

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SECOND HARVEST FOOD BANK GREATER NEW ORLEANS AND ACADIANA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 700 EDWARDS AVENUE City or town, state or province, country, and ZIP or foreign postal code NEW ORLEANS, LA 70123 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 \$ 71,754,051. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates 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

	1 Briefly describe the organization's mission or most significant activities: TO LEAD THE FIGHT AGAINST HUNGER AND BUILD FOOD SECURITY IN SOUTH LOUISIANA BY PROVIDING FOOD ACCESS,		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	109
	6 Total number of volunteers (estimate if necessary)	6	10905
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-82,530.
	b Net unrelated business taxable income from Form 990-T, line 38	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	66,176,318.
9 Program service revenue (Part VIII, line 2g)		407,467.	368,957.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		144,897.	89,620.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-130,659.	165,886.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		66,598,023.	71,313,994.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		58,889,168.	55,223,058.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,582,785.	4,662,777.
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	862,637.	795,319.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,779,757.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,890,487.	2,796,903.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	67,225,077.	63,478,057.
	19 Revenue less expenses. Subtract line 18 from line 12	-627,054.	7,835,937.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	22,636,108.	29,790,497.
	21 Total liabilities (Part X, line 26)	5,316,225.	4,646,812.
	22 Net assets or fund balances. Subtract line 21 from line 20	17,319,883.	25,143,685.

Part II Signature Block

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

Sign Here	Signature of officer 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 <input type="checkbox"/> if self-employed 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 or note to any line in this Part III

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 59,795,157. including grants of \$ 54,886,423.) (Revenue \$ 376,707.)
COMMUNITY PROGRAMS - DISTRIBUTED 33,791,935 POUNDS OF FOOD PRODUCT TO
508 CHARITABLE ORGANIZATIONS THROUGHOUT 25 CIVIL PARISHES IN SOUTH
LOUISIANA.

4b (Code: _____) (Expenses \$ 734,162. including grants of \$ 336,635.) (Revenue \$ 305.)
CHILDREN PROGRAMS - DISTRIBUTED 485,239 POUNDS OF FOOD PRODUCT TO 88
CHARITABLE ORGANIZATIONS THROUGHOUT 15 CIVIL PARISHES IN SOUTH
LOUISIANA.

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

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

4e Total program service expenses **60,529,319.**

Part IV Checklist of Required Schedules

	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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <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 and XII</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 and XII 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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <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 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b 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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 109		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			

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 or note to any line 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 24 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 24		
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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 NATALIE JAYROE - 504-734-1322
 700 EDWARDS AVENUE, NEW ORLEANS, LA 70123

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SKYE STURLESE FANTACI CHAIR	1.50	X		X				0.	0.	0.
(2) PATRICIA E. WEEKS PAST CHAIR	1.50	X		X				0.	0.	0.
(3) ROBERT MARKS VICE CHAIR	1.50	X		X				0.	0.	0.
(4) MARK PRESTON TREASURER	1.50	X		X				0.	0.	0.
(5) FRANCES FAYARD SECRETARY	1.50	X		X				0.	0.	0.
(6) RANDY MCKEE DIRECTOR	0.50	X						0.	0.	0.
(7) DONNA RICHARDSON DIRECTOR	0.50	X						0.	0.	0.
(8) SUSU STALL DIRECTOR	0.50	X						0.	0.	0.
(9) ALEX GERSHANIK DIRECTOR	0.50	X						0.	0.	0.
(10) KATHLYN PEREZ BETHUNE DIRECTOR	0.50	X						0.	0.	0.
(11) MICHAEL MORSE DIRECTOR	0.50	X						0.	0.	0.
(12) ROY ZUPPARDO DEVELOPMENT CHAIR	1.50	X		X				0.	0.	0.
(13) ANNIE COLVIN DIRECTOR	0.50	X						0.	0.	0.
(14) RUTH BOULET DIRECTOR	0.50	X						0.	0.	0.
(15) JEFF ENTWISLE DIRECTOR	0.50	X						0.	155,042.	11,176.
(16) BRAD GRUNDMEYER DIRECTOR	0.50	X						0.	0.	0.
(17) KRISTEN ALBERTSON DIRECTOR	0.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LUKE CLARY DIRECTOR	0.50	X					0.	0.	0.	
(19) TODD LAMBERT DIRECTOR	0.50	X					0.	0.	0.	
(20) LYNNE BURKART DIRECTOR	0.50	X					0.	0.	0.	
(21) WALLY GUNDLACH DIRECTOR	0.50	X					0.	0.	0.	
(22) RUPA JOLLY DIRECTOR	0.50	X					0.	0.	0.	
(23) AYESHA MOTWANI DIRECTOR	0.50	X					0.	0.	0.	
(24) NANCY MORAGAS DIRECTOR	0.50	X					0.	0.	0.	
(25) STEPHEN PATE DIRECTOR	0.50	X					0.	0.	0.	
(26) NATALIE JAYROE PRESIDENT AND CEO	40.00			X			144,990.	0.	13,579.	
1b Sub-total							144,990.	155,042.	24,755.	
c Total from continuation sheets to Part VII, Section A							361,842.	0.	39,986.	
d Total (add lines 1b and 1c)							506,832.	155,042.	64,741.	

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 4

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
ROBBINSKERSTEN, LLC 8001 S. 13TH STREET, LINCOLN, NE 68512	DEVELOP AND MAIL DIRECT MARKETING APPEAL	505,743.
RAY BROS. INC., 2801 FRENCHMAN STREET, NEW ORLEANS, LA 70122	BUILDING ROOF REPAIRS	445,731.
SERUNTINE REFRIGERATION SERVICE INC P.O. BOX 24585, NEW ORLEANS, LA 70184	REFRIGERATION REPAIRS AND MAINTENANCE	357,311.
GALLAGHER BENEFITS SERVICES P.O. BOX 190, SELMA, AL 36702	EMPLOYEE HEALTH CARE INSURANCE	271,183.
SOUTHLAND TRUCK LEASING, LLC P.O. BOX 1450, GRAY, LA 70359	TRUCK LEASING	266,170.

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 7

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ANNETTE LEBLANC VICE PRESIDENT AND CAO	40.00			X				133,818.	0.	13,312.
(28) KRISTEN R. HOOK CHIEF PHILANTHROPY OFFICER	40.00				X			104,661.	0.	13,222.
(29) JOHN R. DZIRGOT CHIEF OPERATING OFFICER	40.00				X			123,363.	0.	13,452.
Total to Part VII, Section A, line 1c								361,842.		39,986.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 330,008.				
	b Membership dues	1b				
	c Fundraising events	1c 23,611.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 23,299,746.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 47,036,166.				
	g Noncash contributions included in lines 1a-1f: \$	57,172,279.				
	h Total. Add lines 1a-1f	▶ 70,689,531.				
Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code 624210	368,957.	368,957.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	▶ 368,957.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 129,126.			129,126.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real	190,864.			
		(ii) Personal				
		b Less: rental expenses	330,136.			
		c Rental income or (loss)	-139,272.			
	d Net rental income or (loss)	▶ -139,272.		-55,514.	-83,758.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	500.			
		b Less: cost or other basis and sales expenses	35,383.	4,623.		
		c Gain or (loss)	-35,383.	-4,123.		
	d Net gain or (loss)	▶ -39,506.			-39,506.	
	8 a Gross income from fundraising events (not including \$ 23,611. of contributions reported on line 1c). See Part IV, line 18	a	281,523.			
		b Less: direct expenses	28,718.			
c Net income or (loss) from fundraising events		▶ 252,805.			252,805.	
9 a Gross income from gaming activities. See Part IV, line 19	a	107,594.				
	b Less: direct expenses	41,197.				
	c Net income or (loss) from gaming activities	▶ 66,397.			66,397.	
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 KITCHEN RENTAL	531390	13,090.		13,090.		
b MISCELLANEOUS	900099	8,055.	8,055.			
c VENDING	900099	4,917.			4,917.	
d All other revenue	310000	-40,106.		-40,106.		
e Total. Add lines 11a-11d	▶ -14,044.					
12 Total revenue. See instructions	▶ 71,313,994.	377,012.	-82,530.	329,981.		

Part IX Statement of Functional Expenses

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

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

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

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

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

		Yes	No
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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Table with 2 columns: Name of the organization (SECOND HARVEST FOOD BANK GREATER NEW ORLEANS AND ACADIANA) and Employer identification number (72-0956468)

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	49,492,877.	60,158,752.	74,737,245.	66,176,318.	70,689,531.	321,254,723.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	49,492,877.	60,158,752.	74,737,245.	66,176,318.	70,689,531.	321,254,723.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						33,335,802.
6 Public support. Subtract line 5 from line 4.						287,918,921.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	49,492,877.	60,158,752.	74,737,245.	66,176,318.	70,689,531.	321,254,723.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	606,628.	593,279.	575,137.	266,481.	319,990.	2,361,515.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-3,101.	19,974.	-34,577.	-210,537.	-82,530.	-310,771.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,068.	2,586.	23,710.	5,187.	4,917.	40,468.
11 Total support. Add lines 7 through 10						323,345,935.
12 Gross receipts from related activities, etc. (see instructions)					12	2,021,018.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	89.04 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	88.25 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Part VI

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

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

OMB No. 1545-0047

2018

Name of the organization

SECOND HARVEST FOOD BANK 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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	USDA - US DEPARTMENT OF AGRICULTURE PO BOX 140 VARNADO, LA 70467	\$ 14,817,805.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	SAMS CLUB 3222 AMBASSADOR CAFFERY PKWY LAFAYETTE, LA 70506	\$ 3,795,436.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	WALMART 45346 PARKWAY BLVD ROBERT, LA 70455	\$ 9,577,847.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	C & S WHOLESALE GROCERS 3925 HIGHWAY 190 W HAMMOND, LA 70401	\$ 2,874,774.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	ASSOCIATED WHOLESALE GROCERS, INC 63331 OLD MILITARY ROAD PEARL RIVER, LA 70452	\$ 2,102,405.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	NS - USDA 5825 FLORIDA BLVD BATON ROUGE, LA 70806	\$ 2,412,121.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
7	NS - JEFFERSON 4600 RIVER RD MARERRO, LA 70072	\$ 1,689,467.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	USDA - TRADE MITIGATION PO BOX 140 VARNADO, LA 70467	\$ 6,135,428.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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	9,748,556 LBS. OF ASSORTED FOOD RECEIVED VARIOUS TIMES DURING THE YEAR.	\$ 14,817,805.	
2	2,342,862 LBS OF ASSORTED FOOD ITEMS RECEIVED AT VARIOUS TIMES DURING THE YEAR.	\$ 3,795,436.	
3	5,912,251 LBS. OF ASSORTED FOOD RECEIVED VARIOUS TIMES DURING THE YEAR.	\$ 9,577,847.	
4	1,774,552 LBS. OF ASSORTED FOOD RECEIVED VARIOUS TIMES DURING THE YEAR.	\$ 2,874,774.	
5	1,297,781 LBS. OF ASSORTED FOOD RECEIVED VARIOUS TIMES DURING THE YEAR.	\$ 2,102,405.	
6	1,586,922 LBS. OF ASSORTED FOOD RECEIVED VARIOUS TIMES DURING THE YEAR.	\$ 2,412,121.	

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

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
7	1,042,881 LBS. OF ASSORTED FOOD RECEIVED VARIOUS TIMES DURING THE YEAR. _____ _____ _____	\$ 1,689,467.	_____
8	4,036,466 LBS. OF ASSORTED FOOD RECEIVED VARIOUS TIMES DURING THE YEAR. _____ _____ _____	\$ 6,135,428.	_____
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____
	_____ _____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
Open to Public Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a 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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

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

- a Board designated or quasi-endowment 22.10 %
- b Permanent endowment 77.90 %
- c Temporarily restricted endowment _____ %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

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

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

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

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

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

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

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

1	Total expenses and losses per audited financial statements	1	64,008,448.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	12,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	518,391.
e	Add lines 2a through 2d	2e	530,391.
3	Subtract line 2e from line 1	3	63,478,057.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	63,478,057.

Part XIII Supplemental Information.

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

PART X, LINE 2:

ACCOUNTING STANDARDS PROVIDE DETAILED GUIDANCE FOR FINANCIAL STATEMENT

RECOGNITION, MEASUREMENT, AND DISCLOSURES OF UNCERTAIN TAX POSITIONS

RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. IT REQUIRES AN ENTITY TO

RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE

LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION.

TAX YEARS ENDED JUNE 30, 2016 AND LATER REMAIN SUBJECT TO EXAMINATION BY

THE TAXING AUTHORITIES. AS OF JUNE 30, 2019, MANAGEMENT OF SECOND HARVEST

BELIEVES THAT IT HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

RENTAL EXPENSES	330,136.
CATERING EXPENSES	93,195.
MANUFACTURING EXPENSES	21,075.
KITCHEN RENTAL EXPENSES	4,070.
SPECIAL EVENT EXPENSES	69,915.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	518,391.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES SEPARATELY STATED	330,136.
CATERING EXPENSES SEPARATELY STATED	93,195.
MANUFACTURING EXPENSES SEPARATELY STATED	21,075.
KITCHEN RENTAL EXPENSES SEPARATELY STATED	4,070.
SPECIAL EVENT EXPENSES	69,915.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	518,391.

PART V, LINE 4

5% OF THE AVERAGE MARKET VALUE OF THE INVESTMENT FOR THE LAST 12 QUARTERS

WILL BE DISTRIBUTED ANNUALLY TO SECOND HARVEST FOOD BANK. ALL AMOUNTS IN

EXCESS OF THE 5% DISTRIBUTION ARE TO BE REINVESTED AS CORPUS. THE

PRINCIPAL BALANCE SHOULD NEVER BE REDUCED BELOW \$1,000,000.00.

DISTRIBUTIONS ARE TO BE USED TO SERVE THE HUNGRY AS PER OUR MISSION.

PART X, LINE 2: SECOND HARVEST IS A NOT-FOR-PROFIT CORPORATION ORGANIZED

UNDER THE LAWS OF THE STATE OF LOUISIANA. THEY ARE EXEMPT FROM FEDERAL

INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND

QUALIFY AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS AS DEFINED IN

SECTION 509(A) OF THE CODE.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

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

Employer identification number
72-0956468

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

LA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		HARVEST AT HOME (event type)	FOOD FROM THE BAR (event type)	4 (total number)	
Revenue	1 Gross receipts	234,569.	40,440.	30,125.	305,134.
	2 Less: Contributions	12,875.	1,260.	9,476.	23,611.
	3 Gross income (line 1 minus line 2)	221,694.	39,180.	20,649.	281,523.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	1,384.	2,308.	378.	4,070.
	8 Entertainment	400.			400.
	9 Other direct expenses	21,999.	818.	1,431.	24,248.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				28,718.
11 Net income summary. Subtract line 10 from line 3, column (d)				252,805.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			107,594.
Direct Expenses	2 Cash prizes			5,000.	5,000.
	3 Noncash prizes				
	4 Rent/facility costs			1,000.	1,000.
	5 Other direct expenses			35,197.	35,197.
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				41,197.	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				66,397.	

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	100.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► SECOND HARVEST FINANCE DEPARTMENT

Address ► 700 EDWARDS AVE - NEW ORLEANS, LA 70123

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

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

(I) NAME OF FUNDRAISER: PETER QUIRK / ARCHDIOCESE OF NO

(I) ADDRESS OF FUNDRAISER: 7887 WALMSLEY AVE., NEW ORLEANS, LA 70125

(I) NAME OF FUNDRAISER: GATEWAY COMMUNICATIONS

(I) ADDRESS OF FUNDRAISER: 16805 NE MASON COURT, PORTLAND, OR 97230

(I) NAME OF FUNDRAISER: THE STELTER COMPANY

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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
STRIKE II MINISTRIES 250 NORTH SECOND ST PONCHATOULA, LA 70454	72-1378829	501(C) 3	0.	37,265.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY OUTREACH CENTER 1006 E FOURTH ST DEQUINCY, LA 70633	72-1490938	501(C) 3	0.	173,184.	WHOLESALE VALUE		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.	272,507.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LITTLE ZION COMMUNITY OUTREACH 7814 HWY 182 FRANKLIN, LA 70538	72-1395233	501(C) 3	0.	436,512.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OUR LADY OF VICTORY FOOD PANTRY 102 S. MAIN STREET LOREAUVILLE, LA 70552	72-0821360	501(C) 3	0.	260,718.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER ST. MARY BAPTIST CHURCH 1401 MOELING ST LAKE CHARLES, LA 70601	72-1426864		0.	218,434.	WHOLESALE VALUE		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 **219.**
- 3** Enter total number of other organizations listed in the line 1 table **75.**

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

Schedule I (Form 990) (2018)

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
GRETNA UNITED METHODIST MENS GROUP 1309 WHITNEY AVE GRETNA, LA 70056	72-6077812	501(C) 3	0.	135,944.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BRIDGE CITY COMMUNITY CENTER 301 THIRD EMANUEL ST. WESTWEGO, LA 70094	72-0613920	JEFFERSON PARISH GOV	0.	232,037.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER NORTH SHORE FGBC 840 VOTERS RD SLIDELL, LA 70461	72-1429206	501(C) 3	0.	96,026.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
UNITED CHURCHES OF ALGIERS 1111 NEWTON ST NEW ORLEANS, LA 70114	23-7204473		0.	192,197.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
KENNER FOOD BANK 315 WORTH ST. KENNER, LA 70062	72-1211103	JEFFERSON PARISH GOV	0.	690,715.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HAZEL HURST COMMUNITY CENTER 1121 SOUTH CAUSEWAY BLVD. JEFFERSON, LA 70121	72-0613920	JEFFERSON PARISH GOV	0.	252,132.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JAMES C SIMMONS COMMUNITY CENTER 4008 US HWY 90 AVONDALE, LA 70094	72-6013920	JEFFERSON PARISH GOV	0.	273,482.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MARRERO COMMUNITY/SENIOR ACTIVITY CENTER - 1861 AMES BLVD. - MARRERO, LA 70072	72-0613920	JEFFERSON PARISH GOV	0.	223,456.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HARVEY COMMUNITY CENTER 1501 ESTALOTE AVENUE HARVEY, LA 70058	72-0613920	JEFFERSON PARISH GOV	0.	202,762.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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
WATSON COMMUNITY CENTER 1300 MYRTLE ST. METAIRIE, LA 70003	72-6013920	JEFFERSON PARISH GOV	0.	219,183.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PLAQUEMINES COMMUNITY ACTION AGENCY - 479 F EDWARD HEBERT BLVD - BELLE CHASSE, LA 70037	72-6001090	PLAQUEMINES PARISH G	0.	33,453.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FEEDING THE GULF COAST 5709 INDUSTRIAL BLVD MILTON, FL 32583	63-0821997		0.	72,302.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAFOURCHE PARISH GOVERNMENT 4876 HIGHWAY 1 MATHEWS, LA 70375	72-6000634	LAFOURCHE PARISH GOV	0.	119,187.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOHN COMMUNITY ACTION AGENCY 128 CENTRAL AVE RESERVE, LA 70084	72-6001235	ST JOHN THE BAPTIST	0.	78,304.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GRETNA COMMUNITY CENTER 1700 MONROE ST. GRETNA, LA 70053	72-0613920	JEFFERSON PARISH GOV	0.	217,485.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY CHRISTIAN CONCERN 2515 CAREY ST. SLIDELL, LA 70458	72-1050312	501(C) 3	0.	600,249.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW COVENANT FAITH MINISTRIES 2324 OLD COMPTON RD HARVEY, LA 70058	72-1464626	501(C) 3	0.	292,784.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OZANAM INN 843 CAMP ST NEW ORLEANS, LA 70130	72-0854403	501(C) 3	0.	173,306.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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 SALVATION ARMY GNO SHELTER 4546 SOUTH CLAIBORNE AVE NEW ORLEANS, LA 70125	58-0660607	501(C) 3	0.	144,144.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAFAYETTE ASSN. FOR RETARDED CITIZENS - 303 NEW HOPE RD - LAFAYETTE, LA 70506	72-0604268	501(C) 3	0.	237,962.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW ORLEANS MISSION 1130 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	72-1151696	501(C) 3	0.	2,775,041.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LIVING WITNESS MINISTRY 1528 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	72-1112572	501(C) 3	0.	74,410.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SECOND BAPTIST CHURCH 6TH DIST 4218 LAUREL ST NEW ORLEANS, LA 70115	72-0680066		0.	7,941.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE SALVATION ARMY/ARC 200 JEFFERSON HWY JEFFERSON, LA 70121	72-0411326	501(C) 3	0.	254,102.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BRIDGE HOUSE CORPORATION - CAMP ST 1160 CAMP ST NEW ORLEANS, LA 70130	72-6027674	501(C) 3	0.	45,856.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BRIDGE HOUSE COROPRATION - EARHART BLVD - 4150 EARHART BLVD - NEW ORLEANS, LA 70125	72-6027674	501(C) 3	0.	149,544.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GRACE HOUSE 1401 DELACHAISE ST NEW ORLEANS, LA 70115	72-6027674	501(C) 3	0.	43,563.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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
WESTBANK FRIENDSHIP CLUB 2051 EIGHTH ST HARVEY, LA 70058	72-0846349	501(C) 3	0.	76,412.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ABRAHAM'S TENT 2300 FRUGE ST LAKE CHARLES, LA 70601	72-1082217	501(C) 3	0.	111,676.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SHELTER RESOURCES, INC. 3029 ROYAL ST NEW ORLEANS, LA 70117	58-2022068	501(C) 3	0.	26,076.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GRACE OUTREACH CENTER 2533 LA SALLE ST NEW ORLEANS, LA 70113	62-1809569	501(C) 3	0.	115,941.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. BERNARD BATTERED WOMEN'S PROGRAM, INC - 3010 JEAN LAFITTE PKWY - CHALMETTE, LA 70043	58-1834566	501(C) 3	0.	10,587.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FRANKLIN AVENUE BAPTIST CHURCH 204 NORTH LEWIS ST NEW IBERIA, LA 70560	72-0989784		0.	149,975.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JEFFERSON PRESBYTERIAN CHURCH 4450 JEFFERSON HWY JEFFERSON, LA 70121	91-1827475	501(C) 3	0.	220,142.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SOUTHEAST LA AREA HEALTHED. CTR 105 HIGHLAND PARK PLAZA COVINGTON, LA 70403	72-1155014	501(C) 3	0.	37,443.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TERREBONNE PARISH CONSOLIDATED GOVERNMENT - 809 BARROW ST. - HOUMA, LA 70360	72-6001390	TERREBONNE PARISH GO	0.	130,258.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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
PROGRESSIVE COMMUNITY OUTREACH 125 GALLIAN ST LAFAYETTE, LA 70501	72-1501652	501(C) 3	0.	1,255,489.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. MEMORIAL COGIC 1717 MOELING LAKE CHARLES, LA 70601	72-1168511		0.	148,398.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GOOD HOPE MISSIONARY 821 SAMPSON ST WESTLAKE, LA 70669	72-1480362		0.	76,890.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LOVE IN ACTION OUTREACH 4607 DOWNMAN RD NEW ORLEANS, LA 70126	72-1132828	501(C) 3	0.	1,649,471.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MOSES BAPTIST CHURCH 1032 CANAL BLVD THIBODAUX, LA 70301	72-1052024	501(C) 3	0.	92,591.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WASHINGTON PARISH FOOD BANK 2009 MAIN ST FRANKLINTON, LA 70438	72-1363020	501(C) 3	0.	486,400.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
STORM OUTREACH COMMUNITY CTR. 221 STOVALL ST HOUMA, LA 70364	54-2178253	501(C) 3	0.	280,126.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
KINGDOM OF GOD 401 HENKLE JEANERETTE, LA 70544	56-2527092		0.	117,742.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOLY FAITH TEMPLE BAPTIST CHURCH 1325 GOVERNOR NICHOLLS ST NEW ORLEANS, LA 70116	72-1291409	501(C) 3	0.	12,675.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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
HOLY FAITH TEMPLE BAPTIST CHURCH 1325 GOVERNOR NICHOLLS ST NEW ORLEANS, LA 70116	72-1291409	501(C) 3	0.	15,627.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LOVETOUCH MINISTRIES 2025 WHITNEY AVE GRETNA, LA 70056	72-1248483	501(C) 3	0.	514,959.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GOD'S FOOD BOX 426 MCMAHON DERIDDER, LA 70634	27-0036893		0.	324,376.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CROWLEY CHRISTIAN CARE CENTER 726 WEST SEVENTH ST CROWLEY, LA 70527	72-1132875		0.	170,217.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY CENTER OF ST. BERNARD 1111 LEBEAU ST ARABI, LA 70032	74-3173649	501(C) 3	0.	143,514.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MT. OLIVE AME CHURCH 2442 SECOND ST SLIDELL, LA 70458	72-1189687		0.	12,668.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. MARY MAGDALEN CHRISTIAN 701 CHEVIS ST ABBEVILLE, LA 70510	72-0522760	501(C) 3	0.	351,111.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. MARY MAGDALEN CHRISTIAN SERVICE CENTER - 701 CHEVIS ST - ABBEVILLE, LA 70510	72-0522760	501(C) 3	0.	97,292.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FAITH HOUSE, INC. P.O. BOX 93145 LAFAYETTE, LA 70509	72-0910067	501(C) 3	0.	57,120.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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
FIRST BAPTIST CHURCH OF CHALMETTE 305 EAST ST BERNARD HWY CHALMETTE, LA 70043	62-0535346	501(C) 3	0.	270,582.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
UNITED CHRISTIAN OUTREACH 422 CARMEL LAFAYETTE, LA 70501	72-0829068	501(C) 3	0.	139,226.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAFAYETTE TEEN CHALLENGE 1254 OLIVIER DR ARNAUDVILLE, LA 70512	72-1106641	501(C) 3	0.	142,220.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JEROME CATHOLIC CHURCH FOOD PANTRY - 2402 33RD ST - KENNER, LA 70065	53-0196617	501(C) 3	0.	52,273.	WHOLESALE VALUE		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.	69,684.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MAGNOLIA VILLA 1801 MANGNOLIA ST NEW ORLEANS, LA 70113	72-1277603	501(C) 3	0.	17,907.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CENTRAL CITY CHRISTIAN FELLOWSHIP 2201 FOURTH ST NEW ORLEANS, LA 70113	36-4368312	501(C) 3	0.	30,858.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JEFF DAVIS COMMUNITIES AGAINST 819 NORTH CHURCH JENNINGS, LA 70546	72-1488905	501(C) 3	0.	11,816.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PARKS COMMUNITY SUPPORT 1006 ST. PAUL ST PARKS, LA 70582	72-1207117	501(C) 3	0.	98,331.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Schedule I (Form 990) 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
PILGRIM REST COMMUNITY DEVELOPMENT AGENCY - 33801 HWY 11 - EMPIRE, LA 70050	72-1478135	501(C) 3	0.	89,418.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PILGRIM GROVE BAPTIST CHURCH 1110 GRACE ST MORGAN CITY, LA 70380	72-0471378		0.	242,090.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WESTPOINT CHURCH 664 BEHRMAN HWY GRETNA, LA 70056	72-1029001	501(C) 3	0.	44,906.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW BEGINNING'S PRIMITIVE BAPTIST 622 E. VETERANS MEMORIAL DRIVE KAPLAN, LA 70548	26-3793829	501(C) 3	0.	160,704.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GETHEMANE COGIC 317 12TH STREET LAFAYETTE, LA 70501	23-7002418	501(C) 3	0.	166,892.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VISION CHRISTIAN CENTER 4467 HWY 24 BOURG, LA 70342	95-1684062	501(C) 3	0.	559,666.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TABERNACLE OF HOPE CENTER 925 WEST BROUSSARD LAFAYETTE, LA 70506	58-0742249	501(C) 3	0.	117,550.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITIES UNITED FOR CHANGE 1244 BIG FOUR CORNERS RD JEANERETTE, LA 70544	80-0413130	501(C) 3	0.	108,140.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BETHEL COLONY SOUTH TRANSFORMATION MINISTRY - 4114 OLD GENTILITY RD - NEW ORLEANS, LA 70126	27-8067138		0.	1,614,822.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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
BETHEL COLONY WOMEN AT THE WELL 4111 IROUOIS ST NEW ORLEANS, LA 70126	27-0803725		0.	34,893.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BELL BAPTIST CHURCH 2614 HWY 1 RACELAND, LA 70394	72-1085827		0.	39,842.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BRIGGS UMC FOOD PANTRY 710 HUEY ST ABBEVILLE, LA 70510	30-0628710	501(C) 3	0.	155,514.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOLY GHOST COMMUNITY DINER 117 N WALNUT ST OPELOUSAS, LA 70570	72-6000519	501(C) 3	0.	23,425.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. CHARLES PARISH DEPARTMENT OF COMMUNITY SERVICE - 608 MOCKINGBIRD LANE - SAINT ROSE, LA 70087	72-6001208	ST CHARLES PARISH GO	0.	9,853.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. CHARLES PARISH DEPT OF COMMUNITY SERVICE - 14564 RIVER RD. - NEW SARPY, LA 70078	72-6001208	ST CHARLES PARISH GO	0.	26,929.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LANDMARK CHRISTIAN FELLOWSHIP 4581 HWY 31 LEONVILLE, LA 70551	41-2276160	501(C) 3	0.	269,842.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
INFANT JESUS OF PRAGUE CHURCH 700 MAPLE AVE HARVEY, LA 70058	72-0795263		0.	50,863.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
EUNICE FOOD BANK 501 SAMUEL DRIVE EUNICE, LA 70535	72-0840653	501(C) 3	0.	280,255.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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
FIRST BAPTIST CHURCH SLIDELL 4141 PONTCHARTRAIN DR SLIDELL, LA 70458	72-0496863	501(C) 3	0.	716,874.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GOOD SAMARITAN FOOD BANK OF THIBODAUX - 100 BIRCH ST - THIBODAUX, LA 70301	53-0196617	501(C) 3	0.	211,251.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OUR LADY DIVINE PROVIDENCE 1000 N STARRETT RD METAIRIE, LA 70003	72-0408966	501(C) 3	0.	70,151.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
O.L.P.H. CATHOLIC MINISTRY 2008 SHORT ST KENNER, LA 70062	72-1269754	501(C) 3	0.	128,847.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. CLEMENT OF ROME CHURCH 4317 RICHLAND AVE METAIRIE, LA 70002	53-0196617	501(C) 3	0.	55,146.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SOCIAL SERVICE CTR-NEW IBERIA 432 BANK AVE NEW IBERIA, LA 70560	72-0782780	501(C) 3	0.	176,416.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MT. CALVARY B. C. FOOD BANK 418 JULIA ST NEW IBERIA, LA 70560	72-0471378	501(C) 3	0.	312,971.	WHOLESALE VALUE		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.	233,040.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. PETER CLAVER CHURCH 1831 ST. PHILIP ST NEW ORLEANS, LA 70116	72-0423613	501(C) 3	0.	341,430.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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. JOSEPH THE WORKER FOOD BANK 455 AMES BLVD MARRERO, LA 70072	53-0196617	501(C) 3	0.	115,349.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GOOD SAMARITAN FOOD BANK OF HOUMA 254 MAGNOLIA ST HOUMA, LA 70360	72-1134481	501(C) 3	0.	737,523.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TANGI FOOD PANTRY 2410 WEST THOMAS ST HAMMOND, LA 70403	58-1788937	501(C) 3	0.	389,124.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SALVATION ARMY/LAFAYETTE 212 SIXTH ST LAFAYETTE, LA 70502	58-0660607	501(C) 3	0.	118,198.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOSEPH LANTERN LIGHT 1803 GRAVIER ST NEW ORLEANS, LA 70112	72-0654783		0.	96,320.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CHRISTIAN WORLD 2001 EAST GAUTHIER RD LAKE CHARLES, LA 70607	72-0846114	501(C) 3	0.	99,499.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE SAMARITAN CENTER, INC. 402 GIROD ST MANDEVILLE, LA 70448	58-1882948	501(C) 3	0.	138,709.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MANDEVILLE CHRISTIAN FELLOWSHIP 1211 HWY 1088 MANDEVILLE, LA 70435	72-0996891	501(C) 3	0.	171,773.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GLAD TIDINGS/DORCAS ROOM MINISTRY 3400 TEXAS AVE LAKE CHARLES, LA 70607	72-0819604	501(C) 3	0.	318,957.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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 OF SOUTHWEST LOUISIANA - 1225 2ND ST - LAKE CHARLES, LA 70601	72-0883986	501(C) 3	0.	432,883.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LOREAUVILLE BAPTIST CHURCH 18116 LOREAUVILLE RD LOREAUVILLE, LA 70560	72-0982444		0.	35,015.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CONCERNED CITIZENS FOR A BETTER ALGIERS - 1409 NUNEZ ST - NEW ORLEANS, LA 70114	72-1105360	501(C) 3	0.	10,156.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PLYMOUTH ROCK BAPTIST CHURCH 1000 WALLIS ST HOUMA, LA 70360	72-0986482	501(C) 3	0.	182,647.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST EVANGELIST HOUSING CORP. 2826 MARTIN LUTHER KING BLVD NEW ORLEANS, LA 70113	72-1277603	501(C) 3	0.	52,350.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ACADIANA C.A.R.E.S. 809 MARTIN LUTHER KING DR LAFAYETTE, LA 70502	58-1717018	501(C) 3	0.	489,653.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OUTREACH FULL GOSPEL BAPTIST CHURCH - 304 13TH AVE - FRANKLINTON, LA 70438	72-1286024	501(C) 3	0.	132,043.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW LIFE CENTER - OPELOUSAS 411 EAST LANDRY ST OPELOUSAS, LA 70570	72-0977497	501(C) 3	0.	22,484.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CARE HELP OF SULPHUR, INC. 200 NORTH HUNTINGTON SULPHUR, LA 70663	72-1007880	501(C) 3	0.	446,282.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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
NO/AIDS TASK FORCE 2601 TULANE AVE NEW ORLEANS, LA 70119	72-1059635	501(C) 3	0.	158,332.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WOMAN TO WOMAN RESCUE CTR 355 SALA AVE WESTWEGO, LA 70094	72-1326346	501(C) 3	0.	26,098.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SHEPHERD'S INN OUTREACH 2902 EAST OPELOUSAS ST LAKE CHARLES, LA 70615	72-1148124	501(C) 3	0.	14,468.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WESTLAKE UNITED METHODIST CHURCH 704 JOHNSON ST WESTLAKE, LA 70669	72-0708154		0.	39,536.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MERCY ENDEAVORS SENIORS 457 JACKSON AVE NEW ORLEANS, LA 70130	26-0502228	501(C) 3	0.	13,660.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CHRISTIAN SERVICE CENTER OF IOTA 422 KENNEDY DR IOTA, LA 70543	72-0786459	501(C) 3	0.	113,057.	WHOLESALE VALUE		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.	183,267.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COVINGTON FOOD BANK 840 NORTH COLUMBIA ST COVINGTON, LA 70433	72-1028539	501(C) 3	0.	799,648.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER NEW PLYMOUTH ROCK B.C. 110 NORTHWEST 13TH ST RESERVE, LA 70084	72-0997971	501(C) 3	0.	370,640.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Schedule I (Form 990) **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
SOLOMON HOUSE BROWN BAG EPIPH 520 CENTER ST NEW IBERIA, LA 70560	72-1425609	501(C) 3	0.	241,168.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. NICHOLAS SOC. JUST. & COMM 3317 PATOUT RD JEANERETTE, LA 70544	72-0697130	501(C) 3	0.	91,530.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LIFT UP MY NAME HIGHER 1423 PAULINE ST NEW ORLEANS, LA 70117	72-1204782	501(C) 3	0.	177,296.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PROMISE OF LIFE MINISTRY 701 HICKORY ST THIBODAUX, LA 70303	72-1471676	501(C) 3	0.	122,649.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW SUNLIGHT B.C. 521 FRANKLIN LAKE CHARLES, LA 70601	72-0773775		0.	41,503.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
I.C.O.N.S. 1411 NORTH MARKET ST OPELOUSAS, LA 70570	01-0558998	501(C) 3	0.	25,207.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MS. HELEN'S SOUP KITCHEN 117 WEST 7TH ST CROWLEY, LA 70526	72-0464892	501(C) 3	0.	244,785.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MAXI TABERNACLE/WELCOME HOUSE 24292 CROWLEY-EUNICE HWY CROWLEY, LA 70526	72-0928453		0.	37,621.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER MACEDONIA BAPTIST CHURCH 27796 HWY 23 PORT SULPHUR, LA 70083	01-0788696		0.	49,298.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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
TCA - GERT TOWN/HOLLYGROVE 4518 THALIA ST NEW ORLEANS, LA 70125	72-0599165	501(C) 3	0.	214,420.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TCA - OLIVE BRANCH BAPTIST CHURCH 1140 ODEON BLVD NEW ORLEANS, LA 70114	72-0599165	501(C) 3	0.	21,530.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST ASSEMBLY OF GOD 3555 VEROT SCHOOL RD YOUNGVILLE, LA 70592	72-0796891	501(C) 3	0.	561,366.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JUDE COMMUNITY CENTER 400 NORTH RAMPART ST NEW ORLEANS, LA 70112	72-0959534	501(C) 3	0.	202,860.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. BERNARD/ST. FRANCIS FOOD PANTRY - 610 NORTH MAIN STREET - BREAUX BRIDGE, LA 70517	72-0437697	501(C) 3	0.	216,302.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FOOD BANK OF CENTRAL & EASTERN NORTH CAROLINA - 3808 TARHELL DR - RALEIGH, NC 27609	56-1283426	501(C) 3	0.	26,707.	WHOLESALE VALUE		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.	132,892.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOHN THE BAPTIST CATHOLIC CHURCH - 15504 HIGHWAY 90 - PARADIS, LA 70080	53-0196617	501(C) 3	0.	147,553.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAFAYETTE CHURCH OF CHRIST 510 ORCHID DR LAFAYETTE, LA 70506	72-1016850	501(C) 3	0.	429,274.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Schedule I (Form 990) **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
BUSH COMMUNITY FOOD PANTRY 81605 HWY 41 BUSH, LA 70431	72-0984078	501(C) 3	0.	137,655.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST BAPTIST CHURCH OF BASILE 3001 E SCHAMBERS ST BASILE, LA 70515	72-0948392		0.	86,516.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ALPHA & OMEGA CHURCH INTERNATIONAL 605 S. COLLEGE RD LAFAYETTE, LA 70503	44-0577787	501(C) 3	0.	68,774.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
DISTRICT 1 PRINCE HALL MASON 709 N ROBERTSON ST NEW ORLEANS, LA 70116	90-0683985	501(C) 3	0.	146,629.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER LIVE OAK BAPTIST CHURCH 723 LEO STREET OPELOUSAS, LA 70571	70-3142014	501(C) 3	0.	334,966.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ARKANSAS FOOD BANK 4801 WEST 65TH STREET LITTLE ROCK, AR 72209	71-0596734		0.	36,082.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SANCTUARY OF PRAISE 1517 7TH ST MAMOU, LA 70554	20-5300905		0.	120,580.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BROADMOOR FOOD PANTRY 2021 S DUPRE ST. NEW ORLEANS, LA 70125	72-0804276	501(C) 3	0.	141,484.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOPE THE FOOD PANTRY OF NEW ORLEANS - 13150 A I-10 SERVICE RD - NEW ORLEANS, LA 70128	46-3449360	501(C) 3	0.	2,939,307.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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
HOPE THE FOOD PANTRY OF NEW ORLEANS - 13150 A I-10 SERVICE RD - NEW ORLEANS, LA 70128	46-3449360	501(C) 3	0.	84,391.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CCANO-HEALTH GUARDIANS 1424 DANTE ST NEW ORLEANS, LA 70118	72-0408911	501(C) 3	0.	8,699.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. CHARLES UNITED METHODIST CHURCH - 1905 ORMOND BLVD. - DESTREHAN, LA 70047	23-7188652		0.	594,472.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NINTH BAPTIST CHURCH 726 N. LATOUR VILLE PLATTE, LA 70586	72-0985045		0.	206,884.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VOLUNTEERS OF AMERICA GNO 1002 NAPOLEON AVE NEW ORLEANS, LA 70115	72-0709750	501(C) 3	0.	117,962.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOHN BAPTIST CHURCH 824 W. HICKORY ST VILLE PLATTE, LA 70586	72-1194596	501(C) 3	0.	296,045.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
REDEMPTION CHURCH 27351 HWY 190 LACOMBE, LA 70445	72-1256093	501(C) 3	0.	136,979.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SPIRIT OF LIBERTY 1015 WILLOW ST. FRANKLIN, LA 70538	55-0910334	501(C) 3	0.	392,364.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TRUE VINE MINISTRIES 1555 W. WILLOW SCOTT, LA 70583	72-1063479		0.	224,430.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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
PENTECOSTALS OF VINTON 835 FAIRCHILD ST VINTON, LA 70668	72-1244861	501(C) 3	0.	423,003.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COSMOPOLITAN EVANGELISTIC BAPTIST CHURCH - 1929 BIENVILLE ST - NEW ORLEANS, LA 70112	72-1334354	501(C) 3	0.	84,826.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOPE CENTER - TWO RIVERS BAPTIST ASSOCIATION - 63076 COMMERCIAL ST - ROSELAND, LA 70456	80-0941334	501(C) 3	0.	400,015.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HIGH PRAISE FELLOWSHIP 60456 N. MILITARY RD. SLIDELL, LA 70461	72-1259958	501(C) 3	0.	12,203.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OUR DAILY BREAD FOOD BANK 1006 WEST COLEMAN AVE HAMMOND, LA 70404	72-1438651	501(C) 3	0.	1,422,033.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CALVARY BAPTIST CHURCH 1059 CALVARY VILLE PLATTE, LA 70586	72-0983610		0.	118,419.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LITTLE BETHEL BAPTIST CHURCH 210 WEST PALMETTO ST AMITE, LA 70422	72-1438651	501(C) 3	0.	52,004.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
UNITED GOSPEL TABERNACLE DBA HOPE CENTER - 18100 EAST MAIN ST. - GALLIANO, LA 70354	74-6068926	501(C) 3	0.	374,473.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW FOUNDATION FOR LIFE, INC. 1061 CAMBRIDGE DR. LAPLACE, LA 70068	72-1283558	501(C) 3	0.	220,429.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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
OUR LADY OF GRACE 780 HIGHWAY 44 RESERVE, LA 70084	72-6015996	501(C) 3	0.	68,409.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HELP CENTER OF CHURCHES 946 ELLIS ST. FRANKLINTON, LA 70438	58-2026331	501(C) 3	0.	176,588.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
UNIVERSITY MEDICAL CENTER NEW ORLEANS CANCER CENTE - 2000 CANAL ST. - NEW ORLEANS, LA 70112	25-1925187		0.	56,336.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW JERUSALEM BC 710 WELSH STREET WELSH, LA 70591	72-0538503		0.	120,016.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SOUTH BEAU C.A.R.E. MINISTRIES 2465 TEXAS EASTERN RD. RAGLEY, LA 70657	72-1195474	501(C) 3	0.	235,002.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOPE THE FOOD PANTRY OF NEW ORLEANS MARTIN MANOR - 1500 N JOHNSON ST - NEW ORLEANS, LA 70119	46-3449360	501(C) 3	0.	171,944.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST BAPTIST CHURCH OF JENNINGS 1001 CARY AVENUE JENNINGS, LA 70546	72-0660495		0.	274,797.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE UPPERROOM BIBLE CHURCH 8600 LAKE FOREST BLVD NEW ORLEANS, LA 70127	72-1227150		0.	328,570.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PANTRY OF HOPE 3975 EAST PRIEN LAKE ROAD LAKE CHARLES, LA 70165	72-1459712		0.	602,241.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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
BEACON LIGHT INTERNATIONAL BAPTIST CATHEDRAL - 1937 MIRABEAU AVE - NEW ORLEANS, LA 70122	72-0907747	501(C) 3	0.	66,266.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SECOND HARVEST FOOD BANK OF EAST TENNESSEE - 136 HARVEST LANE - MARYVILLE, TN 37801	10-0118300	501(C) 3	0.	49,632.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
REGIONAL FOOD BANK OF OKLAHOMA 33555 S. PURDUE AVE OKLAHOMA CITY, OK 73137	73-1100380	501(C) 3	0.	49,621.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CATHOLIC CHARITIES-UPPER CAMERON 11054 HWY 384 LAKE CHARLES, LA 70607	72-0883986		0.	36,478.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CATHOLIC CHARITIES-LOWER CAMERON 5250 WEST CREOLE HWY CAMERON, LA 70631	72-0883986		0.	39,168.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SANKOFA HEALTHY FOOD HUB 5200 DAUPHINE ST NEW ORLEANS, LA 70117	26-3471054	501(C) 3	0.	66,239.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FISCHER HOUSING 1400 SEMMES STREET NEW ORLEANS, LA 70114	72-6000536	GOVERNMENT	0.	77,938.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CITY OF JEAN LAFITTE FOOD BANK 580 JEAN LAFITTE BLVD LAFITTE, LA 70067	72-0796567	GOVERNMENT	0.	246,345.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SECOND ZION BAPTIST CHURCH 6520 SECOND ZION AVE. MARRERO, LA 70072	72-1217553	501(C) 3	0.	356,831.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Schedule I (Form 990)

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. TERESA CENTER FOR WORKS OF MERCY - 305 WASHINGTON ST. - ST. MARTINVILLE, LA 70582	81-3756179		0.	155,936.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MT. OLIVE BC #2 805 FIELD ST. NEW IBERIA, LA 70560	38-3902499		0.	206,375.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW WINE DEVELOPMENT CORPORATION 1921 AIRLINE HIGHWAY LAPLACE, LA 70068	72-1425139	501(C) 3	0.	26,761.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VICTORY FELLOWSHIP 5708 AIRLINE HWY METAIRIE, LA 70003	72-0856545	501(C) 3	0.	214,054.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOPE ALLIANCE COMMUNITY DEVELOPMENT CORPORATION - 445 CAMPGROUND RD - PALMETTO, LA 71358	26-3217083	501(C) 3	0.	162,972.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST BAPTIST CHURCH OF BELLE CHASSE - 8828 HWY 23 - BELLE CHASE, LA 70037	72-0679068	501(C) 3	0.	26,481.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MISSION PANTRY LACOMBE 31294 US 190 LACOMBE, LA 70446	72-1151696	501(C) 3	0.	38,383.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MOHORN MISSIONARY BAPTIST CHURCH 216 COSAY ROAD OPELOUSAS, LA 70570	73-1717403	501(C) 3	0.	13,365.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BOGALUSA HELP CENTER 350 MARTIN LUTHER KING JR DR BOGALUSA, LA 70427	72-1315302	501(C) 3	0.	56,661.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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
GULF COAST BAPTIST CHURCH 1606 SOUTH BAYOU DR GOLDEN MEADOW, LA 70357	72-0471378	501(C) 3	0.	12,450.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ALLEMANDS ELEMENTARY SCHOOL 1471 WPA ROAD DES ALLEMANDS, LA 70030	72-6001209		0.	8,480.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
EAST BANK HEAD START 13292 RIVER RD DESTREHAN, LA 70047	72-6001209		0.	17,659.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GEORGE W. CARVER LEARNING CENTER 337 GUM ST HAHNVILLE, LA 70057	72-6001209		0.	18,345.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
INDEPENDENCE ELEMENTARY 221 TIGER AVE INDEPENDENCE, LA 70443	72-6001372		0.	15,194.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LULING ELEMENTARY 904 SUGARHOUSE RD LULING, LA 70070	72-6001209	ST. CHARLES PARISH S	0.	26,954.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. ROSE ELEMENTARY 230 PIRATE DR ST. ROSE, LA 70087	72-6001209	ST. CHARLES PARISH S	0.	7,871.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
5TH WARD ELEMENTARY SCHOOL 158 PANTHER DR RESERVE, LA 70084	72-6001236	ST. CHARLES PARISH S	0.	7,363.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NORCO ELEMENTARY SCHOOL 102 5TH ST. NORCO, LA 70079	72-6001209	ST. CHARLES PARISH S	0.	8,417.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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
R.J. VIAL ELEMENTARY 510 LOUISIANA STREET PARADIS, LA 70080	72-6001209	ST. CHARLES PARISH S	0.	9,041.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TANGIPAHOA EOC 114 NORTH LAUREL STREET AMITE, LA 70422	72-6001371	501(C) 3	0.	14,748.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WINGS OF THE SPIRIT MISSIONS 4875 S SHERWOOD BLVD # D BATON ROUGE, LA 70816	47-2553938	501(C) 3	0.	5,785.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BOYS AND GIRLS CLUBS OF SOUTHEAST LA - 900 10TH ST - GRETNA, LA 70053	72-0648695	501(C) 3	0.	8,132.	WHOLESALE VALUE		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.	14,908.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
RIVERDALE HIGH SCHOOL 240 RIVERDALE DRIVE NEW ORLEANS, LA 70121	72-6000592	JEFFERSON PARISH SCH	0.	10,449.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TERRYTOWN ELEMENTARY 550 E. FOREST LAWN DR. GRETNA, LA 70056	72-6000592	JEFFERSON PARISH SCH	0.	5,288.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SMOTHERS ACADEMY 2012 JEFFERSON HWY NEW ORLEANS, LA 70121	80-0431476	501(C) 3	0.	10,423.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LIVAUDAIS MIDDLE SCHOOL 925 LAMAR AVE. GRETNA, LA 70056	20-1641072	JEFFERSON PARISH SCH	0.	7,939.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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
CATHERINE STREHLE ELEMENTARY 178 MILLIE DR. WESTWEGO, LA 70094	72-6000592	JEFFERSON PARISH SCH	0.	5,759.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
DONALD RAY STEVENS RECREATION CENTER - 1619 CESSFORD STREET - LAKE CHARLES, LA 70601	72-6000641	CITY OF LAKE CHARLES	0.	8,631.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
EMMANUEL CHURCH OF CHRIST 10166 WHEAT RD AMITE, LA 70422	72-1182591		0.	121,570.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MARY'S CHAPEL UMC 63389 FOSTER TOWN RD ANGIE, LA 70426	23-7188652		0.	111,893.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MQVN COMMUNITY DEVELOPMENT CORP. INC. - 4626 ALCEE FORTIER BLVD - NEW ORLEANS, LA 70129	20-4929600	501(C) 3	0.	127,287.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TCA - BETHEL AME CHURCH 1437 CAFFIN AVE NEW ORLEANS, LA 70117	72-0599165	ORLEANS PARISH GOVER	0.	60,933.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TCA - URBAN LEAGUE CENTER 2800 DESIRE PKWY NEW ORLEANS, LA 70126	72-0599165	ORLEANS PARISH GOVER	0.	53,356.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TCA - LITTLE ZION BAPTIST CHURCH 4821 EARHART BLVD NEW ORLEANS, LA 70125	72-0599165	ORLEANS PARISH GOVER	0.	77,156.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TCA - JAMES SINGLETON CENTER 14441 CURRAN RD NEW ORLEANS, LA 70129	72-0599165	ORLEANS PARISH GOVER	0.	90,020.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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. PETER AME CHURCH 3424 EAGLE ST NEW ORLEANS, LA 70118	52-1108379	501(C) 3	0.	9,401.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST ASSEMBLY OF GOD 305 IBERIA STREET YOUNGVILLE, LA 70592	72-0796891	501(C) 3	0.	34,487.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TOWN OF MELVILLE 1105 1ST STREET MELVILLE, LA 71353	72-6000890	ST LANDRY PARISH GOV	0.	124,980.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST LANDRY CAA 1065 HWY 749 OPELOUSAS, LA 70570	72-6001257	ST LANDRY PARISH GOV	0.	296,421.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CITY OF VILLE PLATTE 126 E. MAIN STREET VILLE PLATTE, LA 70586	72-6001448	EVANGELINE PARISH GO	0.	133,311.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST BAPTIST CHURCH OF GRAND ISLE 129 CEDAR LANE GRAND ISLE, LA 70358	72-0767261	501(C) 3	0.	151,818.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. ANTHONY/ST. VINCENT DEPAUL SOCIETY - 2653 JEAN LAFITTE - LAFITTE, LA 70067	72-6015881	501(C) 3	0.	142,089.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY IMPACT - BETHEL BAPTIST CHURCH - 112 MATHERNE - BOURG, LA 70343	72-1041929	501(C) 3	0.	145,163.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY IMPACT-FIRST BAPTIST GOLDEN MEADOW - 187 OAK RIDGE DR. - GOLDEN MEADOW, LA 70357	72-1041929	501(C) 3	0.	123,985.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Schedule I (Form 990) **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-FIRST BAPTIST LOCKPORT - 5545 HIGHWAY 1 - LOCKPORT, LA 70374	72-1041929	501(C) 3	0.	137,473.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MT. AIRY BAPTIST CHURCH 13635 OLD SPANISH TRAIL BOUTTE, LA 70039	72-1060852		0.	124,517.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BEACON LIGHT BAPTIST CHURCH OF HOUMA - 4325 W PARK AVE - GRAY, LA 70359	05-0570465	501(C) 3	0.	125,880.	WHOLESALE VALUE		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.	135,719.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY IMPACT - LITTLE CAILLOU 5655 BAYOUSIDE RD CHAUVIN, LA 70344	72-1041929	501(C) 3	0.	142,451.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY IMPACT - LIVE OAK BAPTIST CHURCH - 3968 HIGHWAY 665 - MONTEGUT, LA 70377	72-1041929	501(C) 3	0.	123,212.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COTEAU BAPTIST CHURCH 2066 COTEAU RD HOUMA, LA 70364	72-1041929		0.	37,260.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TERREBONNE PARISH CONSOLIDATED GOVERNMENT-MOBILE P - 809 BARROW - HOUMA, LA 70360	72-6001390	TERREBONNE PARISH GO	0.	230,612.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TCA - CORPUS CHRISTI CHURCH 2022 ST BERNARD AVE NEW ORLEANS, LA 70116	72-0599165	ORLEANS PARISH GOVER	0.	57,722.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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
SMILE 800 ISADORE DR SAINT MARTINVILLE, LA 70582	72-0648848	ST. MARTIN PARISH GO	0.	141,382.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BETHLEHEM BAPTIST CHURCH 837 EAST 7TH ST. BOGALUSA, LA 70427	72-0854336	501(C) 3	0.	134,013.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
DAUGHTERS OF CHARITY HEALTH CENTER LOUISA - 3303 HIGGINS BLVD. - NEW ORLEANS, LA 70126	72-1332678		0.	10,008.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ARC OF ST. CHARLES, INC. 114 LAKEWOOD DRIVE LULING, LA 70070	72-0696534	501(C) 3	0.	118,894.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ADAMS MIDDLE 5525 HENICAN PL METAIRIE, LA 70003	72-6000592		0.	15,678.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BOUTTE CHRISTIAN ACADEMY 13271 HWY 90 BOUTTE, LA 70039	72-6924176		0.	20,250.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JEFFERSON PARISH SCHOOL SYSTEM 4600 RIVER RD MARRERO, LA 70072	72-6000592	JEFFERSON PARISH GOV	0.	2,780,273.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAKE FOREST ELEMENTARY CHARTER 11110 LAKE FOREST BLVD NEW ORLEANS, LA 70128	20-4731962		0.	9,856.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PLAQUEMINES PARISH SCHOOL BOARD 26138 HIGHWAY 23 PORT SULPHUR, LA 70082	72-6001091	PLAQUEMINES PARISH G	0.	116,924.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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 FRIENDS OF THE KING 1617 CAFFIN AVENUE NEW ORLEANS, LA 70117	51-0619611	501(C) 3	0.	64,507.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SCHOOL FOOD & NUTRITION SERVICE OF NEW ORLEANS - 1000 HOWARD AVE STE 300 - NEW ORLEANS, LA 70113	72-0893609		0.	1,393,756.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ORLEANS PARISH SCHOOL BOARD 3520 GENERAL DEGAULLE DR NEW ORLEANS, LA 70114	46-5737261	ORLEANS PARISH GOVER	0.	546,036.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CHOICE FOUNDATION 2727 S CARROLLTON AVE NEW ORLEANS, LA 70118	20-2024597		0.	9,587.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BELLE CHASSE 100 FIFTH ST BELLE CHASSE, LA 70037	72-1493224		0.	37,284.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
INTERNATIONAL SCHOOL OF LOUISIANA 1400 CAMP ST NEW ORLEANS, LA 70117	26-4472656		0.	77,629.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. BERNARD PARISH SCHOOL BOARD 5921 E ST. BERNARD HWY VIOLET, LA 70092	72-6001195		0.	249,083.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOHN PARISH 118 W 10TH ST RESERVE, LA 70084	72-6001236	ST. JOHN PARISH GOVE	0.	228,425.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MMI 131 23RD ST. KENNER, LA 70062	72-1068377	JEFFERSON PARISH GOV	0.	303,212.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Schedule I (Form 990) **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
NEW ORLEANS COLLEGE PREP 2301 MARENGO ST NEW ORLEANS, LA 70115	20-5595689		0.	19,174.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VANDEBILT HIGH SCHOOL 209 S HOLLYWOOD DR HOUMA, LA 70360	72-6001390		0.	59,404.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
EINSTEIN CHARTER SCHOOL 5100 CANNES ST NEW ORLEANS, LA 70129	20-0913967		0.	26,717.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
INSTITUTE FOR ACADEMIC EXCELLENCE 1426 NAPOLEON NEW ORLEANS, LA 70115	20-2870669		0.	22,975.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
RENEW REINVENTING EDUCATION 3649 LAUREL STREET NEW ORLEANS, LA 70115	80-0419622		0.	73,188.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ARTHUR ASHE CHARTER SCHOOL 1456 GARDENA DR NEW ORLEANS, LA 70112	72-1409800	501(C) 3	0.	11,198.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MARTIN LUTHER KING JR CHARTER 1617 CAFFIN AVENUE NEW ORLEANS, LA 70117	51-0619611	501(C) 3	0.	13,478.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SOUTH STREET SCHOOL 409 E SOUTH ST OPELOUSAS, LA 70570	72-6001257		0.	98,405.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SOUTHDOWN ELEMENTARY SCHOOL 5001 BAYOU BLACK DR GIBSON, LA 70356	72-0543593		0.	9,593.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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
OAK PARK ELEMENTARY 2001 18TH ST LAKE CHARLES, LA 70601	72-6000235	CALCASIEU PARISH GOV	0.	8,139.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PAUL BREAUX MIDDLE SCHOOL 1400 S. ORANGE STREET LAFAYETTE, LA 70501	75-3142998	LAFAYETTE PARISH GOV	0.	6,472.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FAIRVIEW ELEMENTARY SCHOOL 3955 GERTSNER MEMORIAL DRIVE LAKE CHARLES, LA 70607	72-6000235		0.	9,751.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JEANERETTE ELEMENTARY 600 IRA STREET JEANERETTE, LA 70544	76-6000543		0.	9,454.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CHATAIGNIER ELEMENTARY 5762 VINE ST. CHATAIGNIER, LA 70524	72-6000392		0.	11,094.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MICKEY MOUSE HEAD START SCHOOL PANTRY - 105 TJ HATCHERSON STREET - BALDWIN, LA 70514	13-5562279	501(C) 3	0.	16,062.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ARISE ACADEMY 3819 ST. CLAUDE AVE NEW ORLEANS, LA 70117	26-4472656	501(C) 3	0.	45,178.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE NET CHARTER HIGH SCHOOL 1614 ORETHA CASTLE HALEY BLVD. NEW ORLEANS, LA 70113	27-0588087	501(C) 3	0.	14,036.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
G.W. CARVER COLLEGIATE ACADEMIES 3059 HIGGINS BLVD. NEW ORLEANS, LA 70126	80-0601507	501(C) 3	0.	10,087.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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
SCOTT MIDDLE SCHOOL 116 MARIE STREET SCOTT, LA 70583	72-1250421	LAFAYETTE PARISH GOV	0.	8,139.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PHOENIX HIGH SCHOOL 12700 HWY 39 BRAITHWAITE, LA 70040	72-6001091		0.	39,537.	WHOLESALE VALUE		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.	5,949.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JONAH GROUP 1009 WILKER NEAL RD METAIRIE, LA 70003	37-1650063	501(C) 3	0.	11,296.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TEA TIME ETIQUETTE CAMP 2301 PAR 3 DRIVE HARVEY, LA 70058	72-1431584	501(C) 3	0.	9,608.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
RIVER OF LIFE CHURCH 2140 WOODMERE BLVD HARVEY, LA 70058	72-1112429		0.	17,679.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MIRACLE FAITH HEALING 3056 LAUSSAT PL NEW ORLEANS, LA 70117	58-1930350		0.	6,841.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MT. PILGRIM BAPTIST 1006 PALLET AVENUE HARVEY, LA 70058	72-1262556	501(C) 3	0.	11,241.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BROADMOOR SUMMER DAY CAMP 2021 S. DUPRE NEW ORLEANS, LA 70125	72-0804276		0.	9,890.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Schedule I (Form 990) **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
ALVAR BRANCH LIBRARY 913 ALVAR ST. NEW ORLEANS, LA 70117	72-6000969	ORLEANS PARISH GOVER	0.	8,051.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW HOPE COMMUNITY CHURCH 2715 GADSDEN AVE. KENNER, LA 70065	34-2004956		0.	8,913.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BOYS AND GIRLS CLUB - WESTBANK 900 10TH ST GRETNA, LA 70053	72-0648695	501(C)3	0.	28,196.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TRUE LOVE MISSIONARY BAPTIST CHURCH - 2710 PHILLIP ST - NEW ORLEANS, LA 70113	72-1374934	501(C)3	0.	13,633.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GENERATION SUCCESS 2220 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	82-1071284		0.	5,087.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NU LEAF INTERNATIONAL OUTREACH SERVICES, INC.K - 65 FOUNTAIN BLEU DR - NEW ORLEANS, LA 70125	82-2705901		0.	14,026.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MILNE CENTER 8801 CHEF HWY NEW ORLEANS, LA 70127	72-6000969		0.	5,403.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
IMMACULATE HEART OF MARY CHURCH 800 12TH STREET LAFAYETTE, LA 70501	90-0087914		0.	39,871.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COVINGTON ROTARY FOUNDATION 1730 N HWY 190 COVINGTON, LA 70433	20-3357413		0.	36,936.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

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

PART I, LINE 2:

SECOND HARVEST'S 501(C)3 AND GOVERNMENTAL AGENCIES ARE SUBJECT TO PERIODIC

INSPECTIONS (MONITORING VISITS) TO ASSURE THAT AGENCIES MEET ALL

REQUIREMENTS FOR MEMBERSHIP, AS OUTLINED IN THE MEMBER AGENCY HANDBOOK, AND

TO FIND WAYS THAT WE CAN SERVE OUR AGENCIES BETTER. EACH YEAR, A

REPRESENTATIVE OF THE FOOD BANK WILL VISIT EACH AGENCY, THE MONITORING

VISIT IS TO UPDATE THE AGENCY'S STATUS WITH THE FOOD BANK, AND AN EFFORT TO

BUILD UPON AND FURTHER THE RELATIONSHIP BETWEEN THE FOOD BANK AND THE

AGENCY. USUALLY AN APPOINTMENT WILL BE SET. SECOND HARVEST RESERVES THE

Part IV Supplemental Information

RIGHT TO INSPECT ANY AGENCY WITHOUT PRIOR NOTIFICATION. MONITORING VISITS

CONSIST OF INSPECTIONS OF THE STORAGE AREAS AND REQUIRED RECORDS. THE

INFORMATION GATHERED DURING THE VISIT IS RECORDED ON A STANDARD MONITORING

FORM. SOME OF THE NON-501(C)3 AGENCIES AND NON-GOVERNMENTAL AGENCIES ARE

SCHOOLS IN WHICH WE STORE AND DISTRIBUTE THE NATIONAL SCHOOL LUNCH

COMMODITIES TO AND THEY ARE NOT REQUIRED TO HAVE PERIODIC INSPECTIONS. THE

REMAINING AGENCIES ARE UNINCORPORATED CHURCHES/HOUSES OF WORSHIP WHICH ARE

REQUIRED TO FOLLOW THE SAME PERIODIC INSPECTIONS AND GUIDELINES AS THE

501(C)3 AGENCIES.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <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 (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" 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 on 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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 on 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 aren't 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 and Title	(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 on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JEFF ENTWISLE DIRECTOR	(i) 0. (ii) 155,042.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
(2) NATALIE JAYROE PRESIDENT AND CEO	(i) 144,990. (ii) 0.	(ii) 0.	(iii) 0.	4,083. 4,949.	7,093. 8,630.	166,218. 158,569.	0. 0.
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				
	(i)	(ii)	(iii)				

Part III Supplemental Information

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	67,186	57,172,279.	AVERAGE WHOLESAL VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

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

SCHEDULE M, LINE 32B:

SECOND HARVEST EMPLOYS FOOD SOURCING PERSONS TO SOLICIT DONATIONS OF

FOOD PRODUCTS FOR US TO DISTRIBUTE.

SCHEDULE O
(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADVOCACY, EDUCATION 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 11B:

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.

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

Schedule O (Form 990 or 990-EZ) (2018)

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

FORM 990, PART VI, SECTION C, LINE 19:

INFORMATION IS POSTED ON THE ORGANIZATION'S WEBSITE. ALL INFORMATION IS
ALSO AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN LIABILITY ON INTEREST RATE SWAP AGREEMENT -60,304.

FORM 990, PART XII, LINE 2C:

COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT. NO
CHANGE FROM THE PRIOR YEAR.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization SECOND HARVEST FOOD BANK 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 one 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>71,313,994.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 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 BOURGOIS 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 2018 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 2018 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.

72089770005

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 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

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

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

Employer identification number
72-0956468

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
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

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

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

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (as)	(c) Amount involved	(d) Method of determining amount involved
(1) THE ROMAN CATHOLIC CHURCH OF THE ARCHDIOCESE OF NEW ORLEANS	M	58,337.	AMOUNT PAID
(2) THE ROMAN CATHOLIC CHURCH OF THE ARCHDIOCESE OF NEW ORLEANS	E	685,674.	LOAN REPAYMENT
(3) THE ROMAN CATHOLIC CHURCH OF THE ARCHDIOCESE OF NEW ORLEANS	P	276,074.	AMOUNT PAID
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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 sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

[Lined area for supplemental information]

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

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Part I: Name of organization (SECOND HARVEST FOOD BANK GREATER NEW ORLEANS AND ACADIANA), Employer identification number (72-0956468), and address (700 EDWARDS AVENUE, NEW ORLEANS, LA 70123).

Part C: Book value of all assets at end of year (29,790,497). Part F: Group exemption number. Part G: Check organization type (501(c) corporation).

Part H: Enter the number of the organization's unrelated trades or businesses (4). Describe the only (or first) unrelated trade or business here (SEE STATEMENT 1).

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

Part J: The books are in care of (NATALIE JAYROE). Telephone number (504-734-1322).

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	13,090.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 2	35	13,090.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input checked="" type="checkbox"/> Form 4136 931. <input type="checkbox"/> Other Total	50g	931.
51	Total payments. Add lines 50a through 50g	51	931.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	931.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	931.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here

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

Signature of officer _____ Date _____ PRESIDENT / CEO Title _____

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

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

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

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

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

2. Rent received or accrued

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

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

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals		Enter here and on page 1, Part I, line 7, column (A). 0.		Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

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

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

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

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

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

Credit for Federal Tax Paid on Fuels

▶ Go to www.irs.gov/Form4136 for instructions and the latest information.

Name (as shown on your income tax return)

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

Taxpayer identification number

72-0956468

Caution: Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 or 14), 3d, 4c, and 5, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 or 14), claimant certifies that a certificate has not been provided to the credit card issuer.

1 Nontaxable Use of Gasoline

Note: CRN is credit reference number.

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Off-highway business use	\$.183	}	\$	362
b	Use on a farm for farming purposes	.183			
c	Other nontaxable use (see Caution above line 1)	.183			
d	Exported	.184			411

2 Nontaxable Use of Aviation Gasoline

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use in commercial aviation (other than foreign trade)	\$.15		\$	354
b	Other nontaxable use (see Caution above line 1)	.193			324
c	Exported	.194			412
d	LUST tax on aviation fuels used in foreign trade	.001			433

3 Nontaxable Use of Undyed Diesel Fuel

Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim **did** contain visible evidence of dye, attach an explanation and check here

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Nontaxable use	\$.243	}	\$	360
b	Use on a farm for farming purposes	.243			
c	Use in trains	.243			
d	Use in certain intercity and local buses (see Caution above line 1)	.17			350
e	Exported	.244			413

4 Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)

Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim **did** contain visible evidence of dye, attach an explanation and check here

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Nontaxable use taxed at \$.244	\$.243	}	\$	346
b	Use on a farm for farming purposes	.243			
c	Use in certain intercity and local buses (see Caution above line 1)	.17			
d	Exported	.244			414
e	Nontaxable use taxed at \$.044	.043			377
f	Nontaxable use taxed at \$.219	.218			369

LHA For Paperwork Reduction Act Notice, see the separate instructions.

5 Kerosene Used in Aviation (see **Caution** above line 1)

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244	\$.200		\$	417
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219	.175			355
c	Nontaxable use (other than use by state or local government) taxed at \$.244	.243			346
d	Nontaxable use (other than use by state or local government) taxed at \$.219	.218			369
e	LUST tax on aviation fuels used in foreign trade	.001			433

6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

Registration No. ►

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim **did** contain visible evidence of dye, attach an explanation and check here ►

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use by a state or local government	\$.243	\$	360
b	Use in certain intercity and local buses	.17		350

7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

Registration No. ►

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim **did** contain visible evidence of dye, attach an explanation and check here ►

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use by a state or local government	\$.243	\$	346
b	Sales from a blocked pump	.243		
c	Use in certain intercity and local buses	.17		

8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation

Registration No. ►

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use in commercial aviation (other than foreign trade) taxed at \$.219	\$.175		\$	355
b	Use in commercial aviation (other than foreign trade) taxed at \$.244	.200			417
c	Nonexempt use in noncommercial aviation	.025			418
d	Other nontaxable uses taxed at \$.244	.243			346
e	Other nontaxable uses taxed at \$.219	.218			369
f	LUST tax on aviation fuels used in foreign trade	.001			433

9 Reserved for future use

Registration No. ►

	(b) Rate	(c) Gallons of alcohol	(d) Amount of credit	(e) CRN
a Reserved for future use			\$	
b Reserved for future use				

10 Biodiesel or Renewable Diesel Mixture Credit

Registration No. ►

Biodiesel mixtures. Claimant produced a mixture by mixing biodiesel with diesel fuel. The biodiesel used to produce the mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller. **Renewable diesel mixtures.** Claimant produced a mixture by mixing renewable diesel with liquid fuel (other than renewable diesel). The renewable diesel used to produce the renewable diesel mixture was derived from biomass, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975, D396, or other equivalent standard approved by the IRS. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller, both of which have been edited as discussed in the instructions for line 10. See the instructions for line 10 for information about renewable diesel used in aviation.

	(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of credit	(e) CRN
a Biodiesel (other than agri-biodiesel) mixtures	\$ 1.00		\$	388
b Agri-biodiesel mixtures	1.00			390
c Renewable diesel mixtures	1.00			307

11 Nontaxable Use of Alternative Fuel**Caution:** There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).

	(a) Type of use	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
a Liquefied petroleum gas (LPG)	2	\$.183	5,087	\$ 931.	419
b "P Series" fuels		.183			420
c Compressed natural gas (CNG)		.183			421
d Liquefied hydrogen		.183			422
e Fischer-Tropsch process liquid fuel from coal (including peat)		.243			423
f Liquid fuel derived from biomass		.243			424
g Liquefied natural gas (LNG)		.243			425
h Liquefied gas derived from biomass		.183			435

12 Alternative Fuel Credit

Registration No. ►

	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
a Liquefied petroleum gas (LPG) (see instructions)	\$.50		\$	426
b "P Series" fuels	.50			427
c Compressed natural gas (CNG) (see instructions)	.50			428
d Liquefied hydrogen	.50			429
e Fischer-Tropsch process liquid fuel from coal (including peat)	.50			430
f Liquid fuel derived from biomass	.50			431
g Liquefied natural gas (LNG) (see instructions)	.50			432
h Liquefied gas derived from biomass	.50			436
i Compressed gas derived from biomass	.50			437

Form 4136 (2018)

13 Registered Credit Card Issuers

Registration No. ►

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Diesel fuel sold for the exclusive use of a state or local government	\$.243		\$	360
b Kerosene sold for the exclusive use of a state or local government	.243			346
c Kerosene for use in aviation sold for the exclusive use of a state or local government taxed at \$.219	.218			369

14 Nontaxable Use of a Diesel-Water Fuel Emulsion**Caution:** There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Nontaxable use		\$.197		\$	309
b Exported		.198			306

15 Diesel-Water Fuel Emulsion Blending

Registration No. ►

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
Blender credit	\$.046		\$	310

16 Exported Dyed Fuels and Exported Gasoline Blendstocks

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001	\$.001		\$	415
b Exported dyed kerosene	.001			416

17 Total income tax credit claimed. Add lines 1 through 16, column (d). Enter here and on Schedule 5 (Form 1040), line 73; Form 1120, Schedule J, line 20b; Form 1120S, line 23c; Form 1041, line 25h; or the proper line of other returns. ►

17

\$

931.

Form **4136** (2018)

SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA

EIN NUMBER 72-0956468

FYE JUNE 30, 2019

Unrelated Debt-Financed Income Calculation

Account Name	Amount		Revenue
	6/30/2018	6/30/2019	
Building & improvements	8,969,098	8,969,098	190,864
Land	1,960,000	1,960,000	39.86%
Less: (A/D for building & improvements)	(2,123,075)	(2,319,123)	<u>76,078</u>
Total	<u>8,806,023</u>	<u>8,609,975</u>	

Average Adjusted Basis for Form 990-T, Schedule E 8,707,999

Total **Allocable Deductions**

Average Acquisition Debt Allocable to Debt-Financed Property Calculation

Mortgage Principal Balance, 06/30/2018	3,595,131	145,685	58,070
Mortgage Principal Balance, 07/31/2018	3,576,008	4,156	1,657
Mortgage Principal Balance, 08/31/2018	3,556,885	867	346
Mortgage Principal Balance, 09/30/2018	3,537,762	30,545	12,175
Mortgage Principal Balance, 10/31/2018	3,518,639	96,198	38,345
Mortgage Principal Balance, 11/30/2018	3,499,516	-	-
Mortgage Principal Balance, 12/31/2018	3,480,393	492	196
Mortgage Principal Balance, 01/31/2019	3,461,270	-	-
Mortgage Principal Balance, 02/28/2019	3,442,147	130	52
Mortgage Principal Balance, 03/31/2019	3,423,024	-	-
Mortgage Principal Balance, 04/30/2019	3,403,901	5,591	2,229
Mortgage Principal Balance, 05/31/2019	3,384,778	19,318	7,700
Mortgage Principal Balance, 06/30/2019	3,365,655	-	-
Total	<u>41,649,978</u>	<u>1,780</u>	<u>710</u>

Average acquisition indebtedness first day of month (To

3,489,954.50

Average acquisition indebtedness last day of month (To

3,470,831.50

Debt/basis percentage

39.86%

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

LESSOR OF COMMERCIAL PROPERTY; ORGANIZATION RECEIVES RENTAL INCOME FROM WAREHOUSING AND STORAGE.

TO FORM 990-T, PAGE 1

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 2

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13	23,438.	19,974.	3,464.	3,464.
06/30/14	78,238.	0.	78,238.	78,238.
06/30/15	3,101.	0.	3,101.	3,101.
06/30/17	34,577.	0.	34,577.	34,577.
NOL CARRYOVER AVAILABLE THIS YEAR			119,380.	119,380.

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

ENTITY 1

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

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

Department of the Treasury
Internal Revenue Service (99)

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

Unrelated business activity code (see instructions) ▶ 722320

Describe the unrelated trade or business ▶ **CATERING**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales	<u>71,501.</u>			
b Less returns and allowances				
c Balance ▶		1c 71,501.		
2 Cost of goods sold (Schedule A, line 7)		2 30,744.		
3 Gross profit. Subtract line 2 from line 1c		3 40,757.		40,757.
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7 76,078.	131,592.	-55,514.
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 116,835.	131,592.	-14,757.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		36,587.
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		2,849.
20 Charitable contributions (See instructions for limitation rules)		20		
21 Depreciation (attach Form 4562)		21	1,209.	
22 Less depreciation claimed on Schedule A and elsewhere on return		22a		22b 1,209.
23 Depletion		23		
24 Contributions to deferred compensation plans		24		
25 Employee benefit programs		25		
26 Excess exempt expenses (Schedule I)		26		
27 Excess readership costs (Schedule J)		27		
28 Other deductions (attach schedule)	SEE STATEMENT 3	28		21,806.
29 Total deductions. Add lines 14 through 28		29		62,451.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30		-77,208.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31		
32 Unrelated business taxable income. Subtract line 31 from line 30		32		-77,208.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

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

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

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

2. Rent received or accrued

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

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

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

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

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

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

2. Rent received or accrued

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

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

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... ▶

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule) STATEMENT 8	(b) Other deductions (attach schedule) STATEMENT 9
(1) 700 EDWARDS AVE, NEW ORLEANS, LA 70123 - RENTAL			
(2) OF WAREHOUSE AND STORAGE	190,864.	27,153.	302,983.
(3)			
(4)			
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)
(1)		%	
(2) 3,470,832.	8,707,999.	39.86%	76,078.
(3)		%	
(4)		%	
STATEMENT 6	STATEMENT 7	Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals		76,078.	131,592.
Total dividends-received deductions included in column 8			0.

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION	AMOUNT
BENEFITS	3,445.
CONTRACTED SERVICES	596.
EQUIPMENT	239.
INSURANCE	3,057.
OCCUPANCY	3,950.
OTHER	459.
PR & COMMUNICATIONS	50.
PROFESSIONAL SERVICES	3,619.
SUPPLIES	6,214.
TRANSPORTATION	177.
TOTAL TO SCHEDULE M, PART II, LINE 28	21,806.

FORM 990-T (M) SCHEDULE E - UNRELATED DEBT-FINANCED INCOME
AVERAGE ACQUISITION DEBT

STATEMENT 6

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
700 EDWARDS AVE, NEW ORLEANS, LA 70123 - RENTAL OF WARE	1	
BEGINNING FIRST MONTH		3,595,131.
BEGINNING SECOND MONTH		3,576,008.
BEGINNING THIRD MONTH		3,556,885.
BEGINNING FOURTH MONTH		3,537,762.
BEGINNING FIFTH MONTH		3,518,639.
BEGINNING SIXTH MONTH		3,499,516.
BEGINNING SEVENTH MONTH		3,480,393.
BEGINNING EIGHTH MONTH		3,461,270.
BEGINNING NINTH MONTH		3,442,147.
BEGINNING TENTH MONTH		3,423,024.
BEGINNING ELEVENTH MONTH		3,403,901.
BEGINNING TWELFTH MONTH		3,384,778.
TOTAL OF ALL MONTHS		41,879,454.
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		3,489,955.

TOTALS TO FORM 990-T, SCHEDULE E, COLUMN 4

FORM 990-T (M) SCHEDULE E - UNRELATED DEBT-FINANCED INCOME STATEMENT 7
 AVERAGE ADJUSTED BASIS

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
700 EDWARDS AVE, NEW ORLEANS, LA 70123 - RENTAL OF WARE	1	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR		3,489,955.
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		3,470,832.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		3,480,394.

TOTAL TO FORM 990-T, SCHEDULE E, COLUMN 5

FORM 990-T (M) SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 8

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		27,153.	
- SUBTOTAL -	1		27,153.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			27,153.

FORM 990-T (M)

SCHEDULE E - OTHER DEDUCTIONS

STATEMENT 9

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
CONSULTANTS		4,156.	
CONTRACT SERVICES		867.	
EQUIPMENT		0.	
FOOD		5,591.	
INSURANCE		30,545.	
INTEREST		19,318.	
OCCUPANCY		96,198.	
PERSONNEL EXPENSES		145,685.	
PROFESSIONAL AND CONTRACT SERVICES		1.	
PROGRAM EXPENSE		130.	
SUPPLIES		492.	
- SUBTOTAL -	1		302,983.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			302,983.

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

ENTITY 2

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

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

Department of the Treasury
Internal Revenue Service (99)

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

Unrelated business activity code (see instructions) ▶ 310000

Describe the unrelated trade or business ▶ **MANUFACTURING**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales	<u>2,663.</u>			
b Less returns and allowances				
c Balance ▶		1c <u>2,663.</u>		
2 Cost of goods sold (Schedule A, line 7)		2 <u>2,165.</u>		
3 Gross profit. Subtract line 2 from line 1c		3 <u>498.</u>		<u>498.</u>
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 <u>498.</u>		<u>498.</u>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		<u>2,093.</u>
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		<u>53.</u>
20 Charitable contributions (See instructions for limitation rules)		20		
21 Depreciation (attach Form 4562)	<u>64.</u>	21		
22 Less depreciation claimed on Schedule A and elsewhere on return		22a		
		22b		<u>64.</u>
23 Depletion		23		
24 Contributions to deferred compensation plans		24		
25 Employee benefit programs		25		
26 Excess exempt expenses (Schedule I)		26		
27 Excess readership costs (Schedule J)		27		
28 Other deductions (attach schedule)	SEE STATEMENT 4	28		<u>16,700.</u>
29 Total deductions. Add lines 14 through 28		29		<u>18,910.</u>
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30		<u>-18,412.</u>
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31		
32 Unrelated business taxable income. Subtract line 31 from line 30		32		<u>-18,412.</u>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

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

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

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

2. Rent received or accrued

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

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

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION

AMOUNT

BENEFITS	163.
CONSULTANTS	11,303.
CONTRACTED SERVICES	17.
EQUIPMENT	3,135.
INSURANCE	35.
MARKETING	75.
OCCUPANCY	329.
PROFESSIONAL SERVICES	484.
SUPPLIES	1,080.
TRANSPORTATION	79.

TOTAL TO SCHEDULE M, PART II, LINE 28

16,700.

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

ENTITY 3

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

▶ **Go to www.irs.gov/Form990T for instructions and the latest information.**

▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

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

Department of the Treasury
Internal Revenue Service (99)

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

Unrelated business activity code (see instructions) ▶ 900002

Describe the unrelated trade or business ▶ KITCHEN RENTAL

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales	<u>17,160.</u>			
b Less returns and allowances				
c Balance ▶		1c <u>17,160.</u>		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3 <u>17,160.</u>		<u>17,160.</u>
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 <u>17,160.</u>		<u>17,160.</u>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		<u>1,474.</u>
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19		
20 Charitable contributions (See instructions for limitation rules)		20		
21 Depreciation (attach Form 4562)	<u>384.</u>	21		
22 Less depreciation claimed on Schedule A and elsewhere on return		22a		
		22b		<u>384.</u>
23 Depletion		23		
24 Contributions to deferred compensation plans		24		
25 Employee benefit programs		25		
26 Excess exempt expenses (Schedule I)		26		
27 Excess readership costs (Schedule J)		27		
28 Other deductions (attach schedule)	<u>SEE STATEMENT 5</u>	28		<u>2,212.</u>
29 Total deductions. Add lines 14 through 28		29		<u>4,070.</u>
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30		<u>13,090.</u>
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31		
32 Unrelated business taxable income. Subtract line 31 from line 30		32		<u>13,090.</u>

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

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

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

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

2. Rent received or accrued

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

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

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8				0.

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 5

DESCRIPTION

AMOUNT

EQUIPMENT

30.

INSURANCE

207.

OCCUPANCY

1,975.

TOTAL TO SCHEDULE M, PART II, LINE 28

2,212.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. SECOND HARVEST FOOD BANK GREATER NEW ORLEANS AND ACADIANA	Employer identification number (EIN) or 72-0956468
	Number, street, and room or suite no. If a P.O. box, see instructions. 700 EDWARDS AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW ORLEANS, LA 70123	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

NATALIE JAYROE

- The books are in the care of ▶ **700 EDWARDS AVENUE - NEW ORLEANS, LA 70123**
Telephone No. ▶ **504-734-1322** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2020** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2018** , and ending **JUN 30, 2019** .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. SECOND HARVEST FOOD BANK GREATER NEW ORLEANS AND ACADIANA	Employer identification number (EIN) or 72-0956468
	Number, street, and room or suite no. If a P.O. box, see instructions. 700 EDWARDS AVENUE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW ORLEANS, LA 70123	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

NATALIE JAYROE

- The books are in the care of ▶ 700 EDWARDS AVENUE - NEW ORLEANS, LA 70123
Telephone No. ▶ 504-734-1322 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

Louisiana Department of Revenue

Post Office Box 91011
Baton Rouge, LA 70821-9011

Enter your LA Revenue Account
Number here (Not FEIN):

4250239-001

For office
use only.

La Corporation Income Tax Return for 2018	La Corporation Franchise Tax Return for 2019
<input type="checkbox"/> Mark box for calendar year	
Or Fiscal Year (Enter dates)	
Begun <u>07/01</u> , 2018	Begun _____, 2019
Ended <u>06/30</u> , 2019	Ended _____, 2020
Calendar year returns are due May 15. See instructions for fiscal years.	
Final return	Mark the appropriate box for Short period or Final return.
Short period return	

Mark box if:

- Name change.
- Amended return.
- Entity is not required to file franchise tax.
- Entity is not required to file income tax.
- First time filing of this form.
- 2015 Legislation Recovery

Legal Name SECOND HARVEST FOOD BANK GREAT		
Trade Name		
Address 700 EDWARDS AVENUE		
City NEW ORLEANS	State LA	ZIP 70123

A. Federal Employer Identification Number	<u>72-0956468</u>
B. Federal taxable income	<u>0</u>
C. Federal income tax	<u>0</u>
D. Income tax apportionment percentage	<u>100.00</u> %
E. Gross revenues	<u>0</u>
F. Total assets	<u>29790497</u>

G. NAICS code	<u>493100</u>
H. Enter the state abbreviation for location of the principal place of business.	<u>LA</u>
I. Does the income of this corporation include the income of any disregarded entities?	Yes No <input checked="" type="checkbox"/>
J. Was the income of this corporation included in a consolidated federal income tax return?	Yes No <input checked="" type="checkbox"/>
K. If answered yes to J, enter FEIN of consolidated federal income tax return.	_____
L. Do the books of the corporation contain intercompany debt?	Yes No <input checked="" type="checkbox"/>
M. Enter the code for the federal form filed.	<u>9</u>
N. Enter the code for the type of entity.	<u>8</u>

Computation of Income Tax - See instructions.	
1A. Louisiana net income before loss adjustments and federal income tax deduction	<u>0</u>
1B. Subchapter S corporation exclusion	<u>0</u>
1C. Loss carryforward [\$ <u>0</u> .00] less federal tax refund applicable to loss [\$ <u>0</u> .00] Attach schedule.	<u>0</u>
1C1. Loss carryforward utilized.	<u>0</u>
1C2. Act 123 loss utilization recovery	<u>0</u>
1D. Federal income tax deduction	<u>0</u>
1D1. Federal Disaster Relief Credits	<u>0</u>
1E. Louisiana taxable income	<u>0</u>
2. Louisiana income tax	<u>0</u>
3. Nonrefundable income tax credits from Schedule NRC-P1	<u>0</u>
4. Income tax after priority 1 credits	<u>0</u>

Computation of Franchise Tax - See instructions.	
5A. Total capital stock, surplus, & undivided profits	<u>25143685</u>
5B. Franchise tax apportionment percentage	<u>100.00</u> %
5C. Franchise taxable base	<u>25143685</u>
6. Amount of assessed value of real and personal property in Louisiana in 2018	<u>0</u>
7. Louisiana franchise tax	<u>0</u>
8. Nonrefundable franchise tax credits from Schedule NRC-P1	<u>0</u>
9. <input checked="" type="checkbox"/> Franchise tax after priority 1 credits	<u>0</u>

IMPORTANT!

All three (3) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 26, Column 3. **Do not send cash.**



FOR OFFICE USE ONLY

Field
Flag

DEV ID 2249

854401
11-07-18

21941

Net Amount Due			
	Col. 1 - Income tax	Col. 2 - Franchise tax	Col. 3 - Total
10. Tax liability after priority 1 credits	10. <u>0</u>	10. <u>0</u>	
11. Louisiana Citizens Insurance Assessment Paid	11. <u>0</u>		
11A. Louisiana Citizens Insurance Credit	11A. <u>0</u>		
11B. Refundable credits from Schedule RC-P2	11B. <u>0</u>	11B. <u>0</u>	
12. Total priority 2 credits	12. <u>0</u>	12. <u>0</u>	
13. Tax liability after priority 2 credits	13. <u>0</u>	13. <u>0</u>	
14. Overpayment after priority 2 credits	14. <u>0</u>	14. <u>0</u>	
15. Nonrefundable credits from Schedule NRC-P3	15. <u>0</u>	15. <u>0</u>	
16. Tax liability after priority 3 credits	16. <u>0</u>	16. <u>0</u>	16. <u>0</u>
17A. Overpayment after priority 2 credits	17A. <u>0</u>	17A. <u>0</u>	
17B. Refundable credits from Schedule RC-P4	17B. <u>0</u>	17B. <u>0</u>	
17C. Credit carryforward from prior year return	17C. <u>0</u>	17C. <u>0</u>	
17D. Estimated payments	17D. <u>0</u>		
17E. Payment made with extension	17E. <u>0</u>	17E. <u>0</u>	
17F. Total refundable credits and payments	17F. <u>0</u>	17F. <u>0</u>	
18. Overpayment	18. <u>0</u>	18. <u>0</u>	18. <u>0</u>
19. Tax due	19. <u>0</u>	19. <u>0</u>	
20. Amount of Income tax overpayment applied to franchise tax		20. <u>0</u>	
21. Net Tax due		21. <u>0</u>	
22. Interest	22. <u>0</u>	22. <u>0</u>	
23. Delinquent filing penalty	23. <u>0</u>	23. <u>0</u>	
24. Delinquent payment penalty	24. <u>0</u>	24. <u>0</u>	
25. Additional donation to The Military Family Assistance Fund	25. <u>0</u>	25. <u>0</u>	▼ PAY THIS AMOUNT ▼
26. Total amount due	26. <u>0</u>	26. <u>0</u>	26. <u>0</u>

IMPORTANT!

All three (3) pages of this return **MUST** be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 26, Column 3. **Do not send cash.**



Net Amount Due			
	Col. 1 - Income tax	Col. 2 - Franchise tax	Col. 3 - Total
27. Net overpayment		<u>0</u>	<u>0</u>
28. Amount of overpayment you want to donate to The Military Family Assistance Fund			<u>0</u>
29. Amount of overpayment to be refunded			<u>0</u>
30. Amount of overpayment to be credited to 2019			<u>0</u>

Make payment to Louisiana Department of Revenue. DO NOT SEND CASH. You can pay your taxes online at: www.revenue.louisiana.gov/LaTap.

Under the penalties of perjury, I declare that I have examined this return, including all accompanying documents, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he has any knowledge.		
Signature of Officer	Title of Officer PRESIDENT / CEO	
Print Name of Officer	Telephone 504-734-1322	Date (mm/dd/yyyy)

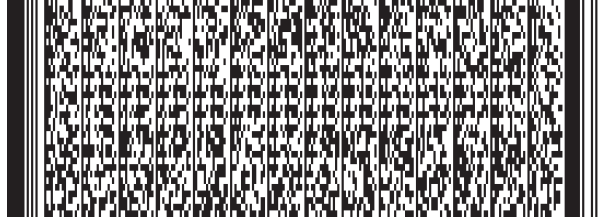
PAID PREPARER USE ONLY	Print Preparer's Name PAUL PECHON	Preparer's Signature	Date (mm/dd/yyyy)	Check <input type="checkbox"/> if Self-employed
	Firm's Name ► BOURGEOIS BENNETT, L.L.C.	Firm's FEIN ► 72-0136870		
	Firm's Address ► 111 VETERANS BLVD., 17TH FLOOR, M	Telephone ► 504.831.4949		

IMPORTANT!

All three (3) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 26, Column 3. **Do not send cash.**

PTIN, FEIN, or LDR Account Number of Paid Preparer **720136870**





All applicable schedules must be completed.

Schedule A - Required Information

1. At the end of the tax year, did you directly or indirectly own 50% or more of the voting stock of any corporation or an interest of any partnership, including any entity treated as a corporation or partnership? If yes, list the FEIN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN and percentage owned of all entities.	Yes <input type="checkbox"/>	1	FEIN	Percentage
		2		
	No <input checked="" type="checkbox"/>	3		
		4		
		5		
	2. At the end of the tax year, did any corporation, individual, partnership, trust, or association directly or indirectly own 50% or more of your voting stock? If yes, list the FEIN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN and percentage owned of all entities.	Yes <input type="checkbox"/>	1	FEIN
2				
No <input checked="" type="checkbox"/>		3		
		4		
		5		
3. If you answered yes to Line 1 on CIFT-620, list the FEIN of five of those entities. Also, attach a schedule listing the names, addresses FEIN of all entities.		Yes <input type="checkbox"/>	1	FEIN
	2			
	No <input checked="" type="checkbox"/>	3		
		4		
		5		

Schedule B - Computation of Income Tax Apportionment Percentage

Description of items used as ratios	1. Total amount	2. Louisiana amount	3. Percent
1. Net sales of merchandise and/or charges for services			
A. Sales	0	0	
B. Charges for services	0	0	
C. Other gross apportionable income	0	0	
D. Total - Add the amounts in Columns 1 and 2.	0	0	100.00 %
2. For certain oil & gas businesses only. Wages, salaries, and other personal service compensation paid during the year (see instructions). If ratio not used, check box. <input checked="" type="checkbox"/>	0	0	%
3. For certain oil & gas businesses only (see instructions). Income tax property ratio - Enter percentage from Schedule C, Line 24. If ratio not used, check box. <input checked="" type="checkbox"/>			%
4. ONLY corporations primarily in the oil and gas business, enter ratio from Line 1D, Column 3 (see instructions).			%
5. Total of percents in Column 3			100.00 %
6. Average of percents - Divide Line 5 by applicable number of ratios. Enter here and on CIFT-620, Line D.			100.00 %



Schedule D - Computation of Louisiana Net Income

See instructions if separate accounting method is used and check box.

	Totals			Totals	
1A. Gross receipts	0	.00	22. Other employee benefit plans	0	.00
1B. Less returns and allowances	0	.00	23. Other deductions - Attach schedule.	0	.00
1C. Balance. Subtract Line 1B from Line 1A.	0	.00	24. Total deductions - Add Lines 10 through 23.	0	.00
2. Less: Cost of goods sold and/or operations - Attach schedule.	0	.00	25. Net income from all sources - Subtract Line 24 from Line 9.	0	.00
3. Gross profit - Subtract Line 2 from Line 1C.	0	.00	26. Allocable income from all sources:		
4. Gross rents	0	.00	26A. Net rents and royalties from immovable or corporeal movable property	0	.00
5. Gross royalties	0	.00	26B. Royalties from the use of patents, trademarks, etc.	0	.00
6. Income from estates, trusts, partnerships	0	.00	26C. Income from estates, trusts, and partnerships	0	.00
7. Income from construction, repair, etc.	0	.00	26D. Income from construction, repair, etc.	0	.00
8. Other income - Attach schedule.	0	.00	26E. Other allocable income	0	.00
9. Total income - Add Lines 3 through 8.	0	.00	26F. Allocable expenses	(0)	.00
10. Compensation of officers	0	.00	26G. Net allocable income from all sources	0	.00
11. Salaries and wages (not deducted elsewhere)	0	.00	27. Net income subject to apportionment - Subtract Line 26G from Line 25.	0	.00
12. Repairs	0	.00	28. Net income apportioned to Louisiana	0	.00
13. Bad debts	0	.00	29. Allocable income from Louisiana sources:		
14. Rent	0	.00	29A. Net rents and royalties from immovable or corporeal movable property	0	.00
15. Taxes and licenses - Attach schedule.	0	.00	29B. Royalties from the use of patents, trademarks, etc.	0	.00
16. Interest	0	.00	29C. Income from estates, trusts, and partnerships	0	.00
17. Charitable Contributions	0	.00	29D. Income from construction, repair, etc.	0	.00
18. Depreciation - Attach schedule.	0	.00	29E. Other allocable income	0	.00
19. Depletion - Attach schedule.	0	.00	29F. Allocable expenses	(0)	.00
20. Advertising	0	.00	29G. Net allocable income from Louisiana sources	0	.00
21. Pension, profit sharing, stock bonus, and annuity plans	0	.00	30. Louisiana net income before loss adjustments and federal income tax deduction - Add Line 28 and Line 29G.	0	.00



Schedule E - Reconciliation of Income Per Books with Income Per Return

1. Net income per books	7835937	6. Total - Add Lines 1 through 5c.	7835937
2. Louisiana income tax	0	7. Income recorded on books this year, but not included in this return - Attach Schedule.	7835937
3. Excess of capital loss over capital gains	0	8. Deductions in this tax return not charged against book income this year:	
4. Taxable income not recorded on books this year - Attach schedule	0	a. Depreciation	0
5. Expenses recorded on books this year, but not deducted in this return:		b. Depletion	0
a. Depreciation	0	c. Other - Attach Schedule.	0
b. Depletion	0	9. Total - Add Lines 7 and 8c.	7835937
c. Other - Attach schedule.	0	10. Net income from all sources per return - Subtract Line 9 from Line 6.	0

Schedule G - Liabilities and Capital from Balance Sheet

Liabilities and Capital	1. Beginning of year	2. End of year
1. Accounts payable	704130	679016
2. Mortgages, notes, and bonds payable one year old or less at balance sheet date and having a maturity of one year or less from original date incurred	0	0
3. Other current liabilities - Attach schedule.	0	0
4. Loans from stockholders - Attach schedule.	0	0
5. Due to subsidiaries and affiliates	0	0
6. Mortgages, notes, and bonds payable more than one year old at balance sheet date or having a maturity of more than one year from original date incurred	4095450	3930636
7. Other liabilities - Attach schedule. STMT 2	516645	37160
8. Capital stock: a. Preferred stock	0	0
b. Common stock	0	0
9. Paid-in or capital surplus	0	0
10. Surplus reserves - Attach schedule.	0	0
11. Earned surplus and undivided profits	17319883	25143685
12. Excessive reserves or undervalued assets	0	0
13. Totals - Add Lines 1 through 12.	22636108	29790497



All applicable schedules must be completed.

Schedule F - Reconciliation of Federal and Louisiana Net Income See R.S. 47:287.71, R.S. 47:287.73, and R.S. 47:287.82 for information.	
	Column 1
1. Enter the total net income calculated under federal law before special deductions.	0
2. Additions to federal net income:	
a. Louisiana income tax	0
b. Related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	0
c. Donation to School Tuition Organization Credit (see instructions).	0
d. Other additions - Attach schedule.	0
e. Total additions - Add Lines 2a through 2d.	0
3. Subtractions from federal net income:	
a. Bank dividends (see instructions).	0
b. All other dividends	0
c. Interest	0
d. Road Home - The amount included in federal taxable income	0
e. Louisiana depletion in excess of federal depletion	0
f. Expenses not deducted on the federal return due to Internal Revenue Code Section 280C	0
g. Exempt amount of related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	0
h. Compensation for disaster services (see instructions).	0
i. Act 123 recovery (see instructions).	0
j. Other subtractions - Attach schedule.	0
k. Total subtractions - Add Lines 3a through 3j.	0
4. Louisiana net income from all sources - The amount should agree with Schedule D, Line 25.	0



See Revenue Ruling 06-010 and Revenue Information Bulletin 13-006. **All applicable schedules must be completed.** Complete Lines 1 through 11 only if there is an end of year balance in the "Due to Subsidiaries and Affiliates" account or an **equivalent account** on the books of the corporation. All corporations must complete Lines 12 through 19.

Schedule G-1 Computation of Franchise Tax Base		
1.	Capital Stock:	
	1A. Common Stock - Include paid-in or Capital Surplus	0
	1B. Preferred Stock - Include paid-in or Capital Surplus	0
2.	Total Capital stock - Add Lines 1A and 1B.	0
3.	Surplus and undivided profits	0
4.	Surplus reserves - Include any excessive reserves or undervalued assets	0
5.	Total - Add Lines 2, 3, and 4	0
6.	Due to subsidiaries and affiliates (Do not net with receivables)	0
7.	Deposit liabilities to affiliates - Included in the amount on Line 6	0
8.	Accounts payable less than 180 days old - Included in the amount on Line 6	0
9.	Adjusted debt to affiliates - Subtract Lines 7 and 8 from Line 6	0
10A.	If Line 9 is greater than zero, AND Line 5 is greater than or equal to zero, subtract Line 5 from Line 9. If both conditions of this line do not apply, skip to Line 10B.	0
10B.	If Line 9 is greater than zero, AND Line 5 is less than or equal to zero, subtract Line 5 from Line 9. Multiply the difference by 50 percent and enter the result here.	0
11.	Additional Surplus and Undivided Profits - See instructions	0
Total Franchise Taxable Base		
12.	Capital Stock: Common Stock	0
	Preferred Stock	0
13.	Paid-in or capital surplus - Include items of paid-in capital in excess of par value	0
14.	Surplus reserves - Attach schedule	0
15.	Earned surplus and undivided profits	25143685
16.	Excessive reserves or undervalued assets	0
17.	Additional surplus and undivided profits - From Line 11 above	0
18.	Allowable deductions - See instructions	0
19.	Total capital, surplus and undivided profits - Add Lines 12 through 18. Also enter the total on CIFT-620, Line 5A. Round to the nearest dollar.	25143685

Note: All accounts on the books of the corporation should be reviewed to determine if an account is an item of capital, surplus or undivided profits. All items of capital, surplus and undivided profits must be included in the franchise taxable base. See Revenue Information Bulletin 06-026.



Schedule H - Computation of Corporate Franchise Tax Property Ratio		
	LOCATED EVERYWHERE	LOCATED IN LOUISIANA
	1. End of year	2. End of year
1. Cash	139953	139953
2. Notes and accounts receivable	6852796	6852796
3. Reserve for bad debts	(0)	(0)
4. Investment in U.S. govt. obligations	0	0
5. Stock and obligations of subsidiaries	0	0
6. Other investments - Attach schedule	4469579	4469579
7. Loans to stockholders	0	0
8. Other intangible assets - Attach schedule	62235	62235
9. Accumulated depreciation	(0)	(0)
10. Total intangible assets - Add Lines 1-9	11524563	11524563
11. Inventories	0	0
12. Bldgs. and other depreciable assets	15573428	15573428
13. Accumulated depreciation	(4897993)	(4897993)
14. Depletable assets	0	0
15. Accumulated depletion	(0)	(0)
16. Land	0	0
17. Other real & tangible assets - Attach schedule	7590499	7590499
18. Excessive reserves, assets not reflected on books, or undervalued assets	0	0
19. Total real and tangible assets - Add Lines 11 through 18	18265934	18265934
20. Total Assets - Add Lines 10 and 19	29790497	29790497
21. Franchise tax property ratio (Line 20, Column 2 ÷ Line 20, Column 1)		100.00 %



Schedule I - Computation of Corporate Franchise Tax Apportionment Percentage

Description of items used as ratios	1. Total amount	2. Louisiana amount	3. Percent
1. Net sales of merchandise, charges for services, and other revenues			
A. Sales	0	0	
B. Charges for services	0	0	
C. Other Revenues:			
(i) Rents and royalties	0	0	
(ii) Dividends and interest from subsidiaries	0	0	
(iii) Other dividends and interest	0	0	
(iv) All other revenues	0	0	
D. Total - If the ratio is not used, check the box. <input checked="" type="checkbox"/>	0	0	%
2. Franchise tax property ratio - Enter the percentage from Schedule H, Line 21. If the ratio is not used, check the box. <input type="checkbox"/>			100.00 %
3. Total of applicable percents in Column 3			100.00 %
4. Average of percents - Divide Line 3 by applicable number of ratios. Enter here and on CIFT-620, Line 5B. <input type="checkbox"/>			100.00 %



Schedule J - Calculation of Income Tax			
1. Enter the amount of net taxable income from CIFT-620, Line 1E. Short period filers mark this box <input type="checkbox"/> and see the instructions.			0
2. Calculation of tax	Column 1 Net income in each bracket	RATE	Column 2 TAX
a. First \$25,000 of net taxable income	0	x 4% =	0
b. Next \$25,000 ■	0	x 5% =	0
c. Next \$50,000	0	x 6% =	0
d. Next \$100,000	0	x 7% =	0
e. Over \$200,000	0	x 8% =	0
3. Add the amounts in Column 1, Lines 2a through 2e and enter the result.			0
4. Add the amounts in Column 2, Lines 2a through 2e. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2.			0

Schedule K - Summary of Estimated Tax Payments			
	Check number	Date	Amount
1. Credit from prior year return			0
2. First quarter estimated payment			0
3. Second quarter estimated payment			0
4. Third quarter estimated payment ■			0
5. Fourth quarter estimated payment			0
6. Payment made with extension request			0

Schedule L - Calculation of Franchise Tax	
1. Enter the amount from CIFT-620, Line 5C or Line 6, whichever is greater. Short period filers mark this box <input type="checkbox"/> and see the instructions.	0
2. Enter the amount of Line 1 or \$300,000, whichever is less.	0
3. Multiply the amount on Line 2 by \$1.50 for each \$1,000 or major fraction and enter the result.	0
4. Subtract Line 2 from Line 1 and enter the result. ■	0
5. Multiply the amount on Line 4 by \$3.00 for each \$1,000 or major fraction and enter the result.	0
6. Add Lines 3 and 5. Round to the nearest dollar. Enter the result here and on CIFT-620, Line 7.	0



Schedule M - Analysis of Schedule G, Line 11, Column 2 - Earned surplus and undivided profits per books			
1. Balance at beginning of year	17319883	■ b. Stock	0
2. Net income per books	7835937	c. Property	0
3. Other increases - Attach schedule.	48169	6. Other decreases - Attach schedule.	60304
4. Total - Add Lines 1, 2, and 3.	25203989	7. Total - Add Lines 5 and 6.	60304
5. Distributions: a. Cash	0	8. Balance at end of year - Subtract Line 7 from Line 4.	25143685

Schedule N - Additional Information Required	
<p>1. Describe the nature of your business activity and specify your principal product or service, both in Louisiana and elsewhere.</p> <p>Louisiana: <u>WAREHOUSING AND STORAGE</u></p> <hr/> <hr/> <p>Elsewhere: <u>NA</u></p> <hr/> <hr/>	<p>2. Indicate the date and state of incorporation. <u>01011982</u> <u>LA</u></p> <p>3. Indicate parishes in which property is located.</p> <p><u>JEFFERSON</u></p> <hr/> <hr/> <p style="text-align: center;">■</p>



FEDERAL INCOME TAX DEDUCTION WORKSHEET

1A. Louisiana net income - From Form CIFT-620, Line 1A	\$	
1B. Loss deductions - Enter the sum of Form CIFT-620, Lines 1C1 and 1C2	\$	
1C. Louisiana net income before federal income tax deduction - Subtract Line 1B from Line 1A	\$	
2. Adjustments to convert Louisiana net income to a federal basis		
_____	\$	
_____	\$	
_____	\$	
_____	\$	
_____	\$	
_____	\$	
_____	\$	
Net adjustment	\$	
3. Louisiana net income on a federal basis - Subtract Line 2 from Line 1C	\$	
4. Federal net income	\$	
5. Less creditable expenses	\$	
6. Federal net income - Subtract Line 5 from Line 4	\$	
7. Ratio of Louisiana net income to federal net income - Divide Line 3 by Line 6		100.0000 %
8. Federal income tax liability	\$	0.
9. Less base erosion minimum tax	\$	
10. Federal income tax - Subtract Line 9 from Line 8	\$	0.
11. Federal income tax attributable to Louisiana income - Multiply Line 10 by Line 7	\$	0.
12. Federal income tax disaster relief credits	\$	
12a. Federal income tax disaster relief credit attributable to Louisiana - Multiply Line 12 by Line 7 and enter the amount here and on Form CIFT-620, Line 1D1	\$	
13. 2018 Net 965 tax liability from the worksheet in the instructions	\$	
14. Add Lines 11, 12a, and 13 - Enter on Form CIFT-620, Line 1D	\$	

The amount of federal income tax to be deducted is that portion levied on the income derived from sources in this state. See R.S. 47:287.83 and 85 and Louisiana Administrative Code 61:I.1122 and 1123 for specific information regarding the computation of the federal income tax deduction.

LOUISIANA
DEPARTMENT of REVENUE**Louisiana Department of Revenue
Corporation Income/Franchise Tax
Declaration for Electronic Filing**

Do not file paper copies. This form must be maintained by the Electronic Return Originator (ERO).

For calendar year 2018, or tax year beginning JUL 1, 2018, ending JUN 30, 2019

PLEASE PRINT OR TYPE.

Name of Corporation SECOND HARVEST FOOD BANK GREATER NEW OR			
Louisiana Revenue Account Number 4250239-001		Federal Employer Identification Number (FEIN) 72-0956468	
Street Address of Corporation 700 EDWARDS AVENUE		City NEW ORLEANS	State ZIP LA 70123

Part 1 - Tax Return Information (whole dollars only)			
1	Income & Franchise tax due after Priority 1 Credits (Form CIFT-620, Line 10, the sum of both columns 1 and 2)	1	.00
2	Refund (Form CIFT-620, Line 29, column 3)	2	.00
3	Total amount due (Form CIFT-620, Line 26, column 3)	3	.00
4	Amount of payment remitted electronically	4	.00

Part II - Declaration of Officer (Sign only after Part I is completed.)		
Under penalties of perjury, I declare that I am an officer of the above corporation and that the information that I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part 1 above agree with the amounts on the corresponding lines of the Louisiana 2018 Income/2019 Franchise tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation's return, this declaration, accompanying schedules, and statements to the Louisiana Department of Revenue. I also consent to the Louisiana Department of Revenue sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the corporation's return is accepted, and, if rejected, the reason(s) for the rejection.		
<input checked="" type="checkbox"/> I authorize a representative of the Louisiana Department of Revenue to discuss my return and attachments with my preparer.		
Signature of Officer X	Date (mm/dd/yyyy)	Title PRESIDENT / CEO

Part III - Declaration of Electronic Return Originator (ERO) and Paid Preparer				
I declare that I have reviewed the above corporation's return and that the entries on LA8453-C are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The corporate officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the Louisiana Department of Revenue, and have followed all other requirements in Pub. 3112, IRS E-file Application and Participation, and Pub. 4163, Modernized E-File Information for Authorized IRS E-Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.				
ERO's Use Only				
ERO's Signature X	Date (mm/dd/yyyy)	<input checked="" type="checkbox"/> Check if also paid preparer	<input type="checkbox"/> Check if self-employed	ERO's SSN or PTIN P01073556
Firm's Name (or yours if self-employed) BOURGEOIS BENNETT, L.L.C.				FEIN 72-0136870
City METAIRIE		State LA	ZIP 70005	Phone Number 504.831.4949
Paid Preparer's Use only				
Preparer's Signature X	Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed	Preparer's SSN or PTIN	
Firm's Name (or yours if self-employed)				FEIN
City		State	ZIP	Phone Number

LOUISIANA
 DEPARTMENT of REVENUE

**Unrelated Business Income Worksheet for
 IRC 401(a) and 501 Organizations**

 Attach completed worksheet
 to your 2018 CIFT-620

 Enter your LA Revenue Account Number here. > 4250239001

Name as shown on CIFT-620 Second Harvest Food Bank of Greater New Orleans and Acadiana	Income Taxable Period Covered 06/30/2019
--	--

General Information

Louisiana Revised Statute 47:287.501 provides that an organization described in Internal Revenue Code Sections 401(a) or 501 shall be exempt from income taxation to the extent the organization is exempt from income taxation under federal law, unless the contrary is expressly provided. Accordingly, an exempt organization that has income from an unrelated trade or business and files a Federal Form 990-T with the Internal Revenue Service is subject to file and report its Louisiana-sourced unrelated business income to Louisiana. Louisiana Administrative Code 61:I.1140 and Revenue Information Bulletin 09-009 have been published providing guidance whereby these organizations are not exempt from taxation on the Louisiana-sourced unrelated business income or income not included under I.R.C. Sections 401(a) or 501, and they are required to file a Form CIFT-620 reporting such income.

This worksheet will serve as a guide in determining the amount of Louisiana-sourced unrelated business income that the organization must report and the amount of federal income tax that is allowed as a deduction. **When completing this worksheet and Form CIFT-620, include only items of income and expense related to the production of unrelated business income.** Also note that franchise tax computations on both forms are not required to be completed if these organizations are not subject to the Louisiana Franchise Tax.

Unrelated Business Income

To determine the amount of unrelated business income that should be reported to Louisiana, complete Lines 1 and 2 below.

1	Federal net unrelated business income – Add the amount on Federal Form 990-T, Part II, Line 30, to the amount on each Federal Form 990-T, Schedule M, Part II, Line 30 completed. Enter the result here and on Form CIFT-620, Schedule F, Line 1.	1	0.00
---	---	---	------

If the unrelated business income is from business done only within Louisiana:

Complete Form CIFT-620, Schedule F. Enter the amount from Form CIFT-620, Schedule F, Line 4 on Form CIFT-620, Line 1A. Proceed to Line 2.

If the unrelated business income is from business within and outside of Louisiana:

Complete Form CIFT-620, Schedules D and F, and, if applicable, complete Schedules B and C. Enter the amount from Form CIFT-620, Schedule D, Line 30 on Form CIFT-620, Line 1A. Proceed to Line 2.

2	Louisiana net unrelated business income before federal income tax deduction – Complete Form CIFT-620, Lines 1B through 1C2. Subtract Lines 1B, 1C1, and 1C2 from Line 1A and enter the result here.	2	0.00
---	---	---	------

Federal Income Tax Deduction

To determine the amount of federal income tax that is allowed as a deduction from Louisiana unrelated business income, complete Lines 3 – 5 below.

3	Federal income tax liability – Enter the amount shown on Federal Form 990-T, Line 39 or Line 40, whichever applies.	3	0.00
4	Ratio of Louisiana net unrelated business taxable income to federal net unrelated business income – Divide Line 2 by Line 1. Round to two decimal places.	4	0 _____ %
5	Federal income tax deduction – Multiply the amount of the federal income tax liability on Line 3 above by the ratio determined on Line 4. Enter the result here and on Form CIFT-620, Line 1D.	5	0.00

Louisiana Net Taxable Income

6	Louisiana taxable income – Subtract Line 5 from Line 2. Enter the balance here and on Form CIFT-620, Line 1E.	6	0.00
---	---	---	------

Tax Calculation

7	Louisiana income tax – Follow the instructions for Form CIFT-620 Schedule J. Enter the amount from Schedule J, Line 4 here and on Form CIFT-620, Line 2.	7	0.00
---	--	---	------

After completing Line 7 above, follow the instructions to complete Form CIFT-620.

 Attach this worksheet and applicable schedules to the
 completed Form CIFT-620 when filing the return.


LA FORM CIFT-620 SCHEDULE E - BOOKED INCOME NOT ON RETURN STATEMENT 1

DESCRIPTION	AMOUNT
INCOME RELATED TO EXEMPT PURPOSE	7,835,937.
TOTAL TO CIFT-620, SCHEDULE E, LINE 7	7,835,937.

LA FORM CIFT-620 SCHEDULE G - OTHER LIABILITIES STATEMENT 2

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
LEASE DEPOSITS	12,413.	9,663.
DUE TO ARCHDIOCESE OF NEW ORLEANS	504,232.	114.
DERIVATIVE LIABILITY	0.	27,383.
TOTALS TO CIFT-620, SCHEDULE G, LINE 7	516,645.	37,160.

LA FORM CIFT-620 SCHEDULES C AND H - OTHER INVESTMENTS STATEMENT 3

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
INVESTMENTS	4,360,625.	4,469,579.
TOTALS TO CIFT-620, SCHEDULE C, LINE 6 SCHEDULE H, LINE 6	4,360,625.	4,469,579.

LA FORM CIFT-620 SCHEDULES C AND H - OTHER REAL AND TANGIBLE ASSETS LOCATED EVERYWHERE STATEMENT 4

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
OTHER ASSETS	4,893,314.	7,590,499.
TOTAL TO CIFT-620, SCHEDULE C, LINE 17 SCHEDULE H, LINE 17	4,893,314.	7,590,499.

LA FORM CIFT-620	SCHEDULE M - OTHER DECREASES	STATEMENT 5
------------------	------------------------------	-------------

DESCRIPTION	AMOUNT
CHANGE IN LIABILITY ON INTEREST RATE SWAP AGREEMENT	60,304.
TOTAL TO CIFT-620, SCHEDULE M, LINE 6	60,304.

LA FORM CIFT-620	SCHEDULE M - OTHER INCREASES	STATEMENT 6
------------------	------------------------------	-------------

DESCRIPTION	AMOUNT
UNREALIZED GAINS	48,169.
TOTAL TO CIFT-620, SCHEDULE M, LINE 3	48,169.
