

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)

2024

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

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		D Employer identification number 72-0956468
	F Name and address of principal officer: JON TOUPS SAME AS C ABOVE		E Telephone number 504-734-1322
	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		G Gross receipts \$ 98,541,464.
	J Website: WWW.NO-HUNGER.ORG		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
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1982 M State of legal domicile: LA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO LEAD THE FIGHT AGAINST HUNGER 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.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	202
	6 Total number of volunteers (estimate if necessary)	6	23614
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-55,494.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	98,610,719.	87,803,086.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,865,170.	2,202,646.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	204,022.	1,040,337.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	313,341.	244,436.
		100,993,252.	91,290,505.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	81,424,330.	75,842,824.
	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)	9,608,172.	11,920,570.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,675,782.	1,627,218.
	b Total fundraising expenses (Part IX, column (D), line 25)	3,604,846.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,758,456.	12,142,780.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	102,466,740.	101,533,392.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,473,488.	-10,242,887.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	89,900,046.	86,699,617.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,903,152.	14,837,265.
	84,996,894.	71,862,352.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	JON TOUPS, PRESIDENT/CEO				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KEITH TREGLE				P01336681
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	BOURGEOIS BENNETT, L.L.C.	72-0136870		504.831.4949	
	Firm's address				
	111 VETERANS BLVD., SUITE 1700				
	METAIRIE, LA 70005				

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 \$ 90,636,761. including grants of \$ 73,937,609.) (Revenue \$ 2,093,772.)
COMMUNITY PROGRAMS - DISTRIBUTED 38,616,252 POUNDS OF FOOD PRODUCT TO
326 CHARITABLE ORGANIZATIONS THROUGHOUT 23 CIVIL PARISHES IN SOUTH
LOUISIANA.

4b (Code: _____) (Expenses \$ 3,324,596. including grants of \$ 1,905,215.) (Revenue \$ 135,985.)
CHILDREN PROGRAMS - DISTRIBUTED 999,873 POUNDS OF FOOD PRODUCT TO 136
CHARITABLE ORGANIZATIONS THROUGHOUT 18 CIVIL PARISHES IN SOUTH
LOUISIANA.

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

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

4e Total program service expenses 93,961,357.

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> ? See instructions	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 Rev. Proc. 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 donor-restricted endowments or in 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> See instructions	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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash 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
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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 on 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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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 202		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country <u>IRELAND</u> 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note: See the instructions for additional information the organization must report on Schedule O.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see the 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?		X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
	If "Yes," complete Form 6069.		

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 on 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 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 on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		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	
7b	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:		
8a	a The governing body?	X	
8b	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 on 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
10b	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	
11b	b Describe on 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	
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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 LA
- 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 on Schedule O)
- 19** Describe on 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
 JON TOUPS - 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) NATALIE JAYROE FORMER PRESIDENT AND CEO	40.00			X			223,134.	0.	22,472.	
(2) DIRK WILD DIRECTOR	1.00 40.00	X					0.	182,205.	16,670.	
(3) E. ELISHA DARCEY VICE PRESIDENT AND COO	40.00			X			154,487.	0.	17,723.	
(4) JOHN A SILLARS CHIEF STRATEGY OFFICER	40.00					X	156,340.	0.	9,241.	
(5) SALLY MONTAGUE FORMER CHIEF FINANCIAL OFFICER	40.00			X			132,794.	0.	22,515.	
(6) KRISTEN R. HOOK CHIEF PHILANTHROPY OFFICER	40.00					X	132,712.	0.	18,967.	
(7) BRANDY S BYRD CHIEF HUMAN RESOURCE OFFICER	40.00					X	119,500.	0.	7,233.	
(8) JASON FINMAN DIRECTOR OF IT	40.00					X	106,504.	0.	10,238.	
(9) HEATHER S SWEENEY FORMER DIRECTOR OF DEVELOPMENT	40.00					X	102,443.	0.	12,447.	
(10) PAUL SCELFO CHIEF REGIONAL OFFICER	40.00					X	106,290.	0.	4,818.	
(11) JODI AAMONDT DIRECTOR	1.00	X					0.	0.	0.	
(12) FATHER HARRY BUGLER DIRECTOR	1.00	X					0.	0.	0.	
(13) LYNNE BURKART TREASURER	2.00	X	X				0.	0.	0.	
(14) ERIC DANOS DIRECTOR	1.00	X					0.	0.	0.	
(15) WILMER FREIBERG DIRECTOR	1.00	X					0.	0.	0.	
(16) DAVID GALLO VICE CHAIR	2.00	X	X				0.	0.	0.	
(17) DANA HENRY DIRECTOR	1.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) WILLIAM HOFFMAN CHAIR	3.00	X		X				0.	0.	0.
(19) MICHAEL HULEFELD DIRECTOR	1.00	X						0.	0.	0.
(20) DARVELLE HUTCHINS DIRECTOR	1.00	X						0.	0.	0.
(21) TODD LAMBERT SECRETARY	2.00	X		X				0.	0.	0.
(22) ELLIS LANAUX DIRECTOR	1.00	X						0.	0.	0.
(23) GARY LORIO EXECUTIVE COMMITTEE	1.00	X						0.	0.	0.
(24) NICOLE MONCRIEF DIRECTOR	1.00	X						0.	0.	0.
(25) SALLY BOYCE RINEHART DIRECTOR	1.00	X						0.	0.	0.
(26) DENNIS STINE DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,234,204.	182,205.	142,324.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,234,204.	182,205.	142,324.

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 9

	Yes	No
3 Did the organization list any former officer, director, 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
SOUTHLAND TRUCK LEASING LLC WEST PARK AVE, GARY, LA 70359	TRUCK LEASING	676,487.
PENSKE TRUCK LEASING, P.O. BOX 827380, PHILADELPHIA, PA 19182-7380	TRUCK LEASING	294,230.
G STREET PROPERTIES, LLC 5739 G STREET, NEW ORLEANS, LA 70123	BUILDING RENT	167,500.

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 3

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	502,039.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	33,170,413.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	54,130,634.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 63,447,501.				
	h Total. Add lines 1a-1f			87,803,086.			
Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code					
		624210	2,202,646.	2,202,646.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			2,202,646.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,270,457.			1,270,457.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	102,496.			
			(ii) Personal				
	b Less: rental expenses ...	6b	62,271.				
	c Rental income or (loss)	6c	40,225.				
	d Net rental income or (loss)			40,225.		40,225.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	6,833,331.	3,941.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	6,992,406.	74,986.			
	c Gain or (loss)	7c	-159,075.	-71,045.			
	d Net gain or (loss)			-230,120.		-230,120.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		224,854.				
b Less: direct expenses	8b	41,479.					
c Net income or (loss) from fundraising events			183,375.		183,375.		
9 a Gross income from gaming activities. See Part IV, line 19	9a		129,036.				
b Less: direct expenses	9b	79,817.					
c Net income or (loss) from gaming activities			49,219.		49,219.		
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code					
		900099	27,111.	27,111.			
	b CATERING	722320	-55,494.		-55,494.		
	c						
	d All other revenue						
e Total. Add lines 11a-11d			-28,383.				
12 Total revenue. See instructions			91,290,505.	2,229,757.	-55,494.	1,313,156.	

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 ...	70,135,084.	70,135,084.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,707,740.	5,707,740.		
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	510,415.		510,415.	
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	8,904,037.	6,541,122.	1,007,919.	1,354,996.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	302,297.	191,538.	79,749.	31,010.
9 Other employee benefits	2,203,821.	1,396,357.	581,391.	226,073.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	97,040.	43,207.	34,794.	19,039.
c Accounting	59,000.	26,270.	21,154.	11,576.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,627,218.			1,627,218.
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.)	1,466,299.	812,233.	654,066.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	1,631,681.	1,622,935.	9,239.	-493.
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	227,455.	101,275.	81,554.	44,626.
22 Depreciation, depletion, and amortization	2,044,625.	1,899,137.	145,488.	
23 Insurance	507,544.	506,024.	1,492.	28.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER OPERATING EXPENSE	2,449,541.	1,818,830.	420,020.	210,691.
b FREIGHT & TRANSPORTATIO	1,610,878.	1,596,910.	5,745.	8,223.
c EQUIPMENT EXPENSE	743,803.	597,765.	145,454.	584.
d SUPPLIES	704,207.	631,754.	32,691.	39,762.
e All other expenses	600,707.	333,176.	236,018.	31,513.
25 Total functional expenses. Add lines 1 through 24e	101,533,392.	93,961,357.	3,967,189.	3,604,846.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,053,758.	1	1,853,495.
	2 Savings and temporary cash investments	7,160,897.	2	3,978,883.
	3 Pledges and grants receivable, net	6,769,696.	3	4,040,301.
	4 Accounts receivable, net	864,000.	4	356,268.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	31,607.	7	0.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	269,908.	9	107,106.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 39,457,508.		
	b Less: accumulated depreciation	10b 9,047,302.		
		29,352,133.	10c	30,410,206.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	33,415,698.	12	30,527,876.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	10,982,349.	15	15,425,482.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	89,900,046.	16	86,699,617.	
Liabilities	17 Accounts payable and accrued expenses	2,660,427.	17	5,181,009.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	2,242,725.	23	4,540,113.
	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	0.	25	5,116,143.
	26 Total liabilities. Add lines 17 through 25	4,903,152.	26	14,837,265.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	55,925,120.	27	65,244,692.
	28 Net assets with donor restrictions	29,071,774.	28	6,617,660.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	84,996,894.	32	71,862,352.
33 Total liabilities and net assets/fund balances	89,900,046.	33	86,699,617.	

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	91,290,505.
2	Total expenses (must equal Part IX, column (A), line 25)	2	101,533,392.
3	Revenue less expenses. Subtract line 2 from line 1	3	-10,242,887.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	84,996,894.
5	Net unrealized gains (losses) on investments	5	2,123,882.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-5,015,537.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	71,862,352.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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 on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- 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 on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 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); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 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

Table with 3 columns: Line number, Percentage, and Check box. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2023 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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 line 12.)

14 First 5 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, 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>		
1		
2		

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>		
1		

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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," 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>		
2a		
2b		
3a		
3b		

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 (<i>explain in detail in Part VI</i>):		
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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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.)

Lined area for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WINN-DIXIE CORPORATE 5050 EDGEWOOD COURT JACKSONVILLE, FL 32254-3699	\$ 2,260,939.	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	\$ 7,284,326.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	WALMART 702 SW 8TH STEET BENTONVILLE, AR 72716	\$ 11,222,797.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	ASSOCIATED WHOLESALE GROCERS, INC 63331 OLD MILITARY ROAD PEARL RIVER, LA 70452	\$ 3,937,532.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	USDA - US DEPARTMENT AGRICULTURE CSFP/LDHH 628 N. 4TH ST, 3RD FLOOR BATON ROUGE, LA 70802	\$ 15,455,523.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	USDA - US DEPARTMENT AGRICULTURE TEFAP PO BOX 140 VARNADO, LA 70467	\$ 22,219,762.	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
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	1,189,968 LBS. OF ASSORTED FOOD RECEIVED VARIOUS TIMES DURING THE YEAR. <hr/> <hr/>	\$ 2,260,939.	<hr/>
2	3,833,856 LBS OF ASSORTED FOOD ITEMS RECEIVED AT VARIOUS TIMES DURING THE YEAR. <hr/> <hr/>	\$ 7,284,326.	<hr/>
3	5,906,735 LBS. OF ASSORTED FOOD RECEIVED VARIOUS TIMES DURING THE YEAR. <hr/> <hr/>	\$ 11,222,797.	<hr/>
4	2,072,385 LBS. OF ASSORTED FOOD RECEIVED VARIOUS TIMES DURING THE YEAR. <hr/> <hr/>	\$ 3,937,532.	<hr/>
5	8,985,769 LBS. OF ASSORTED FOOD RECEIVED VARIOUS TIMES DURING THE YEAR. <hr/> <hr/>	\$ 15,455,523.	<hr/>
6	12,918,466 LBS. OF ASSORTED FOOD RECEIVED VARIOUS TIMES DURING THE YEAR. <hr/> <hr/>	\$ 22,219,762.	<hr/>

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**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 (for example, 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB 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 make 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 program
 - 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 in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,791,795.	15,870,215.	1,850,778.	2,089,494.	1,671,346.
b Contributions			13,000,000.		
c Net investment earnings, gains, and losses	2,096,261.	1,939,717.	1,035,898.	-219,538.	435,032.
d Grants or scholarships					
e Other expenditures for facilities and programs	960,004.				
f Administrative expenses	19,873.	18,137.	16,461.	19,178.	16,884.
g End of year balance	18,908,179.	17,791,795.	15,870,215.	1,850,778.	2,089,494.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 91.2700 %
 - b Permanent endowment 8.7300 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | X | |
- 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		2,941,649.		2,941,649.
b Buildings		26,823,892.	4,787,548.	22,036,344.
c Leasehold improvements		149,423.	93,819.	55,604.
d Equipment		7,485,889.	3,078,126.	4,407,763.
e Other		2,056,655.	1,087,809.	968,846.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				30,410,206.

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	30,527,876.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	30,527,876.	

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, line 13, col. (B))		

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	75,083.
(2) UNDISTRIBUTED FOOD AND GROCERY PRODUCTS	7,295,269.
(3) FINANCE LEASE RIGHT-OF-USE ASSETS	7,917,953.
(4) OPERATING LEASE RIGHT-OF-USE ASSETS	137,177.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	15,425,482.

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) UNDISTRIBUTED COMMODITIES	5,116,143.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	5,116,143.

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 FASB 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	93,692,422.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	2,123,882.	
b	Donated services and use of facilities	2b	38,400.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	239,635.	
e	Add lines 2a through 2d	2e		2,401,917.
3	Subtract line 2e from line 1		3	91,290,505.
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	91,290,505.

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	101,811,427.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	38,400.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	239,635.	
e	Add lines 2a through 2d	2e		278,035.
3	Subtract line 2e from line 1		3	101,533,392.
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	101,533,392.

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. AS OF JUNE 30, 2025, MANAGEMENT OF SECOND HARVEST BELIEVES THAT IT HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. TAX YEARS ENDED JUNE 30, 2022 AND LATER REMAIN SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	62,271.
SPECIAL EVENT EXPENSES	121,296.
CATERING EXPENSES	56,068.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	239,635.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES SEPARATELY STATED	62,271.
SPECIAL EVENT EXPENSES	121,296.
CATERING EXPENSES SEPARATELY STATED	56,068.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	239,635.

PART V, LINE 4

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

Part XIII Supplemental Information (continued)

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.

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)	3 (total number)	
Revenue	1	126,418.	39,938.	58,498.	224,854.
	2				
	3	126,418.	39,938.	58,498.	224,854.
Direct Expenses	4				
	5			3,889.	3,889.
	6	6,291.			6,291.
	7	9,996.			9,996.
	8				
	9	5,174.	2,472.	13,657.	21,303.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				183,375.

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			129,036.
Direct Expenses	2			5,000.	5,000.
	3				
	4			750.	750.
	5			74,067.	74,067.
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				79,817.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				49,219.

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

Name SECOND HARVEST FOOD BANK FINANCE DEPARTMENT

Address 700 EDWARDS AVENUE - 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 the 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: M&R STRATEGIC SERVICES
- (I) ADDRESS OF FUNDRAISER: 1101 CONNECTICUT AVE NW, 7TH FL, WASHINGTON, DC 20036
- (I) NAME OF FUNDRAISER: GATEWAY COMMUNICATIONS
- (I) ADDRESS OF FUNDRAISER: 16805 NE MASON COURT, PORTLAND, OR 97230
- (I) NAME OF FUNDRAISER: THE STELTER COMPANY
- (I) ADDRESS OF FUNDRAISER: P.O. BOX 5228, DES MOINES, IA 50305
- (I) NAME OF FUNDRAISER: ROBBINSKERSTEN, LLC
- (I) ADDRESS OF FUNDRAISER: PO BOX 843595, DALLAS, TX 75284-3595

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HOPE THE FOOD PANTRY OF NEW ORLEANS - 13040 I-10 SERVICE RD - NEW ORLEANS, LA 70128	46-3449360	501(C)(3)	0.	7,184,775.	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.	4,496,408.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MISSION PANTRY LACOMBE 31294 US 190 LACOMBE, LA 70445	72-1151696	501(C)(3)	0.	3,512,644.	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.	1,952,630.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NORTHSHORE FOOD BANK 125 WEST 30TH AVENUE COVINGTON, LA 70433	72-1028539	501(C)(3)	0.	1,586,132.	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.	1,552,662.	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 **203.**

3 Enter total number of other organizations listed in the line 1 table **42.**

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

Schedule I (Form 990) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIVING HOPE - STEPHEN STUMPF FOOD PANTRY - 5151 LAPALCO BLVD. - MARRERO, LA 70072	46-3449360	501(C)(3)	0.	1,421,470.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BETHEL COLONY SOUTH TRANSFORMATION MINISTRY - 4114 OLD GENTILLY RD - NEW ORLEANS, LA 70126	27-8067138	501(C)(3)	0.	1,317,443.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GETHSEMANE COGIC 317 12TH ST LAFAYETTE, LA 70501	23-7002418	501(C)(3)	0.	1,298,626.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW WINE DEVELOPMENT CORPORATION 1921 AIRLINE HIGHWAY LA PLACE, LA 70068	72-1425139	501(C)(3)	0.	919,309.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOUSEHOLD OF FAITH - WEST BANK 2074 PAXTON HARVEY, LA 70058	72-1306529	501(C)(3)	0.	829,374.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MATTHEW 25 35 FOOD PANTRY 1905 ORMOND DESTREHAN, LA 70047	81-4581540	501(C)(3)	0.	737,370.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CULTURE AID NOLA 10400 I-10 SERVICE RD NEW ORLEANS, LA 70127	85-1222747	501(C)(3)	0.	710,452.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TCU (TERREBONNE CHURCHES UNITED) FOOD BANK - 922 SUNSET AVE - HOUMA, LA 70360	72-1134481	501(C)(3)	0.	645,770.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CATHOLIC CHARITIES OF SOUTHWEST LA CALCASIEU - 1225 2ND ST - LAKE CHARLES, LA 70601	87-1727700	501(C)(3)	0.	641,347.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOVE OF CHRIST BAPTIST CHURCH, INC 1121 WEST HUTCHINSON AVENUE CROWLEY, LA 70526	47-2007417	501(C)(3)	0.	639,450.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GOD'S HOUSE 7301 LAPALCO BLVD MARRERO, LA 70072	72-0837382	501(C)(3)	0.	639,360.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
A HEART FOR CHILDREN, INC. 434 HERBERT RD LAFAYETTE, LA 70506	87-0769700	501(C)(3)	0.	624,731.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LITTLE ZION COMMUNITY OUTREACH 7814 HWY 182 FRANKLIN (VERDUNVILLE), LA 70538	72-1395233	501(C)(3)	0.	558,958.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PENTECOSTALS OF VINTON 835 FAIRCHILD ST VINTON, LA 70668	72-1244861	501(C)(3)	0.	486,875.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
KENNER FOOD BANK 317 OXLEY ST. KENNER, LA 70062	72-1211103		0.	472,713.	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.	464,188.	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.	461,348.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PROGRESSIVE COMMUNITY OUTREACH 125 GALLIAN ST. LAFAYETTE, LA 70501	72-1501652	501(C)(3)	0.	458,761.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash 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.	436,790.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER ST. MARY BAPTIST CHURCH 1401 MOELING ST LAKE CHARLES, LA 70601	72-1426864	501(C)(3)	0.	428,633.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOUSEHOLD OF FAITH NEW ORLEANS EAST - 9300 I-10 SERVICE RD - NEW ORLEANS, LA 70127	72-1306529	501(C)(3)	0.	419,091.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OUR LADY OF VICTORY FOOD PANTRY 120 DAIGRE ST. / PO BOX 387 LOREAUVILLE, LA 70552	72-0821360	501(C)(3)	0.	411,067.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. MARY MAGDALEN CHRISTIAN SERVICE CENTER - P.O.BOX 1507 - ABBEVILLE, LA 70511-1507	72-0522760	501(C)(3)	0.	404,905.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WASHINGTON PARISH FOOD BANK 2208 WASHINGTON ST FRANKLINTON, LA 70438	72-1363020	501(C)(3)	0.	396,553.	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.	396,367.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOPE CENTER - TWO RIVERS BAPTIST ASSOCIATION - 61591 HIGHWAY 51 NORTH - AMITE, LA 70422	72-0471378	501(C)(3)	0.	391,654.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LARC INC. (RESIDENTIAL PROGRAM) 303 NEW HOPE RD LAFAYETTE, LA 70506	72-0604268	501(C)(3)	0.	389,766.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. PETER CLAVER CHURCH 1923 ST. PHILIP ST NEW ORLEANS, LA 70116	72-0423613	501(C)(3)	0.	383,070.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CARE HELP OF SULPHUR, INC. 112 EAST THOMAS STREET SULPHUR, LA 70663	72-1007880	501(C)(3)	0.	382,312.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WANDA HILLIARD FOOD PANTRY 315 SIXTH ST. FRANKLIN, LA 70538	72-1005319	501(C)(3)	0.	371,480.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
IT'S WHAT WE DO OUTREACH - RACELAND - 101 SAINT ANN ST - RACELAND, LA 70394	72-0953409	501(C)(3)	0.	366,731.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE UPPERROOM BIBLE CHURCH 8600 LAKE FOREST BLVD NEW ORLEANS, LA 70127	72-1227150	501(C)(3)	0.	363,253.	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.	359,330.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LOWERNINE.ORG 1739 JOURDAN AV NEW ORLEANS, LA 70117	11-3821601	501(C)(3)	0.	345,666.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TOWN OF KROTZ SPRINGS 224 MAIN ST KROTZ SPRINGS, LA 70750	72-6013748		0.	329,954.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TCA - GERT TOWN/HOLLYGROVE/THALIA WAREHOUSE - 4518 THALIA ST - NEW ORLEANS, LA 70125	72-0599165	501(C)(3)	0.	323,113.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOGALUSA HELP CENTER 350 MARTIN LUTHER KING JR. DRIVE BOGALUSA, LA 70427	72-1315302	501(C)(3)	0.	319,136.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. BERNARD/ST. FRANCIS FOOD PANTRY - 701 W BRIDGE ST - BREAUX BRIDGE, LA 70517	80-0754359	501(C)(3)	0.	309,641.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GOD'S PANTRY 15358 HIGHWAY 26 JENNINGS, LA 70546	84-4965915	501(C)(3)	0.	305,752.	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.	302,818.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ABRAHAM'S TENT 2424 FRUGE ST LAKE CHARLES, LA 70601	72-1082217	501(C)(3)	0.	300,616.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
EUNICE FOOD BANK 2101 W. ASH EUNICE, LA 70535	72-0840653	501(C)(3)	0.	297,088.	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.	292,731.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAFOURCHE PARISH GOVERNMENT 4876 HWY 1 MATHEWS, LA 70375	72-6000634		0.	276,747.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SHFB FISCAL AGENCY - LAFAYETTE 215 E PINHOOK RD LAFAYETTE, LA 70501	72-0956468	501(C)(3)	0.	270,027.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ICNA RELIEF 4101 CALIFORNIA AVE., KENNER, LA 70065	04-3810161	501(C)(3)	0.	260,500.	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.	251,849.	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.	247,842.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SHFB INTERNAL ADJUSTMENTS 700 EDWARDS AVE NEW ORLEANS, LA 70123	72-0956468	501(C)(3)	0.	242,823.	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.	231,976.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SOLOMON HOUSE BROWN BAG EPIPHANY 520 CENTER ST NEW IBERIA, LA 70560	72-1425609	501(C)(3)	0.	231,106.	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.	227,698.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NINTH BAPTIST CHURCH 726 N. LATOUR VILLE PLATTE, LA 70586	72-0985045		0.	221,864.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ROYAL LINEAGE CHURCH - ALFA & OMEGA CHURCH INT - 605 S. COLLEGE RD - LAFAYETTE, LA 70503	44-0577787	501(C)(3)	0.	221,023.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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

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GRACE OUTREACH CENTER 2237 POYDRAS AVE NEW ORLEANS, LA 70119	62-1809569	501(C)(3)	0.	219,775.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GRETNA UNITED METHODIST MENS GROUP 1309 WHITNEY AVE GRETNA, LA 70056	72-6077812	501(C)(3)	0.	216,875.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CATHOLIC CHARITIES OF SOUTHWEST LA JEFFERSON DAVIS - 1225 2ND STREET - LAKE CHARLES, LA 70601	87-1727700	501(C)(3)	0.	214,999.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OZANAM INN 2239 POYDRAS AVE NEW ORLEANS, LA 70119	72-0854403	501(C)(3)	0.	209,771.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FAITH AND FRIENDS FOOD PANTRY 4009 LEGION ST; 4009 J BENNET JOHNS LAKE CHARLES, LA 70601	72-1449272	501(C)(3)	0.	209,050.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CATHOLIC CHARITIES OF SOUTHWEST LA ALLEN - 1225 2ND STREET - LAKE CHARLES, LA 70601	87-1727700	501(C)(3)	0.	207,645.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST BAPTIST CHURCH OF JENNINGS 1001 N CARY AVENUE JENNINGS, LA 70546	72-0660495		0.	207,074.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PHILADELPHIA MINISTRIES/ PHILADELPHIA COMMUNITY - 3181 DESTREHAN AVE. - HARVEY, LA 70058	72-1241933	501(C)(3)	0.	206,023.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
KINGDOM BUILDERS 401 HENKLE ST. JEANERETTE, LA 70544	56-2527092	501(C)(3)	0.	197,728.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ABUNDANT LIFE JUST CARES 400 GOSSEN MEMORIAL DRIVE RAYNE, LA 70578	72-1237261		0.	190,428.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
DESTINY OF FAITH 409 PATTERSON ST LAFAYETTE, LA 70501	72-1407682	501(C)(3)	0.	183,843.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SWLA AIDS COUNCIL 425 KINGSLEY LAKE CHARLES, LA 70601	72-1115522	501(C)(3)	0.	183,401.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BEACON LIGHT BAPTIST CHURCH OF HOUMA - 4325 W PARK AVE - GRAY, LA 70359		501(C)(3)	0.	182,527.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CATHOLIC CHARITIES OF SOUTHWEST LA CAMERON - 1225 2ND STREET - LAKE CHARLES, LA 70601	87-1727700	501(C)(3)	0.	182,243.	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.	181,513.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW STEP OUTREACH 2154 HWY 171 DERIDDER, LA 70634	84-2430381	501(C)(3)	0.	176,914.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE PURPLE LEMON 861 HWY 90 MORGAN CITY, LA 70380	83-4479661	501(C)(3)	0.	174,808.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. MICHAEL THE ARCHANGEL CATHOLIC CHURCH - 15504 HIGHWAY 90 - PARADIS, LA 70080	53-0196617	501(C)(3)	0.	173,142.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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GOD'S FOOD BOX 426 MCMAHON DERIDDER, LA 70634	27-0036893	501(C)(3)	0.	172,338.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MS. HELEN'S SOUP KITCHEN 117 WEST 7TH ST CROWLEY, LA 70526	72-0464892		0.	170,175.	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.	169,512.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BUSH COMMUNITY FOOD PANTRY 81605 HWY 41 BUSH, LA 70431	72-0984078	501(C)(3)	0.	158,704.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
RAYNE MEMORIAL UNITED METHODIST CHURCH - 3925 PITT ST - NEW ORLEANS, LA 70115	72-0435090	501(C)(3)	0.	155,278.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MT. CALVARY B. C. FOOD BANK 418 JULIA ST. NEW IBERIA, LA 70560	72-0816010	501(C)(3)	0.	149,585.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOHN BAPTIST CHURCH 822 W. HICKORY ST VILLE PLATTE, LA 70586	72-1194596	501(C)(3)	0.	148,557.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CRESCENT CARE 1631 ELYSIAN FIELDS AVE NEW ORLEANS, LA 70117	72-1059635	501(C)(3)	0.	146,311.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SECOND ZION BAPTIST CHURCH 6520 SECOND ZION AVE. MARRERO, LA 70072	72-1217553		0.	144,805.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ST. TERESA CENTER FOR WORKS OF MERCY - 600 S.MARTIN LUTHER KING - SAINT MARTINVILLE, LA 70582	81-3756179	501(C)(3)	0.	144,659.	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.	143,644.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW BEGINNINGS PRIMITIVE BAPTIST 622 E. VETERANS MEMORIAL DRIVE KAPLAN, LA 70548	26-3793829		0.	142,478.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JEAN LAFITTE FOOD PANTRY 580 JEAN LAFITTE BLVD LAFITTE, LA 70067	72-0796567		0.	141,161.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JAMES C SIMMONS COMMUNITY CENTER - JEFF CAPP - 4008 US HWY 90 - AVONDALE, LA 70094	72-6013920		0.	140,924.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CATHOLIC COMMUNITY CENTER 18210 W MAIN ST GALLIANO, LA 70354	53-0196617	501(C)(3)	0.	139,683.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY BIBLE CHURCH OF LAFOURCHE - 14757 EAST MAIN ST. - CUT OFF, LA 70345	72-0921620	501(C)(3)	0.	139,236.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BRIDGE HOUSE CORPORATION - EARHART BLVD - 4150 EARHART BLVD - NEW ORLEANS, LA 70125	72-6027674	501(C)(3)	0.	134,319.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SOULCARE OUTREACH MINISTRIES 446 N STERLING ST LAFAYETTE, LA 70501	87-1422644		0.	131,317.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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SOCIAL SERVICE CENTER-NEW IBERIA 432 BANK AVE NEW IBERIA, LA 70560	72-0782780	501(C)(3)	0.	130,057.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LOVETOUCH MINISTRIES 2025 WHITNEY AVE GRETNA, LA 70056	72-1248483	501(C)(3)	0.	128,321.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HELP CENTER OF CHURCHES 981 PEARL STREET FRANKLINTON, LA 70438	58-2026331	501(C)(3)	0.	128,047.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SPIRIT OF LIBERTY CHRISTIAN FELLOWSHIP - 2841 LOUISIANA AVENUE - LAFAYETTE, LA 70501	72-0919376	501(C)(3)	0.	127,530.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CHRISTIAN RURAL SERVICE CENTER 8348 HWY190 (MALLET) OPELOUSAS, LA 70570	72-0542873	501(C)(3)	0.	124,288.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. NICHOLAS SOCIAL JUSTICE & COMMUNITY CONCERN - 3317 PATOUT RD - JEANERETTE, LA 70544	72-0697130		0.	121,966.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
3RD AND 4TH INC. AKA VINTAGE CHURCH - 3927 RAYNE ST - METAIRIE, LA 70001	26-1978877	501(C)(3)	0.	121,759.	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.	121,095.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FISCHER HOUSING 1400 SEMMES ST NEW ORLEANS, LA 70114	72-0983850	501(C)(3)	0.	120,200.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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JEFFERSON PRESBYTERIAN CHURCH 4450 JEFFERSON HWY JEFFERSON, LA 70121	91-1827475	501(C)(3)	0.	119,402.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JUDE COMMUNITY CENTER 3300 ROYAL ST NEW ORLEANS, LA 70117	72-0959534	501(C)(3)	0.	118,817.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TERREBONNE DISASTER RECOVERY CENTER - (GOV) - 1327 BAYOU DULARGE RD - THERIOT, LA 70397	72-6001390		0.	118,737.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW SUNLIGHT B.C. 1316 PINE ST LAKE CHARLES, LA 70601	23-7109976	501(C)(3)	0.	117,642.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VILLAGE OF CHATAIGNIER 117 1ST STREET CHATAIGNIER, LA 70524	72-0750410		0.	116,696.	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.	116,005.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MARRERO COMMUNITY/SENIOR ACTIVITY CENTER JEFF CAPP - 1861 AMES BLVD. - MARRERO, LA 70072	72-6013920		0.	114,552.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MOUNT CALVARY INTERNATIONAL WORSHIP CENTER - 1600 WESTWOOD DR. - MARRERO, LA 70072	72-1123205	501(C)(3)	0.	110,418.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAFAYETTE ADULT AND TEEN CHALLENGE 1254 OLIVIER DR ARNAUVILLE, LA 70512	72-1106641	501(C)(3)	0.	109,507.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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CROWLEY CHRISTIAN CARE CENTER 726 WEST SEVENTH ST CROWLEY, LA 70527	72-1132875	501(C)(3)	0.	107,748.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SALVATION ARMY/LAFAYETTE 212 SIXTH ST LAFAYETTE, LA 70501	58-0660607	501(C)(3)	0.	103,388.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LANTERN LIGHT, INC. 1802 TULANE AVE NEW ORLEANS, LA 70112	20-4769645	501(C)(3)	0.	103,176.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GRETNA COMMUNITY CENTER 1700 MONROE ST. GRETNA, LA 70053	72-6013920		0.	100,983.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
REDEMPTION CHURCH 62060 LA-434 LACOMBE, LA 70445	62-0535346	501(C)(3)	0.	97,963.	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.	97,762.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CATHOLIC CHARITIES OF SOUTHWEST LA BEAUREGARD - 1225 2ND STREET - LAKE CHARLES, LA 70601	87-1727700	501(C)(3)	0.	97,283.	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.	96,091.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PILGRIM REST COMMUNITY DEVELOPMENT AGENCY - BURAS YMCA36342 HWY 11,BURAS/33801 PARISH RD H. 11 - BURAS, LA 70041	72-1478135	501(C)(3)	0.	95,645.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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FOOD BANK FOR THE HEARTLAND 10525 J ST OMAHA, NE 68127	47-0637701	501(C)(3)	0.	95,475.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
EAST-WEST FOUNDATION 37482 BROWNS VILLAGE RD SLIDELL, LA 70461	81-4133381	501(C)(3)	0.	93,363.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
UNITED CHRISTIAN OUTREACH 422 CARMEL DR. LAFAYETTE, LA 70501	72-0829068	501(C)(3)	0.	91,864.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BRIDGE CITY COMMUNITY CENTER - JEFF CAPP - 301 THIRD EMANUEL ST. - WESTWEGO, LA 70094	72-6013920		0.	87,649.	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.	86,648.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY CENTER OF ST. BERNARD 7143 ST. CLAUDE AVE ARABI, LA 70032	74-3173649	501(C)(3)	0.	83,868.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOLY GHOST COMMUNITY DINER 742 WALNUT ST. OPELOUSAS, LA 70570	72-6000519		0.	83,497.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TREASURE COAST FOOD BANK 401 ANGLE RD FORT PIERCE, FL 34947	65-0123281		0.	83,408.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. ANTHONY CATHOLIC CHURCH 615 EDISON ST LAFAYETTE, LA 70501	72-0964633		0.	82,284.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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WESTLAKE UNITED METHODIST CHURCH 704 JOHNSON ST WESTLAKE, LA 70669	72-0708154		0.	78,606.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOSEPH THE WORKER FOOD BANK 455 AMES BLVD MARRERO, LA 70072	53-0196617	501(C)(3)	0.	76,878.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CITY OF CARENCRO 5115 N UNIVERSITY AVE CARENCRO, LA 70520	72-6000258		0.	76,440.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER ZIONFIELD 636 11TH ST WESTWEGO, LA 70094	30-0101267	501(C)(3)	0.	76,091.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SANKOFA HEALTHY FOOD HUB 5029 ST CLAUDE AVE NEW ORLEANS, LA 70117	26-3471054	501(C)(3)	0.	75,173.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FAMILIAS UNIDAS 2852 ALLEN ST NEW ORLEANS, LA 70119	61-1791941	501(C)(3)	0.	74,214.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WATSON COMMUNITY CENTER - JEFF CAPP - 1300 MYRTLE ST. - METAIRIE, LA 70003	72-6013920		0.	73,856.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WE CARE MINISTRY / WEST POINT CHURCH - 664 BEHRMAN HWY - GRETNA, LA 70056	72-1029001	501(C)(3)	0.	73,814.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SANCTUARY OF PRAISE 1415 7TH STREET MAMOU, LA 70554	20-5300905	501(C)(3)	0.	72,563.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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UNIVERSITY MEDICAL CENTER NEW ORLEANS CANCER CENTE - 2000 CANAL ST. - NEW ORLEANS, LA 70112	25-1925187	501(C)(3)	0.	69,202.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
UNITED CHURCHES OF ALGIERS 1111 NEWTON ST NEW ORLEANS, LA 70114	23-7204473	501(C)(3)	0.	69,004.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SPIRIT OF LIBERTY MINISTRIES 130 W 7TH ST RESERVE, LA 70084	72-1321091	501(C)(3)	0.	68,863.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HARVEY COMMUNITY CENTER- JEFF CAPP 1501 ESTALOTE AVENUE HARVEY, LA 70058	72-6013920		0.	67,657.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SHFB TERREBONNE 223 S HOLLYWOOD HOUMA, LA 70360	72-0956468	501(C)(3)	0.	66,882.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CONCERNED CITIZENS OF GIBSON 6357 S BAYOU BLACK RD (OLD GIBSON GIBSON, LA 70356	72-1493786	501(C)(3)	0.	66,769.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HAZEL HURST COMMUNITY CENTER - JEFF CAPP - 1121 SOUTH CAUSEWAY BLVD. - JEFFERSON, LA 70121	72-6013920		0.	66,721.	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.	66,565.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CRESCENT CITY WIC FAMILY SERVICES - GRETNA - 429 WALL BLVD., SUITE 7 - GRETNA, LA 70056	26-2747019	501(C)(3)	0.	66,267.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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CHRISTIAN SERVICE CENTER OF IOTA 422 EAST KENNEDY AVE IOTA, LA 70543	36-4311885	501(C)(3)	0.	66,125.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VICTORY FELLOWSHIP 5708 AIRLINE HWY METAIRIE, LA 70003	72-0856545	501(C)(3)	0.	64,718.	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.	64,690.	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.	64,516.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE SALVATION ARMY GNO SHELTER 4526 SOUTH CLAIBORNE AVE NEW ORLEANS, LA 70125-5008	58-0660607	501(C)(3)	0.	64,336.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER NEW ORLEANS CARING COLLECTIVE - 5523 ST CLAUDE - NEW ORLEANS, LA 70117	85-0686000	501(C)(3)	0.	64,323.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SHFB LAFOURCHE 223 S HOLLYWOOD HOUMA, LA 70360	72-0956468	501(C)(3)	0.	64,015.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CONNECTION NAZARENE CHURCH ACADEMY 64129 HWY 41 PEARL RIVER, LA 70452	72-0788691	501(C)(3)	0.	63,347.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MT. OLIVE BC #2 805 FIELD ST. NEW IBERIA, LA 70560	38-3902499	501(C)(3)	0.	59,543.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUTREACH FULL GOSPEL BAPTIST CHURCH - 304 13TH AVENUE - FRANKLINTON, LA 70438	72-1286024		0.	58,910.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW JERUSALEM BC 710 WELSH STREET WELSH, LA 70591	72-0538503	501(C)(3)	0.	58,761.	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.	58,547.	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.	58,526.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FEEDING AMERICA TAMPA BAY 3624 CAUSEWAY BLVD TAMPA, FL 33619	59-2116576	501(C)(3)	0.	58,104.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MOUNT HERMON COMMUNITY DEVELOPMENT OUTREACH - 3512 US HIGHWAY 90 - AVONDALE, LA 70094	47-0926638	501(C)(3)	0.	57,679.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
I.C.O.N.S. 1411 MARKET ST. OPELOUSAS, LA 70570	01-0558998	501(C)(3)	0.	57,621.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOHN REGIS CATHOLIC CHURCH 370 MAIN ST ARNAUDVILLE, LA 70512	72-0467516	501(C)(3)	0.	57,208.	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.	57,160.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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REVIVE CHURCH 60456 MILITARY RD SLIDELL, LA 70461	85-1468049		0.	56,402.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OUR LADY OF GRACE 780 HIGHWAY 44 RESERVE, LA 70084	72-6015996	501(C)(3)	0.	56,216.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SHFB EMERGENCY PANTRY LAFAYETTE 215 E PINHOOK RD LAFAYETTE, LA 70501	72-0956468	501(C)(3)	0.	55,809.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER MACEDONIA BAPTIST CHURCH DELIVERY YMCA:278 CIVIC DR./27796 LA-23, PORT SULP - PORT SULPHUR, LA 70083	01-0788696		0.	55,692.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SHFB FOOD PANTRY (EMERGENCY) 700 EDWARDS AVE NEW ORLEANS, LA 70123	72-0956468	501(C)(3)	0.	51,158.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BETHEL COLONY WOMEN AT THE WELL 4101 IROQUOIS ST NEW ORLEANS, LA 70126	27-0803725	501(C)(3)	0.	50,752.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SHFB COMMUNITY KITCHEN 700 EDWARDS AVE NEW ORLEANS, LA 70123	72-0956468	501(C)(3)	0.	49,408.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WESTWEGO HOUSING AUTHORITY 712 AVE I WESTWEGO, LA 70094	72-6014744		0.	49,034.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
STRIKE II MINISTRIES 250 NORTH SECOND ST PONCHATOULA, LA 70454	72-1378829	501(C)(3)	0.	46,176.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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

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LOREAUVILLE BAPTIST CHURCH 8116 LOREAUVILLE RD LOREAUVILLE, LA 70552	72-0982444	501(C)(3)	0.	45,884.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TRUTH IN CHRIST NLWC 209 E OAK ST AMITE, LA 70422	92-0803032		0.	45,107.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOHN DEPARTMENT OF COMMUNITY SERVICES - 2900 US-51 - LAPLACE, LA 70084	72-6001235		0.	44,802.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FOOD BANK FOR LARIMER COUNTY 5706 WRIGHT DR LOVELAND, CO 80538	74-2336171	501(C)(3)	0.	44,555.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. FRANCIS DINER, INC 1201 HOPKINS ST NEW IBERIA, LA 70560	72-1107052	501(C)(3)	0.	44,263.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TABERNACLE OF HOPE CENTER 925 W BROUSSARD ROAD LAFAYETTE, LA 70506	58-0742249	501(C)(3)	0.	44,135.	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.	44,065.	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.	43,350.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST BAPTIST CHURCH OF PATTERSON, THE BRIDGE - 1621 MAIN ST - PATTERSON, LA 70392	72-0471378	501(C)(3)	0.	42,725.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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

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CHALLENGE OUTREACH 1141 WHITNEY AVE GRETNA, LA 70056	81-3374715	501(C)(3)	0.	42,552.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE SALVATION ARMY GNO FOOD PANTRY 4546 SOUTH CLAIBORNE AVE NEW ORLEANS, LA 70125-5008	58-0660607	501(C)(3)	0.	41,961.	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.	41,539.	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.	40,729.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BLESS YOUR HEART 205 W 79TH ST CUT OFF, LA 70345	85-0767397	501(C)(3)	0.	40,394.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SECOND HARVEST FOOD BANK OF NORTHEAST TENNESSEE - 1020 JERICHO DR - KINGSPORT, TN 37663	62-1303822	501(C)(3)	0.	39,398.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PLAQUEMINES COMMUNITY ACTION AGENCY - GOV. - 479 F EDWARD HEBERT BLVD - BELLE CHASSE, LA 70037	72-6001090		0.	38,523.	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.	37,085.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FRANCIS-BENOIT AMERICAN LEGION 603 CLIFFORD RD LAFAYETTE, LA 70501	72-6035444	501(C)(3)	0.	37,082.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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GOOD SAMARITAN 2084 HWY 182 RACELAND, LA 70394	53-0196617	501(C)(3)	0.	33,703.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GULF COAST BAPTIST CHURCH 1606 SOUTH BAYOU DR. GOLDEN MEADOW, LA 70357	72-1002674	501(C)(3)	0.	32,376.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LIVING WORD CHURCH OF HOUMA 1916 HWY 311 SCHRIEVER, LA 70395	72-0871168	501(C)(3)	0.	32,120.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
REGALA GYMNASIUM 200 REGALA PARK RD RESERVE, LA 70084	72-6001235		0.	31,073.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SHFB FISCAL AGENCY - CALCASIEU 2309 HWY 397 LAKE CHARLES, LA 70615	72-0956468	501(C)(3)	0.	30,778.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER GOOD HOPE BAPTIST CHURCH 47 CATHY ST NORCO, LA 70079	72-1011913	501(C)(3)	0.	29,568.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MARY BIRD PERKINS CANCER CENTER 1203 S TYLER ST COVINGTON, LA 70433	23-7010520	501(C)(3)	0.	29,527.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THIRD DAY MINISTRY 1500 LAFAYETTE ST GRETNA, LA 70053	99-2779728	501(C)(3)	0.	29,378.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
STORM OUTREACH COMMUNITY CTR. 7505 MAIN ST HOUMA, LA 70364	54-2178253	501(C)(3)	0.	28,062.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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OUR LADY DIVINE PROVIDENCE 1000 N STARRETT RD METAIRIE, LA 70003	72-0408966	501(C)(3)	0.	26,959.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CENTRAL CITY COMMUNITY OUTREACH 2211 4TH. STREET NEW ORLEANS, LA 70113	27-1238290	501(C)(3)	0.	23,978.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THIBODAUX CITY MARSHAL 1310 CARDINAL DR. THIBODAUX, LA 70301	51-0496450		0.	23,940.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MT. ZION BAPTIST CHURCH 1011 LAGARDE ST THIBODAUX, LA 70301	72-0982229	501(C)(3)	0.	22,078.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BEACON LIGHT INTERNATIONAL BAPTIST CATHEDRAL - 1937 MIRABEAU AVE - NEW ORLEANS, LA 70122	72-0907747	501(C)(3)	0.	21,791.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
AMERICAN LEGION 104 RECREATION DR MONTEGUT, LA 70377	72-6035425	501(C)(3)	0.	21,394.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
INFANT JESUS OF PRAGUE CHURCH 700 MAPLE AVE HARVEY, LA 70058	72-0795263	501(C)(3)	0.	20,465.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BRIDGE HOUSE CORPORATION - STRATFORD - 6321 STRATFORD PL - NEW ORLEANS, LA 70131	72-6027674	501(C)(3)	0.	20,133.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOUSE OF THE LORD 523 HOBSON ST HOUMA, LA 70360	20-5586094	501(C)(3)	0.	18,647.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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VOLUNTEERS OF AMERICA -VOA CRAFT COMMUNITY HOME - 311 VALLETTE ST - NEW ORLEANS, LA 70114	72-0709750	501(C)(3)	0.	16,185.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. CHARLES PARISH DEPT OF COMM SERV / ST. ROSE - 608 MOCKINGBIRD LANE - SAINT ROSE, LA 70087	72-6001208		0.	15,925.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VOLUNTEERS OF AMERICA GNO-VOA 1002 NAPOLEON AVE NEW ORLEANS, LA 70115	72-0709750	501(C)(3)	0.	15,729.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRM FOUNDATION OF HOUMA DAY SHELTER - 440 MAGNOLIA ST - HOUMA, LA 70360	93-3658599	501(C)(3)	0.	15,572.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ULL CAMPUS CUPBOARD 210 ST. MARY BLVD LAFAYETTE, LA 70504	72-6034836		0.	14,356.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WESTBANK FRIENDSHIP CLUB 2051 EIGHTH ST HARVEY, LA 70058	72-0846349	501(C)(3)	0.	13,910.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JEFF DAVIS COMMUNITIES AGAINST DOMESTIC ABUSE - 819 NORTH CHURCH STREET - JENNINGS, LA 70546	72-1488905	501(C)(3)	0.	13,642.	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.	13,403.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. CHARLES PARISH DEPT OF COMM SERV / NEW SARPY - 14564 RIVER RD. - NEW SARPY, LA 70078	72-6001208		0.	12,576.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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VOLUNTEERS OF AMERICA -VOA IBERVILLE COMMUNITY HOM - 4174 IBERVILLE ST - NEW ORLEANS, LA 70119	72-0709750	501(C)(3)	0.	12,307.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GOD'S HOUSE OF PRAISE FOURSQUARE CHURCH - 4225 HWY 56 - HOUMA, LA 70363	26-0126376		0.	12,130.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PERRO BLESSING OUTREACH MINISTRY INC/INACTIVATED - 4805 HAZARD RD - NEW IBERIA, LA 70560	84-4172466	501(C)(3)	0.	10,722.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SEVENTH DAY ADVENTIST COMMUNITY SERVICES - 44364 SOUTH COBURN RD - HAMMOND, LA 70403	20-3519054	501(C)(3)	0.	10,347.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
RONALD MCDONALD HOUSE CHARITIES OF SOUTH LOUISIANA - 210 STATE ST BLDG # 5 - NEW ORLEANS, LA 70118	72-0882569	501(C)(3)	0.	9,848.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OCHSNER CANCER CENTER THERAPEUTIC PANTRY - 1515 RIVER RD - NEW ORLEANS, LA 70121	72-0502505	501(C)(3)	0.	9,842.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CLOVER/COLUMBIA PARC RESIDENTIAL COMMUNITY - 1401 ST DENIS & CANTON AVE - NEW ORLEANS, LA 70122	72-0408940	501(C)(3)	0.	9,614.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE GIVING PLACE/KINGDOM COMMUNITY ENTERPRISE - 1096 4TH ST - WESTWEGO, LA 70094	93-2520821	501(C)(3)	0.	9,195.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PEARL WATSON ELEMENTARY 1300 5TH ST LAKE CHARLES, LA 70601	72-6000235		0.	9,092.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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SECOND COMMUNITY OUTREACH MINISTRY 46500 DURBIN ROAD EXTENSION TICKFAW, LA 70466	86-1097923	501(C)(3)	0.	9,059.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SOUTHEAST LOUISIANA AREA HEALTH EDUCATION CENTER - 105 HIGHLAND PARK PLAZA - COVINGTON, LA 70403	72-1155014	501(C)(3)	0.	8,299.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
UNITED HOUMA NATION 3688 S. DOWN MADEALAY RD HOUMA, LA 70360	72-0742264	501(C)(3)	0.	8,075.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PERCY GRIFFIN COMMUNITY CENTER 15577 HWY 15 BRAITHWAITE, LA 70040	72-6001090	501(C)(3)	0.	7,233.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FAMILY VIOLENCE PROGRAM OF ST. BERNARD - 3010 JEAN LAFITTE PKWY - CHALMETTE, LA 70043	58-1834566	501(C)(3)	0.	7,042.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VOLUNTEERS OF AMERICA - VOA GAYOSO COMMUNITY HOME - 209 S GAYOSO ST - NEW ORLEANS, LA 70119	72-0709750	501(C)(3)	0.	6,843.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LOVE OF CHRIST CHURCH 1121 WEST HUTCHINSON CROWLEY, LA 70526	47-2007417	501(C)(3)	0.	6,778.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CAMPUS COMMON GOODS/ NOBTS 3939 GENTILLY BLVD NEW ORLEANS, LA 70126	72-0494592	501(C)(3)	0.	6,059.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TOUPS FAMILY MEAL 845 N CARROLLTON AVE NEW ORLEANS, LA 70119	99-3038663	501(C)(3)	0.	5,881.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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FOUNDATION OF SOLACC 1101 BERTRAND DR LAFAYETTE, LA 70506	35-2174671	501(C)(3)	0.	5,876.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ACADIANA OUTREACH CENTER, INC 625 N UNIVERSITY LAFAYETTE, LA 70506	58-1925867	501(C)(3)	0.	5,770.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NORTH OAKS 15790 PAUL VEGA MD DR HAMMOND, LA 70404	81-2146486	501(C)(3)	0.	5,470.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VOLUNTEERS OF AMERICA -VOA OLYMPIA COMMUNITY HOME - 118 S OLYMPIA ST - NEW ORLEANS, LA 70119	72-0709750	501(C)(3)	0.	5,295.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NORDC ROSENWALD RECREATION CENTER 1120 SOUTH BROAD AVE NEW ORLEANS, LA 70125	72-6000969		0.	5,134.	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
FOOD ASSISTANCE - HOME DELIVERIES	0	0.	6,609.	WHOLESALE VALUE	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED - 3,777 POUNDS
FOOD ASSISTANCE - MOBILE PANTRY	0	0.	4,012,813.	WHOLESALE VALUE	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED - 2,161,298 POUNDS
FOOD ASSISTANCE - MOBILE MARKET	0	0.	4,311.	WHOLESALE VALUE	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED - 2,427 POUNDS

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 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.

Part IV Supplemental Information

SCHEDULE I, PART III

SECOND HARVEST SPONSORS FOOD DISTRIBUTIONS AT VARIOUS SITES IN ITS SERVICE AREA IN RESPONSE TO THE FOOD NEEDS IN THE COMMUNITY. THE NUMBER OF RECIPIENTS REPORTED IN PART III, COLUMN B WAS ESTIMATED BASED UPON 12.5 LBS OF FOOD PER PERSON, BASED ON DISTRIBUTIONS OF 25 LB FOOD BOXES FOR 2 PEOPLE.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

**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 checked="" 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 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
1b		X
2		X
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NATALIE JAYROE FORMER PRESIDENT AND CEO	(i)	223,134.	0.	0.	7,051.	15,421.	245,606.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DIRK WILD DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	182,205.	0.	0.	6,475.	10,195.	198,875.	0.
(3) E. ELISHA DARCEY VICE PRESIDENT AND COO	(i)	154,487.	0.	0.	5,388.	12,335.	172,210.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN A SILLARS CHIEF STRATEGY OFFICER	(i)	156,340.	0.	0.	5,388.	3,853.	165,581.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SALLY MONTAGUE FORMER CHIEF FINANCIAL OFFICER	(i)	132,794.	0.	0.	4,937.	17,578.	155,309.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) KRISTEN R. HOOK CHIEF PHILANTHROPY OFFICER	(i)	132,712.	0.	0.	4,870.	14,097.	151,679.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 1A:

ONE GROSS-UP PAYMENT WAS MADE TO EMPLOYEES DURING THE FISCAL YEAR. ONE
BONUS GROSS-UP PAYMENT WAS MADE IN DECEMBER 2024 TO ALL EMPLOYEES AS A
HOLIDAY BONUS.

PART I, LINE 1B:

THERE IS NO WRITTEN POLICY COVERING TIMING OR DOLLAR AMOUNT FOR BONUS PAY.
THE STATE OF THE ORGANIZATION, CASH FLOWS, AND MISSION RESPONSE ARE ALL
CONSIDERED WHEN DETERMINING TIMING AND DOLLAR AMOUNT TO SHOW APPRECIATION
TO EMPLOYEES BY GIVING BONUSES. THE TIMING AND AMOUNT ARE RECOMMENDED BY
THE CHIEF HUMAN RESOURCE OFFICER AND CHIEF FINANCIAL OFFICER, AND APPROVED
BY THE CHIEF EXECUTIVE OFFICER.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	54,996.	COST
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	X	2	40,000.	COST
18 Collectibles				
19 Food inventory	X		63,390,805.	AVERAGE WHOLESALE VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>GROCERY GIFT CA</u>)	X	1	100.	FACE VALUE OF CARD
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 V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 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.		

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

Schedule M (Form 990) 2024

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, PART I, LINE 32B:

SECOND HARVEST EMPLOYS FOOD SOURCING PERSONS TO SOLICIT DONATIONS OF
FOOD PRODUCTS FOR US TO DISTRIBUTE.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY THE BOARD OF DIRECTORS ARE ASKED TO READ AND SIGN THE POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPARISONS ARE MADE TO SIMILAR ORGANIZATIONS LOCALLY AND WITHIN OUR NATIONAL NETWORK.

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

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

FORM 990, PART XII, LINE 2C:

COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT. AUDIT COMMITTEE IS NOW COMBINED INTO FINANCE AND AUDIT COMMITTEE

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

**Open to Public
Inspection**

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
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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

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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e	X	
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p	X	
1q		X
1r		X
1s		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	THE ROMAN CATHOLIC CHURCH OF THE ARCHDIOCESE OF NEW ORLEANS	P	751,715.	AMOUNT PAID
(2)				
(3)				
(4)				
(5)				
(6)				

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

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

EIN or SSN
72-0956468

Name and title of officer or person subject to tax **JON TOUPS
PRESIDENT/CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, 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>91,290,505.</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 V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

as my signature on the tax year 2024 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 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.

Signature of officer or person subject to tax _____

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.

72606870005

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return 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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

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

For calendar year 2024 or other tax year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

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 an 501(c)(3).

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

Header section containing: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year, D Employer identification number, E Group exemption number, F Check box if an amended return.

G Check organization type: 501(c) corporation, 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity

H Check if filing only to claim Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) 1

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

L The books are in care of JON TOUPS Telephone number 504-734-1322

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Columns include line number, description, and amount. Total amount is 0.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Columns include line number, description, and amount. Total amount is 0.

Part III Tax and Payments

Table with 4 rows for Part III: Tax and Payments. Columns include line number, description, sub-rows (1a-1d, 3a-3e), and amount. Total amount is 0.

Part III Tax and Payments (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)		5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a		
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i	178.	
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j		7	178.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	178.
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded		11	178.

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

1	At any time during the 2024 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 <u>IRELAND</u>	Yes	No
		X	
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ <u>293,581.</u> Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	722320	\$ 96,062.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

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

Sign Here

Signature of officer: _____ Date: _____ Title: PRESIDENT / CEO

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

Paid Preparer Use Only

Print/Type preparer's name: KEITH TREGLE Preparer's signature: _____ Date: _____ Check if self-employed PTIN: P01336681

Firm's name: BOURGEOIS BENNETT, L.L.C. Firm's EIN: 72-0136870

111 VETERANS BLVD., SUITE 1700

Firm's address: METAIRIE, LA 70005 Phone no.: 504.831.4949

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/13	23,438.	23,438.	0.	0.
06/30/14	78,238.	32,872.	45,366.	45,366.
06/30/15	3,101.	0.	3,101.	3,101.
06/30/17	34,577.	0.	34,577.	34,577.
06/30/18	210,537.	0.	210,537.	210,537.
NOL CARRYOVER AVAILABLE THIS YEAR			293,581.	293,581.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2024

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

Table with 4 columns: A Name of the organization, B Employer identification number, C Unrelated business activity code, D Sequence.

E Describe the unrelated trade or business CATERING

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, etc.

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

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

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold

Enter method of inventory valuation N/A

Table with 8 rows for Cost of Goods Sold. Line 5 includes 'STATEMENT 4' and a value of 3,155. Line 8 total is 3,155.

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

Table for Rent Income with columns A, B, C, D. Includes lines 2-5 for rent received and deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income with columns A, B, C, D. Includes lines 2-11 for gross income, deductions, and dividends.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			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	
(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 Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
Totals			0.	0.		

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1) INVESTMENT INCOME	0.	0.	0.	0.
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) _____	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) _____	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 _____	4
5	Gross income from activity that is not unrelated business income _____	5
6	Expenses attributable to income entered on line 5 _____	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 _____	7

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION	AMOUNT
PERSONNEL EXPENSES	41,694.
TRANSPORTATION	151.
SUPPLIES	470.
PROGRAM EXPENSE	191.
FOOD EXPENSE	10,508.
OTHER	89.
EQUIPMENT	-190.
TOTAL TO SCHEDULE A, PART II, LINE 14	52,913.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/23	22,094.	0.	22,094.	22,094.
06/30/24	73,968.	0.	73,968.	73,968.
NOL CARRYOVER AVAILABLE THIS YEAR			96,062.	96,062.

FORM 990-T (A)

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 4

DESCRIPTION	AMOUNT
DEPRECIATION	3,155.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 5	3,155.

Depreciation and Amortization
(Including Information on Listed Property)

A COGS 1

2024

Attachment
Sequence No. **179**

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Second Harvest Food Bank Greater New
Orleans and Acadiana

SCHEDULE A COGS

72-0956468

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

1 Maximum amount (see instructions)	1	1,220,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	3,050,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

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

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2024	17	3,155.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year	/		30 yrs.	MM	S/L	
d 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	3,155.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

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

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

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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

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

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

Section B - Information on Use of Vehicles

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

Table for Section B with 6 main columns (a-f) for Vehicle 1-6 and sub-columns for Yes/No answers to questions 30-36.

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

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

Table for Section C with 4 columns: Question (37-41) and Yes/No answers.

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

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2024 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2024 tax year 43

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

Alternative Minimum Tax-Corporations

Attach to your tax return.
 Go to www.irs.gov/Form4626 for instructions and the latest information.

2024

Name of corporation SECOND HARVEST FOOD BANK GREATER NEW ORLEANS AND ACADIANA	Employer identification number (EIN) 72-0956468
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- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes No
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? Yes No
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)
If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
1 Net income or loss per applicable financial statement(s) (AFS) (see inst):			
a Consolidated net income or loss per the AFS of the corporation	1a		
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b		
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c		
d Adjustment for certain consolidating entries (see instructions)	1d		
e Specified additional net income or loss item B. Reserved for future use	1e		
f AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	1f		
2 Adjustments (see instructions):			
a Financial statements covering different tax years	2a		
b Corporations that are not included on the taxpayer's consolidated return	2b		
c Aggregate pro-rata share of adjusted net income from controlled foreign corporations (CFCs) for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions for special rules if completing this form for an FPMG)	2c		
d Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	2d		
e Certain taxes	2e		
f Patronage dividends and per-unit retain allocations (cooperatives only)	2f		
g Alaska native corporations	2g		
h Certain credits	2h		
i Mortgage servicing income	2i		
j Tax-exempt entities (organizations subject to tax under section 511)	2j		
k Depreciation	2k		
l Qualified wireless spectrum	2l		
m Covered transactions	2m		
n Adjustments related to bankruptcy and insolvency	2n		
o Certain insurance company adjustments	2o		
p Adjustment P - Reserved for future use	2p		
q Adjustment Q - Reserved for future use	2q		
r Adjustment R - Reserved for future use	2r		
s Adjustment S - Reserved for future use	2s		
z Other	2z		
3 Specified adjustment. Reserved for future use	3		
4 Total adjustments. Combine lines 2a through 2z	4		
5 AFSI. Combine lines 1f and 4	5		
6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5			6
7 3-year average annual AFSI (see instructions)			7

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?
 Yes. Continue to line 9.
 No. STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
 Yes. Continue to line 10.
 No. Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended	
10 AFSI for purposes of the \$100 million test before adjustments:				
a AFSI from line 5	10a			
b Aggregation differences (see instructions)	10b			
c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b	10c			
11 Adjustments:				
a Income not effectively connected to a U.S. trade or business	11a			
b Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions)	11b			
c Reserved for future use - Other adjustments 1	11c			
d Reserved for future use - Other adjustments 2	11d			
12 Total adjustments. Combine lines 11a and 11b	12			
13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12	13			
14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13				14
15 3-year average annual AFSI for purposes of the \$100 million test				15
16 Is line 15 \$100 million or more? <input type="checkbox"/> Yes. Continue to Part II. <input type="checkbox"/> No. STOP here. Attach to your tax return.				

Part II Corporate Alternative Minimum Tax (CAMT)

1 Net income or loss per AFS (see instructions):		
a Consolidated net income or loss per the AFS of the corporation	1a	-56,494.
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b	
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c	
d Adjustment for certain consolidating entries (see instructions)	1d	
e Specified additional net income or loss item D. Reserved for future use	1e	
f AFS net income or loss before adjustments. Combine lines 1a through 1d	1f	-56,494.
2 Adjustments (see instructions):		
a Financial statements covering different tax years	2a	
b Reserved for future use - Adjustment 2b	2b	
c Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c	
d The corporation's distributive share of adjusted financial statement income of partnerships	2d	
e Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3	2e	
f Amounts that are not effectively connected to a U.S. trade or business	2f	
g Certain taxes. Enter the amount from Part III, line 7	2g	
h Patronage dividends and per-unit retain allocations (cooperatives only)	2h	
i Alaska native corporations	2i	
j Certain credits	2j	
k Mortgage servicing income	2k	
l Covered benefit plans described in section 56A(c)(11)(B)	2l	
m Tax-exempt entities (organizations subject to tax under section 511)	2m	
n Depreciation	2n	
o Qualified wireless spectrum	2o	
p Covered transactions	2p	
q Adjustments related to bankruptcy and insolvency	2q	
r Certain insurance company adjustments	2r	
s AFSI adjustment S - Reserved for future use	2s	
t AFSI adjustment T - Reserved for future use	2t	
u AFSI adjustment U - Reserved for future use	2u	
z Other	2z	
3 Total adjustments. Combine lines 2a through 2z	3	
4 AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4	-56,494.
5 Financial statement net operating loss (FSNOL) (see instructions)	5	
6 AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6	
7 Multiply line 6 by 15% (0.15)	7	
8 Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8	
9 Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-	9	
10 Regular tax liability (see instructions)	10	
11 Base erosion minimum tax (see instructions)	11	
12 Combine lines 10 and 11	12	
13 Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13	

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

1 Current income tax provision - Foreign	1	
2 Current income tax provision - Federal	2	
3 Deferred income tax provision - Foreign	3	
4 Deferred income tax provision - Federal	4	
5 Income taxes included in equity method investment income	5	
6a Adjustment A - Reserved for future use	6a	
b Adjustment B - Reserved for future use	6b	
c Adjustment C - Reserved for future use	6c	
d Adjustment D - Reserved for future use	6d	
e Adjustment E - Reserved for future use	6e	
f Adjustment F - Reserved for future use	6f	
g Adjustment G - Reserved for future use	6g	
h Adjustment H - Reserved for future use	6h	
z Income taxes in other places	6z	
7 Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7	

Part IV Corporate Alternative Minimum Tax - Foreign Tax Credit

Section I - CAMT Foreign Tax Credit

1	Domestic corporation CAMT foreign income taxes:			
a	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j)	1a		
b	Adjustment	1b		
c	Adjustment	1c		
d	Adjustment	1d		
e	Adjustment	1e		
f	Adjustment	1f		
g	Adjustment	1g		
2	Total domestic corporation CAMT foreign income taxes. Combine lines 1a through 1g.....			2
3	Allowable CFC CAMT foreign income taxes:			
a	Pro-rata share of CFC CAMT foreign income taxes from Part IV, Section II, line 11, column (n)	3a		
b	Other	3b		
c	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3c		
d	Total CFC CAMT foreign income taxes. Add lines 3a, 3b, and 3c			3d
e	Percentage specified in section 55(b)(2)(A)(i)	3e	15%	
f	Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 (see instructions)	3f		
g	CFC CAMT FTC limitation (multiply line 3e by line 3f)			3g
h	Allowable CFC CAMT foreign income taxes (lesser of line 3d or line 3g)			3h
4	CAMT FTC Line 4 - Reserved for future use			4
5	CAMT FTC Line 5 - Reserved for future use			5
6	Total CAMT foreign income taxes. Combine lines 2 and 3h. Enter this amount on Part II, line 8.....			6

Credit for Federal Tax Paid on Fuels

Go to www.irs.gov/Form4136 for instructions and the latest information.
Complete and attach the Statement Supporting Fuel Tax Credit (FTC) Computation-1
to your return (see instructions).

Name (as shown on your income tax return) SECOND HARVEST FOOD BANK GREATER NEW ORLEANS AND ACADIANA	Taxpayer identification number 72-0956468
---	---

Caution:

The person(s) signing the return with which this form is filed are declaring, under penalty of perjury, that the return and accompanying schedules, statements, and any other attachments are true, correct, and complete to the best of the signer's knowledge and belief. That declaration includes all amounts reported and all credits claimed on this form. It also includes certifying that all the statements for certain lines below are true as well.

You have the name and address of the person who sold the fuel to you and the dates of purchase. For claims on lines 1c and 2b (type of use 13 or 14), 3d, 4c, and 5, you haven't waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 or 14), a certificate hasn't been provided to the credit card issuer. For type of use 2, the equipment or vehicle used wasn't a highway vehicle, which generally means that it wasn't registered or required to be registered for use on public highways.

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

You certify the following. 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)

You certify the following. 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

For Paperwork Reduction Act Notice, see the separate instructions.

5 Kerosene Used in Aviation

	(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. _____

If you don't have the registration number, **STOP**; you're not eligible to make Form 4136 claims if you haven't yet filed Form 637 and received your registration number and placed it on this line.

You certify the following. You sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or have obtained the written consent of the buyer to make the claim, and that the diesel fuel didn't 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. _____

If you don't have the registration number, **STOP**; you're not eligible to make Form 4136 claims if you haven't yet filed Form 637 and received your registration number and placed it on this line.

You certify the following. You sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or have obtained the written consent of the buyer to make the claim, and that the kerosene didn't 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. _____

If you don't have the registration number, **STOP**; you're not eligible to make Form 4136 claims if you haven't yet filed Form 637 and received your registration number and placed it on this line.

You certify the following. You sold the kerosene for use in aviation at a tax-excluded price and you haven't collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or you've 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, Renewable Diesel, or Sustainable Aviation Fuel Mixture

Credit

Registration No. _____

If you haven't attached the appropriate certificates and, if applicable, appropriate reseller statements, **STOP**; you're not eligible to make Form 4136 claims.

You certify the following.

For all claims. You've attached the appropriate certificates and, if applicable, appropriate reseller statements. You have no reason to believe that the information in the certificate or statement is false.

Biodiesel or renewable diesel mixtures. You produced a mixture by mixing biodiesel with diesel fuel (or renewable diesel with liquid fuel (other than renewable diesel). The biodiesel used to produce the biodiesel mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. 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.

Sustainable aviation fuel (SAF) mixtures. You produced a qualified mixture by mixing SAF with kerosene. The qualified mixture was produced by you in the United States, such mixture was used by you (or sold by you for use) in an aircraft, such sale or use was in the ordinary course of your trade or business, and the transfer of such mixture to the fuel tank of such aircraft occurred in the United States. The SAF used to produce the qualified mixture is the portion of liquid fuel that is not kerosene that (i) either (A) meets the specifications of one of the ASTM D7566 Annexes, or (B) meets the specifications of ASTM D1655 Annex A1, (ii) isn't derived from coprocessing an applicable material (or materials derived from an applicable material) with a feedstock that is not biomass, (iii) isn't derived from palm fatty acid distillates or petroleum, and (iv) has been certified in accordance with section 40B(e) as having a lifecycle greenhouse gas emissions reduction percentage of at least 50 percent. See the instructions for additional information and requirements.

	(b) Rate	(c) Number of gallons sold or used	(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
d Sustainable aviation fuel mixtures (see instructions)				440

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	975	\$ 178.	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

Form **4136** (2024)

12 Alternative Fuel Credit

Registration No. _____

If you don't have the registration number, **STOP**; you're not eligible to make Form 4136 claims if you haven't yet filed Form 637 and received your registration number and placed it on this line.

	(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 Reserved for future use				
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

13 Registered Credit Card Issuers

Registration No. _____

If you don't have the registration number, **STOP**; you're not eligible to make Form 4136 claims if you haven't yet filed Form 637 and received your registration number and placed it on this line.

	(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. _____

If you don't have the registration number, **STOP**; you're not eligible to make Form 4136 claims if you haven't yet filed Form 637 and received your registration number and placed it on this line.

	(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 3 (Form 1040), line 12; Form 1120, Schedule J, line 20b; Form 1120-S, line 24c; Form 1041, Schedule G, line 17; or the proper line of other returns

17	\$	178.
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Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

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

EIN or SSN
72-0956468

Name and title of officer or person subject to tax **JON TOUPS
PRESIDENT/CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, 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 type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
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 V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>0.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

as my signature on the tax year 2024 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 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.

Signature of officer or person subject to tax _____

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.

72606870005

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return 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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

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

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

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.

Part I - Identification

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of JON TOUPS
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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning JUL 1, 20 24, and ending JUN 30, 2025

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-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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Louisiana Department of Revenue
 Post Office Box 91011
 Baton Rouge, LA 70821-9011

Enter your LDR Account Number here (Not FEIN):

4250239001

For office use only.

Mark box if:

- Name Change
- Address Change
- Amended Return
- Amended Due to IRS audit
- Entity Not Required to File Franchise Tax
- Entity Not Required to File Income Tax
- First Time Filing of This Form
- Final Return
- Timely Requested Extensions for Federal Income Tax

Legal Name SECOND HARVEST FOOD BANK GREAT		
Trade Name		
Mailing Address 700 EDWARDS AVENUE		
Unit Type	Unit Number	
City NEW ORLEANS	State LA	ZIP 70123
Foreign Nation, if not United States (do not abbreviate.)		

LA Corporation Income Tax Return for 2024	LA Corporation Franchise Tax Return for 2025
Mark box if:	
Calendar Year filer	
Fiscal Year filer (Enter dates below.)	<input checked="" type="checkbox"/>
Short period return (Enter dates below.)	
Income (mmdyy)	Franchise (mmdyy)
Ended Begun 070124	Ended Begun
063025	

A.	Federal Employer Identification Number	720956468
B.	Total business interest expense	
C.	Total business interest expense deduction	
D.	Income tax apportionment percentage	100 00
E.	Gross revenues	
F.	Total assets	86699617
G.	NAICS code	493100
H.	Enter the state abbreviation for location of the principal place of business.	LA
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.	1
N.	Enter the code for the type of entity.	10
O.	Pass-Through Entity Tax Election	

Computation of Income Tax - See instructions.		
1A.	Louisiana net income before loss adjustments	<input checked="" type="checkbox"/> 55494
1B.	Subchapter S corporation exclusion	
	Loss carryforward	
	[\$ federal tax refund applicable to loss .00]	
1C.	Attach schedule. [\$.00]	
1C1.	Loss carryforward utilized	
1D.	Louisiana taxable income	<input checked="" type="checkbox"/> 55494
2.	Louisiana income tax	
3.	Nonrefundable income tax credits from Schedule NRC-P1	
4.	Income tax after priority 1 credits	

Computation of Franchise Tax - See instructions.		
5A.	Total capital stock, surplus, & undivided profits	71862352
5B.	Franchise tax apportionment percentage	100 00
5C.	Franchise taxable base	71862352
6.	Amount of assessed value of real and personal property in Louisiana in 2024	
7.	Louisiana franchise tax	6
8.	Nonrefundable franchise tax credits from Schedule NRC-P1	
9.	Franchise tax after priority 1 credits	

IMPORTANT!

All four (4) 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 25, Column 3. **Do not send cash.**



FOR OFFICE USE ONLY

Field Flag

454401
08-30-24

DEV ID 2249

22541

Net Amount Due

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

▼ **PAY THIS AMOUNT** ▼

IMPORTANT!

All four (4) 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 25, Column 3. **Do not send cash.**



Net Amount Due			
	Col. 1 - Income Tax	Col. 2 - Franchise Tax	Col. 3 - Total
26. Net overpayment			26.
27. Amount of overpayment you want to donate to The Military Family Assistance Fund			27.
28. Amount of overpayment to be credited to 2025 income tax			28.
29. Amount of overpayment to be credited to 2026 franchise tax			29.
30. Amount of overpayment to be refunded			30.

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 preparer has any knowledge.

Signature of Officer		Title of Officer PRESIDENT / CEO	
Print Name of Officer		Telephone 504-734-1322	Date (mm/dd/yyyy)
E-mail Address			

PAID PREPARER USE ONLY	Print Preparer's Name KEITH TREGLE		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., SUITE 1700,		Telephone ▶ 504.831.4949	

IMPORTANT!

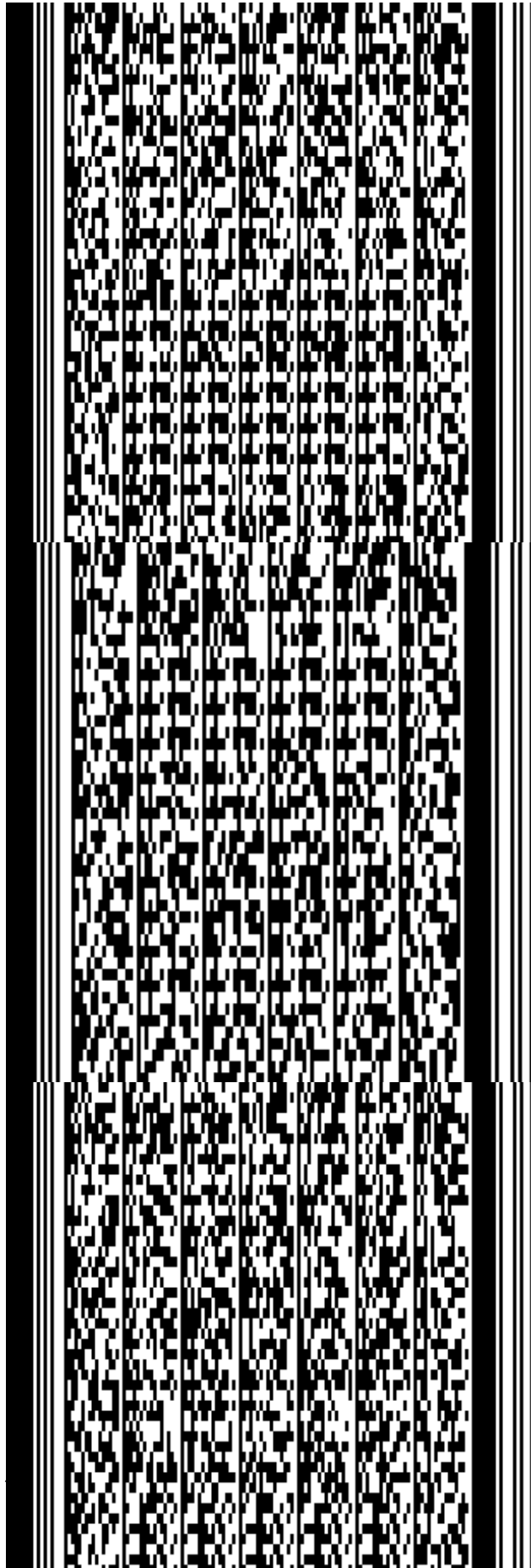
All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**

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

P01336681

For Office
Use Only.





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late the
shown on

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 or SSN and percentage owned for the five largest percentages. Attach a schedule listing the names, addresses, FEIN or SSN and percentage owned of all entities.	Yes <input type="checkbox"/>	1	FEIN/SSN
2				
No <input checked="" type="checkbox"/>		3		
		4		
		5		
3. If you answered yes to Line 1 on Form CIFT-620, list the FEIN of five of those entities. Also, attach a schedule listing the names, addresses, and 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			
B. Charges for services			
C. Other gross apportionable income			
D. Total - Add the amounts in Columns 1 and 2.			100 00 %
2. Certain oil & gas businesses only - Enter total wages, salaries, and other personal service compensation paid during the year. <i>See instructions.</i> <input checked="" type="checkbox"/> If ratio not used, check box.			%
3. Certain oil & gas businesses only - Income tax property ratio - Enter percentage from Schedule C, Line 24. <i>See instructions.</i> 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. <i>See instructions.</i>			%
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 Form CIFT-620, Line D.			100 00 %



Schedule D - Computation of Louisiana Net Income					
See instructions if separate accounting method is used and check box. <input checked="" type="checkbox"/>					
	Totals			Totals	
1A. Gross receipts	574	.00	23. Energy efficient commercial buildings deduction		.00
1B. Less returns and allowances		.00	24. Other deductions - Attach schedule.	11307	.00
1C. Balance. Subtract Line 1B from Line 1A.	574	.00	25. Total deductions - Add Lines 10 through 24.	52913	.00
2. Less: Cost of goods sold and/or operations - Attach schedule.	3155	.00	26. Net income from all sources - Subtract Line 25 from Line 9.	-55494	.00
3. Gross profit - Subtract Line 2 from Line 1C.	-2581	.00	27. Allocable income from all sources:		
4. Gross rents		.00	27A. Net rents and royalties from immovable or corporeal movable property		.00
5. Gross royalties		.00	27B. Royalties from the use of patents, trademarks, etc.		.00
6. Income from estates, trusts, partnerships		.00	27C. Income from estates, trusts, and partnerships		.00
7. Income from construction, repair, etc.		.00	27D. Income from construction, repair, etc.		.00
8. Other income - Attach schedule.		.00	27E. Other allocable income		.00
9. Total income - Add Lines 3 through 8.	-2581	.00	27F. Allocable expenses	()	.00
10. Compensation of officers		.00	27G. Net allocable income from all sources		.00
11. Salaries and wages (not deducted elsewhere)	32095	.00	28. Net income subject to apportionment - Subtract Line 27G from Line 26.		.00
12. Repairs		.00	29. Net income apportioned to Louisiana		.00
13. Bad debts		.00	30. Allocable income from Louisiana sources:		
14. Rent		.00	30A. Net rents and royalties from immovable or corporeal movable property		.00
15. Taxes and licenses - Attach schedule.	2203	.00	30B. Royalties from the use of patents, trademarks, etc.		.00
16. Interest		.00	30C. Income from estates, trusts, and partnerships		.00
17. Charitable Contributions		.00	30D. Income from construction, repair, etc.		.00
18. Depreciation - Attach schedule.		.00	30E. Other allocable income		.00
19. Depletion - Attach schedule.		.00	30F. Allocable expenses	()	.00
20. Advertising		.00	30G. Net allocable income from Louisiana sources		.00
21. Pension, profit sharing, stock bonus, and annuity plans		.00	31. Louisiana net income before loss adjustments - Add Line 29 and Line 30G.	-55494	.00
22. Other employee benefit plans	7308	.00			



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

1. Net income per books	-10242887	6. Total - Add Lines 1 through 5c.	-55494
2. Louisiana income tax		7. Income recorded on books this year, but not included in this return - Attach Schedule.	
3. Excess of capital loss over capital gains		8. Deductions in this tax return not charged against book income this year	
4. Taxable income not recorded on books this year - Attach schedule		a. Depreciation	
5. Expenses recorded on books this year, but not deducted in this return:		b. Depletion	
a. Depreciation		c. Other - Attach Schedule.	
b. Depletion		9. Total - Add Lines 7 through 8c.	
c. Other - Attach schedule.	10187393	10. Net income from all sources per return - Subtract Line 9 from Line 6.	-55494

Schedule G - Liabilities and Capital from Balance Sheet

Liabilities and Capital	1. Beginning of Year	2. End of Year
1. Accounts payable	2660427	5181009
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		
3. Other current liabilities - Attach schedule.		
4. Loans from stockholders - Attach schedule.		
5. Due to subsidiaries and affiliates		
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	2242725	4540113
7. Other liabilities - Attach schedule.		5116143
8. Capital stock: a. Preferred stock		
b. Common stock		
9. Paid-in or capital surplus		
10. Surplus reserves - Attach schedule.		
11. Earned surplus and undivided profits	84996894	71862352
12. Excessive reserves or undervalued assets		
13. Totals - Add Lines 1 through 12.	89900046	86699617



All applicable schedules must be completed.

Schedule F - Reconciliation of Federal and Louisiana Net Income	
See Louisiana Revised Statutes 47:287.71, 47:287.73, and 47:287.82 for information.	
	Column 1
1. Enter the total net income calculated under federal law before special deductions.	0
a. Federal disallowed business interest expense <i>(See instructions.)</i>	
2. Additions to federal net income:	
a. Louisiana income tax	
b. Related members interest\intangible\management fee expenses or costs - From Form R-6950 <i>(See instructions.)</i>	
c. Donation to School Tuition Organization Credit or Donation to Qualified Foster Care Organization Credit <i>(See instructions.)</i>	
d. Other additions - Attach schedule.	
e. Total additions - Add Lines 2a through 2d.	
3. Subtractions from federal net income:	
a. Bank dividends <i>(See instructions.)</i>	
b. All other dividends	
c. Interest	
d. Road Home - The amount included in federal taxable income	
e. Louisiana depletion in excess of federal depletion	
f. Expenses not deducted on the federal return due to Internal Revenue Code Section 280C	
g. Exempt amount of related members interest\intangible\management fee expenses or costs - From Form R-6950 <i>(See instructions.)</i>	
h. Compensation for disaster services <i>(See instructions.)</i>	
i. Expenses not deducted on the federal return due to Internal Revenue Code Section 280E.	
j. COVID-19 Relief Benefits	
k. Other subtractions - Attach schedule.	
l. Total subtractions - Add Lines 3a through 3k.	
4. Louisiana net income from all sources - The amount should agree with Schedule D, Line 26.	



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	
1B. Preferred Stock - Include paid-in or Capital Surplus	
2. Total Capital stock - Add Lines 1A and 1B.	
3. Surplus and undivided profits	
4. Surplus reserves - Include any excessive reserves or undervalued assets.	
5. Total - Add Lines 2, 3, and 4.	
6. Due to subsidiaries and affiliates (Do not net with receivables.)	
7. Deposit liabilities to affiliates - Included in the amount on Line 6	
8. Accounts payable less than 180 days old - Included in the amount on Line 6	
9. Adjusted debt to affiliates - Subtract Lines 7 and 8 from Line 6.	
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.	
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.	
11. Additional Surplus and Undivided Profits - See instructions.	
Total Franchise Taxable Base	
12. Capital Stock - Common Stock	
Preferred Stock	
13. Paid-in or capital surplus - Include items of paid-in capital in excess of par value.	
14. Surplus reserves - Attach schedule.	
15. Earned surplus and undivided profits	71862352
16. Excessive reserves or undervalued assets	
17. Additional surplus and undivided profits - From Line 11 above	
18. Allowable deductions - See instructions.	<input type="text"/>
19. Total capital, surplus and undivided profits - Add Lines 12 through 17 and subtract Line 18. Also, enter the total on Form CIFT-620, Line 5A. Round to the nearest dollar.	71862352

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	1853495	1853495
2. Notes and accounts receivable	4396569	4396569
3. Reserve for bad debts	()	()
4. Investment in U.S. gov. obligations		
5. Stock and obligations of subsidiaries		
6. Other investments - Attach schedule	34506759	34506759
7. Loans to stockholders		
8. Other intangible assets - Attach schedule	107106	107106
9. Accumulated depreciation	()	()
10. Total intangible assets - Add Lines 1 through 9.	40863929	40863929
11. Inventories		
12. Bldgs. and other depreciable assets	36490356	36490356
13. Accumulated depreciation	(9047302)	(9047302)
14. Depletable assets		
15. Accumulated depletion	()	()
16. Land	2967152	2967152
17. Other real & tangible assets - Attach schedule.	15425482	15425482
18. Excessive reserves, assets not reflected on books, or undervalued assets		
19. Total real and tangible assets - Add Lines 11 through 18.	45835688	45835688
20. Total Assets - Add Lines 10 and 19.	86699617	86699617
21. Franchise tax property ratio (Line 20, Column 2 ÷ Line 20, Column 1)		100 00 %



Schedule I - Computation of Corporation 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			
B. Charges for services			
C. Other Revenues			
(i) Rents and royalties			
(ii) Dividends and interest from subsidiaries			
(iii) Other dividends and interest			
(iv) All other revenues			
D. Total - If the ratio is not used, check the box. <input checked="" type="checkbox"/>			%
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 Form CIFT-620, Line 5B.			100 00 %



Schedule J - Calculation of Income Tax			
1. Enter the amount of net taxable income from Form CIFT-620, Line 1D. Mark this box if you are a short period filer and see the instructions. <input type="checkbox"/>			
2. Calculation of tax	Column 1 Net income in each bracket	Rate	Column 2 Tax
a. First \$50,000 of net taxable income		x 3.5% =	
b. Next \$100,000		x 5.5% =	
c. Over \$150,000		x 7.5% =	
3. Add the amounts in Column 1, Lines 2a through 2c, and enter the result.			
4. Add the amounts in Column 2, Lines 2a through 2c. Round to the nearest dollar. Enter the result in Column 2 and on Form CIFT-620, Line 2.			

Schedule J-1 - Pass-Through Entity Tax Election Calculation of Income Tax			
1. Enter the amount of net taxable income from Form CIFT-620, Line 1D. Mark this box if you are a short period filer and see the instructions. <input type="checkbox"/>			
2. Calculation of Tax	Column 1 Net income in each bracket	Rate	Column 2 Tax
a. First \$25,000 of net taxable income		x 1.85% =	
b. Next \$75,000		x 3.5% =	
c. Over \$100,000		x 4.25% =	
3. Add the amounts in Column 1, Lines 2a through 2c, and enter the result.			
4. Add the amounts in Column 2, Lines 2a through 2c. Round to the nearest dollar. Enter the result in Column 2 and on Form CIFT-620, Line 2.			

Schedule K - Summary of Estimated Tax Payments				
	Check Number	Date	Income Tax Amount	Franchise Tax Amount
1. Credit from prior year return				
2. First quarter estimated payment				
3. Second quarter estimated payment				
4. Third quarter estimated payment				
5. Fourth quarter estimated payment				
6. Amount of extension payment				



Schedule L - Calculation of Franchise Tax	
1. Enter the amount from Form CIFT-620, Line 5C or Line 6, whichever is greater. Mark this box if you are a short period filer and see the instructions.	<input type="checkbox"/>
2. Enter the amount of Line 1 or \$300,000, whichever is less.	
3. Subtract Line 2 from Line 1 and enter the result.	
4. Multiply the amount on Line 3 by \$2.75 for each \$1,000 or major fraction. Round to the nearest dollar. Enter the result here and on Form CIFT-620, Line 7.	

Schedule M - Analysis of Schedule G, Line 11, Column 2 - Earned Surplus and Undivided Profits per Books			
1. Balance at beginning of year	84996894	b. Stock	
2. Net income per books	-10242887	c. Property	
3. Other increases - Attach schedule.	2123882	6. Other decreases - Attach schedule.	5015537
4. Total - Add Lines 1, 2, and 3.	76877889	7. Total - Add Lines 5a through 6.	5015537
5. Distributions: a. Cash		8. Balance at end of year - Subtract Line 7 from Line 4.	71862352

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:</p> <p><u>WAREHOUSING AND STORAGE</u></p> <p>_____</p> <p>_____</p> <p>Elsewhere:</p> <p><u>NA</u></p> <p>_____</p> <p>_____</p>	<p>2. Indicate the date and state of incorporation. <u>01011982 LA</u></p> <p>3. Indicate parishes in which property is located.</p> <p><u>JEFFERSON</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>



LA FORM CIFT-620 SCHEDULE D - TAXES AND LICENSES STATEMENT 1

DESCRIPTION	LA AMOUNT	TOTAL AMOUNT
LOUISIANA TAX DEDUCTION	2,203.	2,203.
TOTALS TO CIFT-620, SCHEDULE D, LINE 15	2,203.	2,203.

LA FORM CIFT-620 SCHEDULE D - OTHER DEDUCTIONS STATEMENT 2

DESCRIPTION	LOUISIANA	EVERYWHERE
TRANSPORTATION	151.	151.
SUPPLIES	470.	470.
PROGRAM EXPENSES	191.	191.
FOOD EXPENSE	10,508.	10,508.
OTHER	89.	89.
PERSONNEL DEVELOPMENT	88.	88.
EQUIPMENT	-190.	-190.
TOTALS TO CIFT-620, SCHEDULE D, LINE 23	11,307.	11,307.

LA FORM CIFT-620 SCHEDULE E - BOOKED EXPENSES NOT ON RETURN STATEMENT 3

DESCRIPTION	AMOUNT
INCOME RELATED TO EXEMPT PURPOSE	10,187,393.
TOTAL TO CIFT-620, SCHEDULE E, LINE 5C	10,187,393.

LA FORM CIFT-620 SCHEDULE G - OTHER LIABILITIES STATEMENT 4

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
UNDISTRIBUTED COMMODITIES	0.	5,116,143.
TOTALS TO CIFT-620, SCHEDULE G, LINE 7	0.	5,116,143.

LA FORM CIFT-620 SCHEDULES C AND H - OTHER INVESTMENTS STATEMENT 5

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
INVESTMENTS	40,576,595.	34,506,759.
TOTALS TO CIFT-620, SCHEDULE C, LINE 6 SCHEDULE H, LINE 6	40,576,595.	34,506,759.

LA FORM CIFT-620 SCHEDULES C AND H - OTHER INTANGIBLE ASSETS STATEMENT 6

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PREPAID EXPENSES	269,908.	107,106.
TOTALS TO CIFT-620, SCHEDULE C, LINE 8 SCHEDULE H, LINE 8	269,908.	107,106.

LA FORM CIFT-620 SCHEDULES C AND H - OTHER REAL AND TANGIBLE ASSETS LOCATED EVERYWHERE STATEMENT 7

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
OTHER ASSETS	10,982,349.	15,425,482.
TOTAL TO CIFT-620, SCHEDULE C, LINE 17 SCHEDULE H, LINE 17	10,982,349.	15,425,482.

LA FORM CIFT-620 SCHEDULE M - OTHER DECREASES STATEMENT 8

DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT	5,015,537.
TOTAL TO CIFT-620, SCHEDULE M, LINE 6	5,015,537.

LA FORM CIFT-620

SCHEDULE M - OTHER INCREASES

STATEMENT 9

DESCRIPTION

AMOUNT

UNREALIZED GAINS/LOSS
IN-KIND

2,123,882.
0.

TOTAL TO CIFT-620, SCHEDULE M, LINE 3

2,123,882.