part II 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
CUMMINGS-WILSON AME CHURCH 11001 CHEF MENTEUR HWY NEW ORLEANS, LA 70127	52-1334922	OTHER	0.	70,153.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
DARE TO CARE FOOD BANK 5803 FERN VALLEY RD LOUISVILLE, KY 40228	23-7345952	501(C)3	0.	133,907.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
DESIRE STREET MINISTRIES 3600 DESIRE PKWY NEW ORLEANS, LA 70126	72-1218825	501(C)3	0.	15,795.	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.	9,402.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
DISTRICT 1 PRINCE HALL MASON FOOD PANTRY - 709 N ROBERTSON - NEW ORLEANS, LA 70116		501(C)3	0.	59,813.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
DUSON BAPTIST CHURCH COMMUNITY HUB 8827 CAMERSON ST DUSON, LA 70529	72-0471378	501(C)3	0.	28,064.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
EAST BANK HEAD START 13929 RIVER RD DESTREHAN, LA 70047	72-6001209	OTHER	0.	75.	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.	51,936.	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.	10,013.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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EMPOWERMENT TEMPLE OUTREACH 221-1/2 S. GENOIS ST. NEW ORLEANS, LA 70119	11-3713693	501(C)3	0.	113,018.	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.	138,955.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
EVANGELINE BAPTIST ASSOCIATION 242 ST. PIERRE BLVD CARENCRO, LA 70520	72-0995771	OTHER	0.	13,668.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FAITH AND FRIENDS FOOD PANTRY 4009 LEGION ST LAKE CHARLES, LA 70601	72-1449272	501(C)3	0.	165,006.	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.	5,792.	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.	364,347.	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.	354,795.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST BAPTIST CHURCH OF BASILE 3001 E SCHAMBERS ST BASILE, LA 70515	72-0948392	OTHER	0.	52,703.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST BAPTIST CHURCH OF GRAND ISLE 129 CEDAR LANE GRAND ISLE, LA 70358	72-0767261	501(C)3	0.	106,423.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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FIRST BAPTIST CHURCH SLIDELL 4141 PONCHATRAIN DRIVE SLIDELL, LA 70458	72-0496863	501(C)3	0.	165,304.	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.	185,410.	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.	60,383.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST PENTECOSTAL CHURCH 122 NORTH DORGENOIS ST NEW ORLEANS, LA 70119	72-0873743	501(C)3	0.	141,575.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST PRESBYTERIAN FOOD PANTRY 204 N. LEWIS ST. NEW IBERIA, LA 70560, LA 70563	72-0989784	501(C)3	0.	97,045.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FOOD BANK OF CENTRAL & EASTERN NORTH CAROLINA - 3808 TARHELL DR - RALEIGH, NC 27609	56-1283426	501(C)3	0.	94,970.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FOOD BANK OF CENTRAL LA 3223 BALDWIN AVE ALEXANDRIA, LA 71301	72-1154072	501(C)3	0.	8,300.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FOOD BANK OF COVINGTON 840 N COLUMBIA ST. COBINGTON, LA 70433	72-1028539	501(C)3	0.	585,150.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FOOD BANK OF NORTHEAST LOUISIANA 4600 CENTRAL AVE MONROE, LA 71203	72-1333809	501(C)3	0.	8,300.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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FOOD BANK OF NORTHWEST LOUISIANA 2307 TEXAS AVE SHREVEPORT, LA 71103	72-1328890	501(C)3	0.	8,300.	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.	42,805.	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.	135,451.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FOUNDERS HEAD START 4128 FRANKLIN AVE. NEW ORLEANS, LA 70122	72-0599165	OTHER	0.	7,189.	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.	211,122.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FREEDOM HOUSE 2056 TH STREET LAFAYETTE, LA 70501	27-4536105	501(C)3	0.	48,912.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GEORGE WASHINGTON CARVER HEAD START - 109 CARVER ST - BREAUX BRIDGE, LA 70517	72-0648848	OTHER	0.	6,881.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GEORGE WASHINGTON LEARNING CENTER 337 GUM ST HAHNVILLE, LA 70057	72-6001209	OTHER	0.	75.	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.	47,617.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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GLAD TIDINGS/DORCAS MINISTRY 3400 TEXAS AVE. LAKE CHARLES, LA 70607	72-0819604	501(C)3	0.	340,411.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GLORY CLOUD CHRISTIAN CENTER 2616 SHARON ST., STE. E KENNER, LA 70065	80-0149605	501(C)3	0.	99,129.	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.	48,957.	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.	44,189.	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.	231,133.	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.	72,872.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GOOD SAMARITAN FOOD BANK/THIBODAUX 100 BURCH ST. THIBODAUX, LA 70301	53-0196617	501(C)3	0.	58,414.	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.	298,016.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GOOD SAMARITAN SERVICES 151 SALA AVE WESTWEGO, LA 70094	38-3666349	501(C)3	0.	1,570,574.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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GRACE HOUSE 1401 DELACHAISE ST NEW ORLEANS, LA 70115	72-6027674	501(C)3	0.	42,469.	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.	56,301.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GRANVILLE T WOODS ELEMENTARY 1037 31ST ST KENNER, LA 70065	72-6000592	OTHER	0.	209.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER BATON ROUGE FOOD BANK PO BOX 2996 BATON ROUGE, LA 70821	72-1065318	501(C)3	0.	156,020.	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.	17,981.	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.	92,100.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER MT. PLEASANT BAPTIST CHURCH - 602 ARDOIN ST - VILLE PLATTE, LA 70586	72-0792088	501(C)3	0.	15,709.	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.	644,563.	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.	64,695.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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GREATER ST. MARY BAPTIST CHURCH 1401 MOELING ST. LAKE CHARLES, LA 70601	72-1426864	OTHER	0.	303,498.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GRETNA COMMUNITY CENTER 1700 MONROE ST. GRETNA, LA 70053	72-6013920	GOVERNMENT	0.	306,448.	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.	58,537.	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.	165,168.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HARVEST TIME CHRISTIAN CENTER CHURCH - 1295 HWY 18 - EDGARD, LA 70049	72-1516457	501(C)3	0.	75,990.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HARVEY COMMUNITY CENTER 1501 ESTALOTE AVE. HARVEY, LA 70058	72-6013920	GOVERNMENT	0.	407,728.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HAZEL HURST COMMUNITY CENTER 1121 S. CAUSEWAY BLVD JEFFERSON, LA 70121	72-6013920	GOVERNMENT	0.	231,490.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HEBRON BAPTIST CHURCH 81605 HWY 41 BUSH, LA 70431	72-0984078	OTHER	0.	46,040.	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.	70,909.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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HOLY GHOST COMMUNITY DINER 117 NORTH WALNUT ST OPELOUSAS, LA 70570	72-6000519	501(C)3	0.	37,559.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOME AGAIN DBA CONCERNED CITIZENS FABA - 1409 NUNEZ ST. - NEW ORLEANS, LA 70114	72-1105360	501(C)3	0.	33,323.	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.	28,313.	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.	68,683.	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.	39,178.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
I.C.O.N.S. 186 CYPRESS DR., FHS OPELOUSAS, LA 70570	01-0558998	501(C)3	0.	12,161.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
IGLESIA BAUTISTA GETSEMANI 5834 ELYSIAN FIELDS AVE. NEW ORLEANS, LA 70122	72-0983581	OTHER	0.	300,213.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
IMMANUEL BAPTIST CHURCH 46105 HIGHWAY 10 FRANKLINTON, LA 70438	42-1668189	OTHER	0.	440,169.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
INDEPENDENCE ELEMENTARY 221 TIGER AVE INDEPENDENCE, LA 70443	72-6001372	OTHER	0.	309.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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INDEPENDENT LIVING SKILLS 1101 BARATARIA BLVD MARRERO, LA 70072	72-0408911	501(C)3	0.	35,084.	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.	38,502.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ISABEL BAPTIST CHURCH 53674 PARKER RD. BOGALUSA, LA 70427	72-0982783	OTHER	0.	164,574.	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.	13,977.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JAMES C. SIMMONS COMMUNITY CENTER 4008 U.S. HWY 90 AVONDALE, LA 70094	72-6013920	GOVERNMENT	0.	743,195.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JEFF DAVIS COMMUNITIES AGAINST 819 NORTH CHURCH JENNINGS, LA 70546	72-1488905	501(C)3	0.	12,252.	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.	296,430.	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.	304,612.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JOSEPH DAVIES ELEMENTARY 4101 MISTROT ST MEREAUX, LA 70075	72-6001195	OTHER	0.	65.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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JUST THE RIGHT ATTITUDE 6836 BUNDY RD. NEW ORLEANS, LA 70127	72-1446982	501(C)3	0.	1,313,276.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
KENNER COUNCIL ON AGING 641 COMPROMISE ST KENNER, LA 70062	72-0698657	501(C)3	0.	143.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
KENNER FOOD BANK 315 WORTH ST KENNER, LA 70062	72-1211103	GOVERNMENT	0.	1,151,514.	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.	10,680.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
KINGDOM OF GOD 1004 MARTIN LUTHER KING JEANERETTE, LA 70544	56-2527092	OTHER	0.	103,410.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
KINGSLEY HOUSE ADULT SERVICES 1600 CONSTANCE ST. NEW ORLEANS, LA 70130	72-0408940	501(C)3	0.	45,932.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
KIPP/CENTRAL CITY 2625 THALIA ST. NEW ORLEANS, LA 70113	17-3971401	OTHER	0.	219.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAFAYETTE ACADEMY 2727 S. CARROLTON AVE NEW ORLEANS, LA 70118	20-2024597	OTHER	0.	309.	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.	219,203.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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LAFAYETTE CHURCH OF CHRIST 510 ORCHID DR LAFAYETTE, LA 70506	72-1016850	501(C)3	0.	15,569.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAFOURCHE PARISH GOVERNMENT 4876 HWY 1 MATTHEWS, LA 70375	72-6000634	GOVERNMENT	0.	288,141.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LANDMARK CHRISTIAN FELLOWSHIP 4581 HWY 31 LEONVILLE, LA 70551	41-2276160	501(C)3	0.	142,156.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAPLACE ELEMENTARY 393 GREENWOOD DT LAPLACE, LA 70068	72-6001236	OTHER	0.	116.	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.	20,494.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LATINO FARMERS COOPERATIVE OF LA 216 W. OAKLAND DR. ST. ROSE, LA 70087	26-2056307	501(C)3	0.	28,416.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LEONA TATE FOUNDATION FOR CHANGE 2425 TREASURE ST. NEW ORLEANS, LA 70122	26-4548819	501(C)3	0.	68,983.	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.	528,244.	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.	222,354.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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(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
LITTLE ZION COMMUNITY OUTREACH 7814 HWY 182 FRANKLIN, LA 70538	72-1395223	501(C)3	0.	295,264.	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.	20,748.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LIVING WATERS COMMUNITY DEVELOPMENT CORP OF LA - 946 S BULLARD ST - OPELOUSAS, LA 70570	76-0769056	501(C)3	0.	23,821.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LIVING WITNESS MINISTRY 1528 ORETHA CASTLE HALEY BLVD. NEW ORLEANS, LA 70113	72-1112572	501(C)3	0.	40,316.	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.	82,530.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LOUIS INFANTS CRISIS CENTER 3513 BAYOU BLACK DR. HOUMA, LA 70361	72-1204793	501(C)3	0.	11,217.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LOUISE HEAD START 1205 LOUISIANA AVE. NEW ORLEANS, LA 70115	53-0196617	OTHER	0.	11,212.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LOVE IN ACTION OUTREACH 7905 DOWNMAN ROAD NEW ORLEANS, LA 70126	72-1132828	501(C)3	0.	1,430,083.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LOVE OUTREACH CHRISTIAN CENTER 501 OPELOUSAS ST NEW ORLEANS, LA 70114	72-1200891	501(C)3	0.	34,423.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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LOVETOUCH MINISTRIES 57 5TH STREET GRETNA, LA 70053	72-1248483	501(C)3	0.	74,977.	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.	6,980.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LULING ELEMENTARY 904 SUGARHOUSE RD LULING, LA 70070	72-6001209	OTHER	0.	292.	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.	4,441.	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.	12,749.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MARRERO COMMUNITY/SENIOR CITIZEN 1017 ST. ANDREW ST NEW ORLEANS, LA 70130	72-6013920	GOVERNMENT	0.	236,997.	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.	9,049.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MARTIN LUTHER KING, JR. CHARTER 1617 CAFFIN AVE NEW ORLEANS, LA 70117	51-0619611	OTHER	0.	309.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MARY'S SONG 134 N. BROAD ST NEW ORLEANS, LA 70119	72-0856545	501(C)3	0.	19,658.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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MAXIE GOSPEL TABERNACLE 24292 CROWLEY/EUNICE HWY CROWLEY, LA 70526	72-0928453	OTHER	0.	17,515.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MCDONOGH 32 ELEMENTARY SCHOOL 800 DE ARMAS NEW ORLEANS, LA 70114	70-3737902	OTHER	0.	300.	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	20-0998872	OTHER	0.	309.	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.	17,214.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
METROPOLITAN CENTER FOR WOMEN P.O. BOX 10775 JEFFERSON, LA 70181	72-1062244	501(C)3	0.	13,912.	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.	61,515.	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.	10,458.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MQVN COMMUNITY DEVELOPMENT CORP., INC. - 4626 ALCEE FORTIER BLVD. - NEW ORLEANS, LA 70129	20-4929600	501(C)3	0.	105,943.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MS. HELEN'S SOUP KITCHEN 117 W. 7TH. ST. CROWLEY, LA 70526	72-0464892	501(C)3	0.	288,377.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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MT. CALVARY B. C. FOOD BANK 414 WEEKS ST. NEW IBERIA, LA 70560	72-0471378	501(C)3	0.	92,087.	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.	306,326.	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.	204,492.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW BEGINNING FELLOWSHIP CHURCH 240 W MILLS, STE. 107 BREAUX BRIDGE, LA 70517	26-3793829	501(C)3	0.	151,138.	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.	104,980.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW COVENANT FAITH #2 LAKE BERNARD CT. HARVEY, LA 70058	83-0511454	501(C)3	0.	232,083.	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.	403,619.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW LIFE CENTER - OPELOUSAS 411 E. LANDRY ST. OPELOUSAS, LA 70570	72-0977497	501(C)3	0.	18,006.	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.	48,338.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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NEW ORLEANS MISSION 1130 ORETHA CASTLE HALEY BLVD. NEW ORLEANS, LA 70113	72-1151696	501(C)3	0.	589,523.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW ORLEANS WOMEN'S SHELTER 1416 FRANKLIN AVE. NEW ORLEANS, LA 70117	26-0859964	501(C)3	0.	7,490.	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.	7,100.	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.	59,740.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW ZORAH BAPTIST CHURCH 604 JULIA ST. MORGAN CITY, LA 70380	72-1067321	OTHER	0.	49,460.	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.	29,978.	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.	75,570.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NOBTS - PRESCHOOL 3939 GENTILLY BLVD. NEW ORLEANS, LA 70126	72-0494592	501(C)3	0.	3,214.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NORTH TEXAS FOOD BANK 4500 S COCKRELL HILL RD DALLAS, TX 75236	75-1785357	501(C)3	0.	108,896.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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NORTHSIDE CHURCH OF CHRIST 9026 HWY 182 OPELOUSAS, LA 70571	72-1049034	OTHER	0.	183,291.	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.	151,121.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OASIS P.O. BOX 276 LAKE CHARLES, LA 70602	72-0859660	501(C)3	0.	3,660.	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.	15,139.	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.	77,160.	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.	84,924.	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.	21,311.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OUTREACH FULL GOSPEL BAPTIST CHURCH - 304 13TH. AVE. - FRANKLIN, LA 70538	72-1286024	501(C)3	0.	111,022.	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.	74,737.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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PARKS COMMUNITY SUPPORT 1006 ST. PAUL ST. PARKS, LA 70582	72-1207117	501(C)3	0.	72,388.	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.	169,051.	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.	13,728.	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.	186,064.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PILGRIM GROVE BAPTIST CHURCH 1110 GRACE ST MORGAN CITY, LA 70381		OTHER	0.	159,302.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PILGRIM REST COMM. DEVEL. AGENCY 33800 JOHN RILEY RD. EMPIRE, LA 70050	72-1478135	501(C)3	0.	71,128.	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	72-6001090	GOVERNMENT	0.	43,626.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PLYMOUTH ROCK BAPTIST CHURCH 1000 WALLIS ST HOUMA, LA 70360	72-0986482	501(C)3	0.	55,647.	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.	208,459.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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PROGRESSIVE COMMUNITY OUTREACH 125 GALLIAN ST. LAFAYETTE, LA 70501	72-1501652	501(C)3	0.	508,994.	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.	13,921.	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.	167,785.	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.	23,652.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
RESPONSIBILITY HOUSE 521 HAMILTON ST GRETNA, LA 70056	72-1271032	501(C)3	0.	5,486.	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.	98,747.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SAMUEL GREEN CHARTER 2319 VALENCE ST NEW ORLEANS, LA 70115	72-1409800	OTHER	0.	309.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SECOND BAPTIST CHURCH 6TH DIST 4218 LAUREL ST NEW ORLEANS, LA 70115	72-0680066	OTHER	0.	15,963.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SECOND HARVEST FB IN HOUSE 700 EDWARDS AVE NEW ORLEANS, LA 70123	72-0956468	501(C)3	0.	133,866.	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.	131,761.	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.	17,382.	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.	11,099.	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.	37,982.	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.	72,989.	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.	92,115.	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.	213,328.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SOUTHEAST LA AREA HEALTH ED. CTR 1302 J.W. DAVIS DRIVE HAMMOND, LA 70403	72-1155014	501(C)3	0.	57,204.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SOUTHWEST LA AIDS COUNCIL 1715 COMMON ST. LAKE CHARLES, LA 70601	72-1115522	501(C)3	0.	88,974.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ST. ANTHONY OUTREACH INC. 737 PAUL MAILLARD RD LULING, LA 70070	72-1426201	501(C)3	0.	243,157.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. ANTHONY SVDP 2653 JJEAN LAFITTE LAFITTE, LA 70067	72-6015881	501(C)3	0.	55,348.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. BERNARD BATTERED WOMEN'S PROGRAM, INC. - P.O. BOX 645 - ARABI, LA 70032	58-1834566	501(C)3	0.	12,686.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. BERNARD CATHOLIC CHURCH 2805 BAYOU RD ST. BERNARD, LA 70085	72-0654783	501(C)3	0.	97,734.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. BERNARD/ST. FRANCIS FOOD PANTRY - 610 NORTH MAIN ST - BREAUX BRIDGE, LA 70517	72-0737696	501(C)3	0.	45,726.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. CHARLES DEPARTMENT OF HEALTH PO BOX 169 NEW SARPY, LA 70078	72-6001208	GOVERNMENT	0.	24,211.	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.	63,020.	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.	12,357.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JEROME CHURCH FOOD PANTRY 2402 33RD ST. KENNER, LA 70065	72-0579200	501(C)3	0.	93,765.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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Part II 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
ST. JOHN COMMUNITY ACTION AGENCY 128 CENTRAL AVE. RESERVE, LA 70084	72-6001235	GOVERNMENT	0.	100,609	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOHN HEAD START 1920 CLIO ST. NEW ORLEANS, LA 70113	53-0196617	501(C)3	0.	7,093	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOHN THE BAPTIST CATHOLIC CHURCH - 16960 HWY 90 - DES ALLEMANS, LA 70030	53-0196617	501(C)3	0.	50,565	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOHN THE BAPTIST COMMUNITY CENTER - 1000 HOWARD AVE. - NEW ORLEANS, LA 70113	53-0196617	501(C)3	0.	33,064	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.	62,972	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.	20,298	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOSEPH THE WORKER FOOD BANK 455 AMES BLVD MARRERO, LA 70072	53-0196617	501(C)3	0.	26,138	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JUDE COMMUNITY CENTER 400 N. RAMPART ST NEW ORLEANS, LA 70112	72-0959534	501(C)3	0.	364,924	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. LOUIS AREA FOOD BANK 70 CORPORATE WOODS DR BRIDGETON, MO 63044	43-1253102	501(C)3	0.	61,254	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ST. MARY MAGDALEN CHRISTIAN SC 701 CHEVIS ST. ABBEVILLE, LA 70510	72-0522760	501(C)3	0.	412,181.	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.	192,115.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. NICHOLAS SOC. JUST. & COMM 6207 LUMEA ST. NEW IBERIA, LA 70560	72-0697130	501(C)3	0.	45,316.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. PAUL CHURCH OF GOD IN CHRIST 930 CAFFIN ST. NEW ORLEANS, LA 70117	72-0996077	OTHER	0.	54,659.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. PETER AME CHURCH 3424 EAGLE ST NEW ORLEANS, LA 70118	72-1270838	501(C)3	0.	150,345.	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.	55,811.	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.	17,108.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. ROSE ELEMENTARY 230 PIRATE DR ST. ROSE, LA 70087	72-6001209	OTHER	0.	149.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
START CORPORATION 420 MAGNOLIA ST HOUMA, LA 70361	58-1687098	501(C)3	0.	3,745.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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STORM OUTREACH COMMUNITY CENTER 130 MORRISON AVE. HOUMA, LA 70364	54-2178253	501(C)3	0.	168,573.	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.	11,887.	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.	88,727.	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.	387,844.	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.	361,004.	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.	760,091.	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.	297,152.	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.	5,797.	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	72-0572425	501(C)3	0.	74,234.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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Part II 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
THE LIBERTY HOUSE 2020 S. LIBERTY ST. NEW ORLEANS, LA 70113	72-0961794	501(C)3	0.	17,453.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE RENISSANCE PORJECT 3330 CANAL ST, STE. 105 NEW ORLEANS, LA 70119	72-1510699	501(C)3	0.	138,530.	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.	45,607.	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.	265,082.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE SALVATION ARMY/LAFAYETTE 212 SIXTH ST. LAFAYETTE, LA 70502	58-0660607	501(C)3	0.	56,307.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE SALVATION ARMY/LAKE CHARLES 3020 LEGION ST LAKE CHARLES, LA 70601	13-5562351	501(C)3	0.	3,435.	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.	85,146.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THIRTY-FIRST HEAD START 1037 31ST STREET KENNER, LA 70065	72-6013920	GOVERNMENT	0.	2,794.	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.	99,442.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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Part II 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
TOPSY BAPTIST CHURCH 5311 TOPSY BELL RD FENTON, LA 70640	72-1195474	OTHER	0.	15,470.	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.	72,086.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TOWN OF MELVILLE PO BOX 268 MELVILLE, LA 71353	72-6000890	GOVERNMENT	0.	33,781.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TOWN OF WASHINGTON 536 ST. LANDRY VET. MEM HWY WASHINGTON, LA 70581	69-0720303	GOVERNMENT	0.	124,251.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
UNITED CHRISTIAN OUTREACH 422 CARMEL LAFAYETTE, LA 70501	72-0829068	501(C)3	0.	18,484.	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.	227,757.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
UNITY OF GREATER NEW ORLEANS 2475 CANAL ST, STE 300 NEW IBERIA, LA 70119	72-1222911	501(C)3	0.	4,318.	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.	176,320.	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.	177,768.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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Part II 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
VOLUNTEERS OF AMERICA 320 HAMMOND HWY METAIRIE, LA 70005	72-0709750	501(C)3	0.	121,265.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
W. SMITH ELEMENTARY 6701 ST BERNARD HIGHWAY CHALMETTE, LA 70092	72-6001195	OTHER	0.	66.	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.	244,400.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WATSON COMMUNITY CENTER 1300 MYRTLE METAIRIE, LA 70003	72-6013920	GOVERNMENT	0.	935,305.	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.	72,582.	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.	12,897.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WESTLAKE UNITED CHURCH 704 JOHNSON WESTLAKE, LA 70669	72-0708154	OTHER	0.	70,203.	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.	37,971.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WOMAN TO WOMAN RESCUE CENTER 355 SALA AVE WESTWEGO, LA 70094	72-1326346	501(C)3	0.	43,288.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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(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
YAHWEH WORD OF FAITH 948 CHITAMACHE BALDWIN, LA 70514	06-1762870	501(C)3	0.	88,465.	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.	61,146.	FAIR MARKET VALUE	FOOD	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

**SECOND HARVEST FOOD BANK OF GREATER NEW
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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.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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. MONITORING VISITS

**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

2011

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								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<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									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<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 Regulations 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 Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)						
	(ii)						
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	3	304,648.	FAIR MARKET VALUE
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	35,449	34,253,743.	AVERAGE WHOLESAL 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 Acknowledgement **29**

	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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2011)

Part II

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

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

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

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 VI, SECTION A, LINE 6: SECOND HARVEST OF GREATER NEW ORLEANS AND ACADIANA HAS ONE CLASS OF MEMBERSHIP, AND THE SOLE MEMBER OF THE CORPORATION IS THE ARCHBISHOP OR ADMINISTRATOR OF THE ARCHDIOCESE OF NEW ORLEANS.

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 THE POLICY

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.

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 XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -51,502.

ROUNDING -1.

TOTAL TO FORM 990, PART XI, LINE 5 -51,503.

FORM 990, PART XII, LINE 2C:

COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT. NO

CHANGE FROM THE PRIOR YEAR.

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.

2011
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 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

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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE ROMAN CATHOLIC CHURCH OF THE ARCHDIOCESE OF NEW ORLEANS - 72-0408966, 7887 WALMSLEY AVENUE, NEW ORLEANS, LA 70125	TO OPERATE AND PROVIDE SUPPORT TO COMMUNITY SOCIAL SERVICE PROGRAMS	LOUISIANA	501(C)(3)	LINE 7			X

SECOND HARVEST FOOD BANK OF GREATER NEW

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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, 35a, or 36.)

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)		X
l Performance of services or membership or fundraising solicitations by related organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
n Sharing of paid employees with related organization(s)		X
o Reimbursement paid to related organization(s) for expenses		X
p Reimbursement paid by related organization(s) for expenses		X
q Other transfer of cash or property to related organization(s)		X
r Other transfer of cash or property from related 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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
THE ROMAN CATHOLIC CHURCH OF THE (1) ARCHDIOCESE OF NEW ORLEANS	L	11,858.	AMOUNT PAID
(2)			
(3)			
(4)			
(5)			
(6)			

SECOND HARVEST FOOD BANK OF GREATER NEW

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Form **8879-EO**

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

OMB No. 1545-1878

For calendar year 2011, or fiscal year beginning JUL 1, 2011, and ending JUN 30, 2012

2011

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 being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than 1 line in Part I.**

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>42432590</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, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BOURGEOIS BENNETT, L.L.C. to enter my PIN 70123
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 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 2011 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 ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

72020070005
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 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**