

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

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

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for Prior Year and Current Year.

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.

Signature block containing officer signature (NATALIE JAYROE), preparer signature (KEITH TREGLE), and firm information (BOURGEOIS BENNETT, L.L.C.).

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 \$ 84,864,327. including grants of \$ 74,794,087.) (Revenue \$ 861,767.)
COMMUNITY PROGRAMS - DISTRIBUTED 42,371,505 POUNDS OF FOOD PRODUCT TO
451 CHARITABLE ORGANIZATIONS THROUGHOUT 23 CIVIL PARISHES IN SOUTH
LOUISIANA.

4b (Code: _____) (Expenses \$ 1,375,836. including grants of \$ 1,102,034.) (Revenue \$ 556.)
CHILDREN PROGRAMS - DISTRIBUTED 417,449 POUNDS OF FOOD PRODUCT TO 141
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 86,240,163.

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 non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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?	X	

Note: All Form 990 filers are required to complete Schedule O

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 143		
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	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses 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	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	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	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	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	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process 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	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
 NATALIE JAYROE - 504-734-1322
 700 EDWARDS AVENUE, NEW ORLEANS, LA 70123

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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 PRESIDENT AND CEO	40.00			X			243,119.	0.	20,145.	
(2) E. ELISHA DARCEY VICE PRESIDENT AND COO	40.00			X			139,601.	0.	15,592.	
(3) SALLY MONTAGUE CHIEF FINANCIAL OFFICER	40.00			X			122,422.	0.	19,830.	
(4) KRISTEN R. HOOK CHIEF PHILANTHROPY OFFICER	40.00					X	124,527.	0.	16,367.	
(5) BRANDY S BYRD CHIEF HUMAN RESOURCE OFFICER	40.00					X	112,097.	0.	6,208.	
(6) HEATHER S SWEENEY DIRECTOR OF DEVELOPMENT	40.00					X	100,825.	0.	12,549.	
(7) JEFF ENTWISLE DIRECTOR	0.50 40.00	X					0.	100,036.	4,627.	
(8) DIRK WILD DIRECTOR	0.50 40.00	X					0.	37,763.	2,208.	
(9) ROBERT MARKS PAST CHAIR	1.50	X		X			0.	0.	0.	
(10) MARK PRESTON DIRECTOR	0.50	X					0.	0.	0.	
(11) KRISTEN ALBERTSON SECRETARY	1.50	X		X			0.	0.	0.	
(12) LYNNE BURKART ASSISTANT TREASURER	1.50	X		X			0.	0.	0.	
(13) LUKE CLARY TREASURER	1.50	X		X			0.	0.	0.	
(14) WALLY GUNDLACH DIRECTOR	0.50	X					0.	0.	0.	
(15) RUPA JOLLY DIRECTOR	0.50	X					0.	0.	0.	
(16) TODD LAMBERT DIRECTOR	0.50	X					0.	0.	0.	
(17) AYESHA MOTWANI DIRECTOR	0.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) DONNA RICHARDSON DIRECTOR	0.50	X						0.	0.	0.
(19) NANCY MORAGAS DIRECTOR	0.50	X						0.	0.	0.
(20) NICK KARL CHAIR	1.50	X		X				0.	0.	0.
(21) JUSTIN BACK DIRECTOR	0.50	X						0.	0.	0.
(22) VERY REV. DAVID CARON, O.P., D. DIRECTOR	0.50	X						0.	0.	0.
(23) G. BEN JOHNSON DIRECTOR	0.50	X						0.	0.	0.
(24) ANNE M. MILLING DIRECTOR	0.50	X						0.	0.	0.
(25) ROBERT SHENINGER DIRECTOR	0.50	X						0.	0.	0.
(26) BERTRAND WILSON VICE CHAIR	1.50	X		X				0.	0.	0.
1b Subtotal								842,591.	137,799.	97,526.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								842,591.	137,799.	97,526.

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 6

	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>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ROBBINSKERSTEN, LLC 7130 S. 29TH STREET, LINCOLN, NE 68516	DIRECT MAIL CONTRACT	856,534.
SOUTHLAND TRUCK LEASING LLC P. O. BOX 1450, GARY, LA 70359	TRUCK LEASING	356,018.
M AND L INDUSTRIES LLC 1210 ST CHARLES AVE, HOUMA, LA 70360	FORKLIFT PURCHASES /RENTAL/REPAIRS	320,536.
PONTEM ENTERPRISE GROUP LLC, 4490 VON KARMAN AVE, NEWPORT BEACH, CA 92660	FACE-TO-FACE SOLICITATION	222,250.
PENSKE TRUCK LEASING, P.O. BOX 827380, PHILADELPHIA, PA 19182-7380	TRUCK LEASING	140,426.

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 5

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 345,819.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 22,251,744.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 62,292,061.				
	g	Noncash contributions included in lines 1a-1f	1g \$ 63,841,252.				
	h	Total. Add lines 1a-1f		84,889,624.			
	Program Service Revenue	2 a	PROGRAM SERVICE FEES	Business Code 624210	839,848.	839,848.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		839,848.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,713,976.		1,713,976.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	84,432.			
			(ii) Personal				
	b	Less: rental expenses ...	6b 105,321.				
	c	Rental income or (loss)	6c -20,889.				
	d	Net rental income or (loss)		-20,889.		-20,889.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	20,272,602.			
			(ii) Other	17,000.			
	b	Less: cost or other basis and sales expenses	7b 22,679,562.	55,940.			
	c	Gain or (loss)	7c -2,406,960.	-38,940.			
	d	Net gain or (loss)		-2,445,900.		-2,445,900.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		227,905.				
b	Less: direct expenses	8b 46,333.					
c	Net income or (loss) from fundraising events		181,572.		181,572.		
9 a	Gross income from gaming activities. See Part IV, line 19		192,503.				
b	Less: direct expenses	9b 91,477.					
c	Net income or (loss) from gaming activities		101,026.		101,026.		
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code 900099	22,475.	22,475.		
	b	CATERING	722320	-22,094.	-22,094.		
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		381.			
12	Total revenue. See instructions		85,259,638.	862,323.	-22,094.	-470,215.	

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 ...	74,756,182.	74,756,182.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,139,939.	1,139,939.		
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	505,142.		505,142.	
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	5,757,053.	3,978,560.	676,248.	1,102,245.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	203,926.	132,639.	42,672.	28,615.
9 Other employee benefits	1,352,370.	879,616.	282,987.	189,767.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	226,824.	55,784.	101,335.	69,705.
c Accounting	39,000.	9,592.	17,423.	11,985.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,801,144.			1,801,144.
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.)	699,920.	248,503.	451,417.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	1,224,018.	1,222,172.	1,846.	
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	123,595.	30,396.	55,217.	37,982.
22 Depreciation, depletion, and amortization	1,233,507.	1,164,280.	69,227.	
23 Insurance	380,736.	379,134.	1,466.	136.
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 FREIGHT & TRANSPORTATIO	896,546.	878,185.	6,983.	11,378.
b OTHER OPERATING EXPENSE	702,374.	421,640.	67,756.	212,978.
c SUPPLIES	526,192.	454,378.	31,310.	40,504.
d EQUIPMENT EXPENSE	461,378.	366,641.	88,287.	6,450.
e All other expenses	418,906.	122,522.	285,454.	10,930.
25 Total functional expenses. Add lines 1 through 24e	92,448,752.	86,240,163.	2,684,770.	3,523,819.
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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	2,900,853.	1	1,128,099.
	2 Savings and temporary cash investments	1,911,121.	2	2,065,220.
	3 Pledges and grants receivable, net	5,187,785.	3	4,397,476.
	4 Accounts receivable, net	536,746.	4	504,310.
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	87,645.	9	173,055.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 33,428,816.		
	b Less: accumulated depreciation	10b 6,443,346.		
		23,336,344.	10c	26,985,470.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	47,583,785.	12	46,585,388.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	9,497,377.	15	5,169,484.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	91,041,656.	16	87,008,502.	
Liabilities	17 Accounts payable and accrued expenses	2,557,526.	17	2,209,215.
	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	260,173.	23	1,626,715.
	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	16,875.	25	0.
	26 Total liabilities. Add lines 17 through 25	2,834,574.	26	3,835,930.
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	56,412,572.	27	52,182,473.
	28 Net assets with donor restrictions	31,794,510.	28	30,990,099.
	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	88,207,082.	32	83,172,572.
33 Total liabilities and net assets/fund balances	91,041,656.	33	87,008,502.	

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	85,259,638.
2	Total expenses (must equal Part IX, column (A), line 25)	2	92,448,752.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,189,114.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	88,207,082.
5	Net unrealized gains (losses) on investments	5	2,416,942.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-262,338.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	83,172,572.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	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

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	70,689,531.	102,598,187.	171,398,561.	113,166,886.	84,889,624.	542,742,789.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	70,689,531.	102,598,187.	171,398,561.	113,166,886.	84,889,624.	542,742,789.
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)						70,886,530.
6 Public support. Subtract line 5 from line 4.						471,856,259.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	70,689,531.	102,598,187.	171,398,561.	113,166,886.	84,889,624.	542,742,789.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	319,990.	412,533.	339,045.	757,504.	1,798,408.	3,627,480.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-82,530.	-64,833.	-9,209.		-22,094.	-178,666.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,917.	4,119.	29,848.	18,600.	22,475.	79,959.
11 Total support. Add lines 7 through 10						546,271,562.
12 Gross receipts from related activities, etc. (see instructions)					12	3,877,856.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	86.38 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	86.04 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described 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 (<i>describe in Part VI</i>). 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 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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	USDA - US DEPARTMENT OF AGRICULTURE PO BOX 140 VARNADO, LA 70467	\$ 16,104,587.	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	\$ 5,719,702.	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	\$ 9,749,692.	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	\$ 8,168,881.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	NS - ST TAMMANY PARISH SCHOOL BOARD 321 N. THEARD STREET COVINGTON, LA 70433	\$ 2,617,844.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	10,257,699 LBS. OF ASSORTED FOOD RECEIVED VARIOUS TIMES DURING THE YEAR. <hr/> <hr/>	\$ 16,104,587.	<hr/>
2	2,963,576 LBS OF ASSORTED FOOD ITEMS RECEIVED AT VARIOUS TIMES DURING THE YEAR. <hr/> <hr/>	\$ 5,719,702.	<hr/>
3	5,051,654 LBS. OF ASSORTED FOOD RECEIVED VARIOUS TIMES DURING THE YEAR. <hr/> <hr/>	\$ 9,749,692.	<hr/>
4	4,232,581 LBS. OF ASSORTED FOOD RECEIVED VARIOUS TIMES DURING THE YEAR. <hr/> <hr/>	\$ 8,168,881.	<hr/>
5	1,356,396 LBS. OF ASSORTED FOOD RECEIVED VARIOUS TIMES DURING THE YEAR. <hr/> <hr/>	\$ 2,617,844.	<hr/>
	<hr/> <hr/>	\$	<hr/>

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" 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

2022

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d, number of modified easements, states where located, monitoring policy, staff hours, expenses, and requirements of section 170(h)(4)(B)(i).

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include 1a) text of footnote for art collection, 1b) amounts for art collection, and 2) amounts for art collection for financial gain.

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 on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,850,778.	2,089,494.	1,671,346.	1,637,948.	1,590,665.
b Contributions	13,000,000.				
c Net investment earnings, gains, and losses	1,035,898.	-219,538.	435,032.	48,432.	61,813.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	16,461.	19,178.	16,884.	15,034.	14,530.
g End of year balance	15,870,215.	1,850,778.	2,089,494.	1,671,346.	1,637,948.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 9.9000 %
 - b Permanent endowment 90.1000 %
 - 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?
- 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		2,211,124.		2,211,124.
b Buildings		23,812,616.	3,388,476.	20,424,140.
c Leasehold improvements		91,080.	56,917.	34,163.
d Equipment		5,510,936.	1,990,217.	3,520,719.
e Other		1,803,060.	1,007,736.	795,324.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				26,985,470.

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	46,585,388.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	46,585,388.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) METER DEPOSITS/RENTAL DEPOSITS	39,308.
(2) UNDISTRIBUTED FOOD AND GROCERY PRODUCTS	3,524,594.
(3) FINANCE LEASE RIGHT-OF-USE ASSETS	1,429,180.
(4) OPERATING LEASE RIGHT-OF-USE ASSETS	176,402.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5,169,484.

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

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	87,984,128.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 2,416,942.		
b	Donated services and use of facilities	2b 38,400.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 269,148.		
e	Add lines 2a through 2d		2e	2,724,490.
3	Subtract line 2e from line 1		3	85,259,638.
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	85,259,638.

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	93,018,638.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 300,738.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 269,148.		
e	Add lines 2a through 2d		2e	569,886.
3	Subtract line 2e from line 1		3	92,448,752.
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	92,448,752.

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, 2023, 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, 2020 AND LATER

REMAIN SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

RENTAL EXPENSES	105,321.
SPECIAL EVENT EXPENSES	137,810.
CATERING EXPENSES	26,017.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	269,148.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES SEPARATELY STATED	105,321.
SPECIAL EVENT EXPENSES	137,810.
CATERING EXPENSES SEPARATELY STATED	26,017.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	269,148.

PART V, LINE 4

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

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

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

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

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

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

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

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

QUALIFY AS ORGANIZATIONS THAT ARE NOT PRIVATE FOUNDATIONS AS DEFINED IN

SECTION 509(A) OF THE CODE.

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	Gross receipts	212,197.	7,315.	8,393.	227,905.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	212,197.	7,315.	8,393.	227,905.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	14,809.			14,809.
	7	Food and beverages	16,553.			16,553.
	8	Entertainment	675.			675.
	9	Other direct expenses	14,271.	25.		14,296.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				46,333.
11	Net income summary. Subtract line 10 from line 3, column (d)				181,572.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			192,503.
Direct Expenses	2	Cash prizes			10,000.	10,000.
	3	Noncash prizes				
	4	Rent/facility costs			292.	292.
	5	Other direct expenses			81,185.	81,185.
6	Volunteer labor	<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)				91,477.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				101,026.	

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 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: ROBBINSKERSTEN, LLC

(I) ADDRESS OF FUNDRAISER: P.O. BOX 843595, DALLAS, TX 75284-3595

(I) NAME OF FUNDRAISER: SMART MEAL MAKERS LOUISIANA, LLC

(I) ADDRESS OF FUNDRAISER: 4490 VON KARMAN AVE, NEWPORT BEACH, CA 92660

(I) NAME OF FUNDRAISER: M&R STRATEGIC SERVICES

Part IV Supplemental Information (continued)

(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: ABBOTT ENTERPRISES, LLC

(I) ADDRESS OF FUNDRAISER: 4100 HOWARD AVE, NEW ORLEANS, LA 70125

(I) NAME OF FUNDRAISER: THE STELTER COMPANY

(I) ADDRESS OF FUNDRAISER: P.O. BOX 5228, DES MOINES, IA 50305

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**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.	10,416,552.	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.	2,542,722.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GETHSEMANE COGIC 317 12TH ST LAFAYETTE, LA 70501	23-7002418	501(C)(3)	0.	1,816,648.	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.	1,456,100.	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.	1,370,576.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GIVING HOPE - STEPHEN STUMPF FOOD PANTRY - 5151 LAPALCO BLVD. - MARRERO, LA 70072	46-3449360	501(C)(3)	0.	1,313,688.	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 **391.**

3 Enter total number of other organizations listed in the line 1 table **52.**

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

Schedule I (Form 990) 2022

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
PLYMOUTH ROCK BAPTIST CHURCH 1000 WALLIS ST HOUMA, LA 70360	72-0986482	501(C)(3)	0.	1,166,339.	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.	1,137,867.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LOVE OF CHRIST BAPTIST CHURCH, INC 1121 WEST HUTCHINSON AVENUE CROWLEY, LA 70526	47-2007417	501(C)(3)	0.	939,551.	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.	918,629.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TOWN OF MELVILLE 1105 1ST. STREET MELVILLE, LA 71353	72-6000890	ST LANDRY PARISH	0.	858,032.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MATTHEW 25 35 FOOD PANTRY 1905 ORMOND BLVD. DESTREHAN, LA 70047	81-4581540	501(C)(3)	0.	782,191.	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.	748,416.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BETHEL COLONY SOUTH TRANSFORMATION MINISTRY - 4114 OLD GENTILITY RD - NEW ORLEANS, LA 70126	27-8067138	501(C)(3)	0.	708,569.	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.	676,553.	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
OUR LADY OF VICTORY FOOD PANTRY 120 DAIGRE ST. / PO BOX 387 LOREAUVILLE, LA 70552	72-0821360	RELIGIOUS ENTITY	0.	580,092.	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.	570,442.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST BAPTIST CHURCH SLIDELL 4141 PONTCHARTRAIN DR SLIDELL, LA 70458	72-0496863	501(C)(3)	0.	563,987.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. LANDRY CAA 1065 HWY 449 OPELOUSAS, LA 70570	72-6001257	ST LANDRY PARISH	0.	545,643.	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.	496,299.	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.	480,781.	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.	480,620.	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.	473,605.	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.	445,853.	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
PENTECOSTALS OF VINTON 835 FAIRCHILD ST VINTON, LA 70668	72-1244861	501(C)(3)	0.	420,441.	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.	409,319.	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.	407,115.	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.	387,471.	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.	381,079.	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.	375,698.	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.	356,274.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
YOUNGSVILLE PANTRY 3555 VEROT SCHOOL RD YOUNGSVILLE, LA 70592	72-0796891	501(C)(3)	0.	353,252.	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.	352,058.	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
TOWN OF KROTZ SPRINGS 224 MAIN ST KROTZ SPRINGS, LA 70750	72-6013748	CITY OF KROTZ SP	0.	345,190.	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.	342,268.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SMILE 2097 TERRACE ROAD SAINT MARTINVILLE, LA 70582	72-0648848	501(C)(3)	0.	303,410.	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.	300,900.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LARC INC. 303 NEW HOPE RD LAFAYETTE, LA 70506	72-0604268	501(C)(3)	0.	300,666.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PANTRY OF HOPE 3975 EAST PRIEN LAKE ROAD LAKE CHARLES, LA 70615	72-1459712	501(C)(3)	0.	295,044.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ABUNDANT LIFE JUST CARES 400 GOSSEN MEMORIAL DRIVE RAYNE, LA 70578	72-1237261	RELIGIOUS ENTITY	0.	282,545.	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.	276,136.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAFOURCHE PARISH GOVERNMENT 4876 HWY 1 MATHEWS, LA 70375	72-6000634	LAFOURCHE PARISH	0.	274,930.	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
GRETNA UNITED METHODIST MENS GROUP 1309 WHITNEY AVE GRETNA, LA 70056	72-6077812	501(C)(3)	0.	268,838.	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.	265,088.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. PETER CLAVER CHURCH 1923 ST. PHILIP ST NEW ORLEANS, LA 70116	72-0423613	501(C)(3)	0.	264,747.	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.	261,317.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ONE ACCORD MINISTRIES DELIVER: 1700 IRMA ST, MARRERO,/MAIL713 JAMIE BLVD - WESTWEGO, LA 70094	30-0938184	501(C)(3)	0.	254,754.	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.	243,312.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CALCASIEU COUNCIL ON AGING 3950 GERSTNER MEMORIAL BLVD LAKE CHARLES, LA 70607	72-0951694	501(C)(3)	0.	241,965.	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.	239,440.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
KENNER FOOD BANK 317 OXLEY ST. KENNER, LA 70062	72-1211103	GOVERNMENT	0.	236,082.	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
MARY'S CHAPEL UMC 63343 JONES CREEK RD. ANGIE, LA 70426	45-1471814	501(C)(3)	0.	232,705.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NINTH BAPTIST CHURCH 726 N. LATOUR VILLE PLATTE, LA 70586	72-0985045	RELIGIOUS ENTITY	0.	228,456.	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.	224,369.	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.	221,076.	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.	218,915.	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.	217,541.	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.	213,613.	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.	211,144.	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.	210,506.	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.	206,017.	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.	205,909.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GRAND CAILLOU BAPTIST CHURCH 3497 GRAND CAILLOU RD HOUMA, LA 70363	72-1002674	501(C)(3)	0.	205,761.	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.	205,198.	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.	199,863.	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.	199,804.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LITTLE CAILLOU 5655 BAYOUSIDE RD CHAUVIN, LA 70344	72-1002674	501(C)(3)	0.	198,121.	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.	192,212.	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.	191,611.	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
MARRERO COMMUNITY/SENIOR ACTIVITY CENTER JEFF CAPP - 1861 AMES BLVD. - MARRERO, LA 70072	72-6013920	JEFFERSON PARISH	0.	190,081.	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.	189,501.	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.	187,701.	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.	186,014.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ICNA RELIEF 4101 CALIFORNIA AVE., KENNER, LA 70065	04-3810161	501(C)(3)	0.	178,107.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST BAPTIST CHURCH OF CHALMETTE 305 EAST ST BERNARD HWY CHALMETTE, LA 70043	62-0535346	501(C)(3)	0.	173,710.	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.	165,235.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE UNIVERSAL CHURCH 2929 METAIRIE CT. METAIRIE, LA 70002	13-3443110	501(C)(3)	0.	161,867.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
KINGDOM BUILDERS 401 HENKLE ST. JEANERETTE, LA 70544	56-2527092	501(C)(3)	0.	160,726.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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THE PURPLE LEMON 861 HWY 90 MORGAN CITY, LA 70380	83-4479661	501(C)(3)	0.	159,448.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. NICHOLAS SOCIAL JUSTICE & COMMUNITY CONCERN - 3317 PATOUT RD - JEANERETTE, LA 70544	72-0697130	RELIGIOUS ENTITY	0.	159,360.	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.	158,127.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOHN THE BAPTIST CATHOLIC CHURCH - 15504 HIGHWAY 90 - PARADIS, LA 70080	53-0196617	501(C)(3)	0.	155,465.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST BAPTIST GOLDEN MEADOW 187 OAK RIDGE DR. GOLDEN MEADOW, LA 70357	72-1002674	501(C)(3)	0.	155,065.	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.	153,771.	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	JEFFERSON PARISH	0.	153,089.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. ANTHONY/ST. VINCENT DEPAUL SOCIETY - 2653 JEAN LAFITTE - LAFITTE, LA 70067	72-6015881	501(C)(3)	0.	149,656.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GOOD SAMARITAN FOOD BANK OF THIBODAU - 100 BIRCH ST - THIBODAU, LA 70301	53-0196617	501(C)(3)	0.	148,433.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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SANKOFA HEALTHY FOOD HUB 5200 DAUPHINE ST NEW ORLEANS, LA 70117	26-3471054	501(C)(3)	0.	147,566.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST BAPTIST CHURCH OF JENNINGS 1001 N CARY AVENUE JENNINGS, LA 70546	72-0660495	501(C) 3	0.	146,307.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMPREHENSIVE CARE CENTER OF SWLA 425 KINGSLEY LAKE CHARLES, LA 70601	72-1115522	501(C)(3)	0.	146,221.	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.	142,459.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FISCHER HOUSING 1400 SEMMES ST NEW ORLEANS, LA 70114	72-0983850	GOVERNMENT	0.	141,997.	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.	139,567.	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.	139,279.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VILLAGE OF CHATAIGNIER 5704 VINE ST CHATAIGNIER, LA 70524	72-0750410	MUNICIPAL GOVERN	0.	138,699.	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.	138,461.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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COMMUNITY CHRISTIAN CONCERN 2515 CAREY ST. SLIDELL, LA 70458	72-1050312	501(C)(3)	0.	137,674.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
DEPAUL COMMUNITY HEALTH CENTER 3201 S CARROLLTON AVE NEW ORLEANS, LA 70118	72-1332678	501(C)(3)	0.	135,192.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TRUE VINE MINISTRIES 1555 W. WILLOW SCOTT, LA 70583	72-1063479	501(C)(3)	0.	133,262.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MS. HELEN'S SOUP KITCHEN 117 WEST 7TH ST CROWLEY, LA 70526	72-0464892	501(C) 3	0.	132,456.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TOWN OF GRAND ISLE 3811 HWY 1 GRAND ISLE, LA 70358	72-6014896	JEFFERSON PARISH	0.	131,676.	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.	131,577.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
IT'S WHAT WE DO OUTREACH MINISTRY 101 SAINT ANN ST RACELAND, LA 70394	72-0953409	501(C)(3)	0.	131,034.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BETHEL BAPTIST CHURCH 112 MATHERNE ST. BOURG, LA 70343	72-1002674	501(C)(3)	0.	130,553.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LIVE OAK BAPTIST CHURCH 3968 HIGHWAY 665 MONTEGUT, LA 70377	72-1002674	501(C)(3)	0.	124,231.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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COMMUNITY OUTREACH CENTER 1006 E FOURTH ST DEQUINCY, LA 70633	72-1490938	501(C)(3)	0.	123,284.	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.	121,703.	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.	119,617.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LIFT UP MY NAME HIGHER 1423 PAULINE ST NEW ORLEANS, LA 70117	72-1204732	501(C)(3)	0.	117,627.	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.	117,442.	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.	116,507.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JEFFERSON PRESBYTERIAN CHURCH 4450 JEFFERSON HWY JEFFERSON, LA 70121	91-1827475	501(C)(3)	0.	114,884.	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	JEFFERSON PARISH	0.	114,820.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. TERESA CENTER FOR WORKS OF MERCY - 600 S.MARTIN LUTHER KING - SAINT MARTINVILLE, LA 70582	81-3756179	501(C)(3)	0.	113,690.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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GRACE OUTREACH CENTER 3601 COLISEUM ST NEW ORLEANS, LA 70115	62-1809569	501(C)(3)	0.	113,013.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LOVETOUCH MINISTRIES 2025 WHITNEY AVE GRETNA, LA 70056	72-1248483	501(C)(3)	0.	112,140.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HARVEY COMMUNITY CENTER- JEFF CAPP 1501 ESTALOTE AVENUE HARVEY, LA 70058	72-6013920	JEFFERSON PARISH	0.	110,102.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WATSON COMMUNITY CENTER - JEFF CAPP - 1300 MYRTLE ST. - METAIRIE, LA 70003	72-6013920	JEFFERSON PARISH	0.	109,154.	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.	109,134.	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.	109,008.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BEACON LIGHT BAPTIST CHURCH OF HOUMA - 4325 W PARK AVE - GRAY, LA 70359	05-0570465	501(C)(3)	0.	108,670.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GOD'S FOOD BOX 426 MCMAHON DERIDDER, LA 70634	27-0036893	501(C)(3)	0.	108,440.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LA SPCA 1700 MARDI GRAS BLVD NEW ORLEANS, LA 70114	72-0471368	501(C)(3)	0.	107,715.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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GRAND CAILLOU MIDDLE SCHOOL AKA BEAUTIFUL ZION CHU - 120 HIALEAH AVE - HOUMA, LA 70363	72-6001392	TERREBONNE PARIS	0.	106,733.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW BEGINNINGS PRIMITIVE BAPTIST 622 E. VETERANS MEMORIAL DRIVE KAPLAN, LA 70548	26-3793829	RELIGIOUS ENTITY	0.	103,129.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
REDEMPTION CHURCH 62060 LA-434 LACOMBE, LA 70445	62-0535346	501(C)(3)	0.	103,095.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HELP CENTER OF CHURCHES 946 ELLIS ST. FRANKLINTON, LA 70438	58-2026331	501(C)(3)	0.	102,349.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TERREBONNE PARISH DISASTER RECOVERY CENTER - (GOV) - 1327 BAYOU DULARGE RD - THERIOT, LA 70397	72-6001390	TERREBONNE PARIS	0.	100,479.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WE CARE MINISTRY / WEST POINT CHURCH - 664 BEHRMAN HWY - GREटना, LA 70056	72-1029001	501(C)(3)	0.	99,180.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JUDE COMMUNITY CENTER 400 NORTH RAMPART ST NEW ORLEANS, LA 70112	72-0959534	501(C)(3)	0.	99,089.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER ZIONFIELD 636 11TH ST WESTWEGO, LA 70094	30-0101267	501(C)(3)	0.	98,533.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JUDE COMMUNITY CENTER 1530 GRAVIER ST NEW ORLEANS, LA 70112	72-0959534	501(C)(3)	0.	95,943.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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CONCERNED CITIZENS FOR GIBSON 361 AZELEA DR DONNER, LA 70352	72-1493786	501(C)(3)	0.	95,725.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ABNEY ELEMENTARY 825 KOSTMAYER AVE SLIDELL, LA 70458	72-6001305	ST. TAMMANY PARI	0.	93,914.	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.	93,668.	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.	91,102.	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.	89,086.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOHN DEPARTMENT OF COMMUNITY SERVICES - 2900 US-51 - LAPLACE, LA 70084	72-6001235	ST JOHN THE BAPT	0.	88,633.	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.	86,342.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LOWLANDER CENTER 106 SANDALWOOD DR GRAY, LA 70359	46-4993987	501(C)(3)	0.	85,319.	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.	83,238.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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HOPE THE FOOD PANTRY OF NEW ORLEANS - 13150 A I-10 SERVICE RD - NEW ORLEANS, LA 70128	46-3449360	501(C)(3)	0.	83,056.	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.	81,750.	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	JEFFERSON PARISH	0.	81,254.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MANDEVILLE HIGH 1 SKIPPER DRIVE MANDEVILLE, LA 70471	72-6001305	ST. TAMMANY PARI	0.	81,059.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
URBAN IMPACT MINISTRIES 2323 S GALVEZ ST NEW ORLEANS, LA 70125	72-1181908	501(C)(3)	0.	80,783.	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.	77,493.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OUTREACH FULL GOSPEL BAPTIST CHURCH - 304 13TH AVENUE - FRANKLINTON, LA 70438	72-1286024	RELIGIOUS ENTITY	0.	76,732.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. FRANCIS DE SALES 300 VERRET ST HOUMA, LA 70360	72-0893609	ARCHDIOCESE OF N	0.	73,555.	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.	73,256.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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JEFFERSON PARISH SHELTER DECEMBER 2022 TORNADO - 3805 15TH ST - HARVEY, LA 70058	72-6013920	JEFFERSON PARISH	0.	73,016.	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.	72,067.	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.	71,442.	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.	71,292.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SOCIAL SERVICE CENTER-NEW IBERIA 432 BANK AVE NEW IBERIA, LA 70560	72-0782780	501(C)(3)	0.	70,079.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
UNIVERSITY MEDICAL CENTER NEW ORLEANS CANCER CENTE - 2000 CANAL ST. - NEW ORLEANS, LA 70112	25-1925187	501(C)(3)	0.	69,767.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
IMMACULATE CONCEPTION 604 AVENUE C MARRERO, LA 70072	72-0893609	ARCHDIOCESE OF N	0.	68,841.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COVINGTON HIGH 73030 LION DRIVE COVINGTON, LA 70433	72-6001305	ST. TAMMANY PARI	0.	68,821.	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.	68,426.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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BETHUNE ELEMENTARY 2401 HUMANITY ST NEW ORLEANS, LA 70122	46-5737261	ORLEANS PARISH G	0.	68,315.	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	RELIGIOUS ENTITY	0.	67,604.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CHRISTIAN SERVICE CENTER OF IOTA 422 EAST KENNEDY AVE IOTA, LA 70543	36-4311885	501(C)(3)	0.	67,358.	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.	67,288.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GRETNA COMMUNITY CENTER 1700 MONROE ST. GRETNA, LA 70053	72-0613920	JEFFERSON PARISH	0.	66,703.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LANCASTER ELEMENTARY 133 PINE CREEK DRIVER MADISONVILLE, LA 70447	72-6001305	ST. TAMMANY PARI	0.	66,303.	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.	66,256.	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.	65,720.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SLIDELL HIGH 1 TIGER DRIVE SLIDELL, LA 70458	72-6001305	ST. TAMMANY PARI	0.	64,109.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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LAFAYETTE ADULT AND TEEN CHALLENGE 1254 OLIVIER DR ARNAUDVILLE, LA 70512	72-1106641	501(C)(3)	0.	63,711.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JEAN LAFITTE FOOD PANTRY 580 JEAN LAFITTE BLVD LAFITTE, LA 70067	72-0796567	GOVERNMENT	0.	62,063.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CHRISTOPHER HOMES, INC. - MONSIGNOR WYNHOVEN - 4600 TENTH ST - MARRERO, LA 70072	53-0196617	501(C)(3)	0.	61,448.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TCHEFUNCTE MIDDLE 1530 W. CAUSEWAY APPROACH MANDEVILLE, LA 70471	72-6001305	ST. TAMMANY PARI	0.	61,114.	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.	60,605.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TCA - LITTLE ZION BAPTIST CHURCH (HOLLYGROVE/GT) - 4821 EARHART BLVD - NEW ORLEANS, LA 70125	72-0599165	501(C)(3)	0.	60,002.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MAYFIELD ELEMENTARY 31820 HIGHWAY 190 W SLIDELL, LA 70460	72-6001305	ST. TAMMANY PARI	0.	59,514.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TCA - CORPUS CHRISTI CHURCH 2022 ST BERNARD AVE NEW ORLEANS, LA 70116	72-0599165	501(C)(3)	0.	59,511.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CHRISTIAN BROTHERS 4601 CLEVELAND AVE NEW ORLEANS, LA 70119	72-0893609	ARCHDIOCESE OF N	0.	58,283.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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LITTLE OAK MIDDLE 59241 REBEL DR SLIDELL, LA 70461	72-6001305	ST. TAMMANY PARI	0.	57,781.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TCA - BETHEL AME CHURCH 1437 CAFFIN AVE NEW ORLEANS, LA 70117	72-0599165	501(C)(3)	0.	57,628.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VICTORY FELLOWSHIP 5708 AIRLINE HWY METAIRIE, LA 70003	72-0856545	501(C)(3)	0.	57,517.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. MARY'S ACADEMY HIGH 6905 CHEF MENTEUR HWY NEW ORLEANS, LA 70126	72-0893609	ARCHDIOCESE OF N	0.	56,727.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LIVING WITNESS MINISTRY 1528 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	72-1112572	501(C)(3)	0.	56,675.	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.	56,646.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MOSES BAPTIST CHURCH 1032 CANAL BLVD THIBODAU, LA 70301	72-1052024	501(C)(3)	0.	56,468.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PERRO BLESSING OUTREACH MINISTRY INC - 4805 HAZARD RD - NEW IBERIA, LA 70560	84-4172466	501(C)(3)	0.	56,223.	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.	55,078.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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FONTAINEBLEAU HIGH 100 BULLDOG DRIVE MANDVILLE, LA 70471	72-6001305	ST. TAMMANY PARI	0.	55,002.	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.	53,966.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIRST BAPTIST CHURCH OF BASILE 3001 E SCHAMBERS ST BASILE, LA 70515	72-0948392	RELIGIOUS ENTITY	0.	53,758.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TCA - URBAN LEAGUE CENTER 2800 DESIRE PKWY NEW ORLEANS, LA 70126	72-0599165	501(C)(3)	0.	53,643.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. AUGUSTINE HIGH SCHOOL 2600 A. P. TUREAUD AVE NEW ORLEANS, LA 70119	72-0893609	ARCHDIOCESE OF N	0.	52,686.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SALMEN HIGH 300 SPARTAN DRIVE SLIDELL, LA 70458	72-6001305	ST. TAMMANY PARI	0.	52,446.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. CLEMENT OF ROME 3978 W ESPLANADE AVE METAIRIE, LA 70002	72-0893609	ARCHDIOCESE OF N	0.	51,662.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CROWLEY CHRISTIAN CARE CENTER 726 WEST SEVENTH ST CROWLEY, LA 70527	72-1132875	501(C)(3)	0.	51,457.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NORTHSHORE HIGH 100 PANTHER DRIVE SLIDELL, LA 70461	72-6001305	ST. TAMMANY PARI	0.	51,386.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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MADISONVILLE ELEMENTARY 317 HIGHWAY 1077 MADISONVILLE, LA 70447	72-6001305	ST. TAMMANY PARI	0.	51,353.	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.	51,114.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CLEARWOOD JUNIOR HIGH 130 CLEARWOOD DRIVE SLIDELL, LA 70458	72-6001305	ST. TAMMANY PARI	0.	50,774.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COTEAU BAPTIST CHURCH 2066 COTEAU RD HOUMA, LA 70364	72-1002674	501(C)(3)	0.	50,739.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MOTON CHARTER ELEMENTARY 8550 CURRAN RD NEW ORLEANS, LA 70126	46-5737261	ORLEANS PARISH G	0.	50,625.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PINE VIEW MIDDLE 1200 W. 27TH AVE, COVINGTON, LA 70433	72-6001305	ST. TAMMANY PARI	0.	50,262.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TCA - JAMES SINGLETON CENTER (LITTLE WOODS) - 14441 CURRAN RD - NEW ORLEANS, LA 70129	72-0599165	501(C)(3)	0.	50,096.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BETHLEHEM BAPTIST CHURCH 837 EAST 7TH STREET BOGALUSA, LA 70427	72-0854336	501(C)(3)	0.	49,978.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
REVEREND CHARLES MILTON LEVIAS FOOD PANTRY - 1242 AUSTIN STREET - BOGALUSA, LA 70427	86-1733481	501(C)(3)	0.	49,352.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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WESTBANK FRIENDSHIP CLUB 2051 EIGHTH ST HARVEY, LA 70058	72-0846349	501(C)(3)	0.	49,034.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PEARL RIVER HIGH 39110 REBEL LANE PEARL RIVER, LA 70452	72-6001305	ST. TAMMANY PARI	0.	48,849.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BONNE ECOLE ELEMENTARY 900 RUE VERAND SLIDELL, LA 70458	72-6001305	ST. TAMMANY PARI	0.	48,540.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ARCHBISHOP SHAW HIGH 1000 BARATARIA BLVD MARRERO, LA 70072	72-0893609	ARCHDIOCESE OF N	0.	47,951.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FONTAINEBLEAU JR HIGH 100 HURRICANE ALLEY MANDEVILLE, LA 70471	72-6001305	ST. TAMMANY PARI	0.	47,715.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOSEPH ELEMENTARY (THIBODAU) 501 CARDINAL DR THIBODAU, LA 70301	72-0893609	ARCHDIOCESE OF N	0.	47,309.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAKESHORE HIGH 26301 HIGHWAY 1088 MANDEVILLE, LA 70448	72-6001305	ST. TAMMANY PARI	0.	46,883.	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.	46,376.	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.	45,841.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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MT. OLIVE BC #2 805 FIELD ST. NEW IBERIA, LA 70560	38-3902499	501(C)(3)	0.	45,686.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. BERNADETTE ELEMENTARY 309 FUNDERBURK AVE HOUMA, LA 70364	72-0893609	ARCHDIOCESE OF N	0.	45,301.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ABITA SPRINGS ELEMENTARY 22410 LEVEL STREET ABITA SPRINGS, LA 70420	72-6001305	ST. TAMMANY PARI	0.	45,268.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HYNES CHARTER ELEM. PARKVIEW 4617 MIRABEAU AVE NEW ORLEANS, LA 70126	46-5737261	ORLEANS PARISH G	0.	44,758.	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	PLAQUEMINES PARI	0.	43,905.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. GENEVIEVE ELEMENTARY 807 BARBIER AVE THIBODAU, LA 70301	72-0893609	ARCHDIOCESE OF N	0.	43,643.	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.	43,435.	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.	43,336.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. CATHERINE OF SIENA 105 BONNABEL BLVD METAIRIE, LA 70005	72-0893609	ARCHDIOCESE OF N	0.	43,192.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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REVIVE CHURCH 60456 MILITARY RD SLIDELL, LA 70461	85-1468049	RELIGIOUS ENTITY	0.	42,801.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BEN FRANKLIN ELEMENTARY 1116 JEFFERSON AVE NEW ORLEANS, LA 70115	46-5737261	ORLEANS PARISH G	0.	42,539.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COSMOPOLITAN EVANGELISTIC BAPTIST CHURCH - 1929 BIENVILLE ST - NEW ORLEANS, LA 70112	72-1334354	501(C)(3)	0.	42,372.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TOWN OF PORT BARRE 302 O G TRACK ROAD PORT BARRE, LA 70577	72-6001114	GOVERNMENT	0.	42,032.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LIFEHOUSE CHURCH 3556 WEST AIRLINE HIGHWAY RESERVE, LA 70084	72-0778152	501(C)(3)	0.	41,922.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WHISPERING FOREST ELEMENTARY 300 SPIEHLER ROAD SLIDELL, LA 70458	72-6001305	ST. TAMMANY PARI	0.	41,878.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SLIDELL JUNIOR HIGH 333 PENNSYLVANIA SLIDELL, LA 70458	72-6001305	ST. TAMMANY PARI	0.	41,326.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. PIUS X ELEMENTARY 6600 SPANISH FORT BLVD NEW ORLEANS, LA 70124	72-0893609	ARCHDIOCESE OF N	0.	41,008.	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.	40,775.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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NEW JERUSALEM BC 710 WELSH STREET WELSH, LA 70591	72-0538503	501(C)(3)	0.	40,219.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HONEY ISLAND ELEMENTARY 500 S MILITARY ROAD SLIDELL, LA 70461	72-6001305	ST. TAMMANY PARI	0.	39,993.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COVINGTON ELEMENTARY 325 S. JACKSON STREET COVINGTON, LA 70433	72-6001305	ST. TAMMANY PARI	0.	39,856.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LEE ROAD JUNIOR HIGH 79131 HIGHWAY 40 COVINGTON, LA 70435	72-6001305	ST. TAMMANY PARI	0.	39,688.	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.	39,513.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LYON ELEMENTARY 1615 N. FLORIDA STREET COVINGTON, LA 70433	72-6001305	ST. TAMMANY PARI	0.	39,296.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. ANTHONY CATHOLIC CHURCH 615 EDISON ST LAFAYETTE, LA 70501	72-0964633	501(C) 3	0.	38,922.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FLORIDA AVENUE ELEMENTARY 342 FLORIDA AVE. SLIDELL, LA 70458	72-6001305	ST. TAMMANY PARI	0.	38,735.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CYPRESS COVE ELEMENTARY 540 S MILITARY ROAD SLIDELL, LA 70461	72-6001305	ST. TAMMANY PARI	0.	38,404.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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HYNES CHARTER ELEMENTARY 990 HARRISON AVE NEW ORLEANS, LA 70124	46-5737261	ORLEANS PARISH G	0.	38,371.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ROOTS OF MUSIC 1020 N PRIEUR ST NEW ORLEANS, LA 70116	26-1160255	501(C)(3)	0.	38,292.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ACADEMY OF OUR LADY 5501 WESTBANK EXPRESSWAY MARRERO, LA 70072	72-0893609	ARCHDIOCESE OF N	0.	38,051.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. PETER ELEMENTARY (COVINGTON) 130 E TEMPERANCE ST COVINGTON, LA 70433	72-0893609	ARCHDIOCESE OF N	0.	38,043.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. FRANCIS XAVIER 215 BETZ PL METAIRIE, LA 70005	72-0893609	ARCHDIOCESE OF N	0.	37,894.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MANDEVILLE MIDDLE 2525 SOULT STREET MANDEVILLE, LA 70448	72-6001305	ST. TAMMANY PARI	0.	37,784.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE DWELLING PLACE 701 HICKORY ST THIBODAU, LA 70301	82-2230304	501(C)(3)	0.	37,613.	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.	37,331.	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.	37,119.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ST. ANN ELEMENTARY 4921 MEADOWDALE ST METAIRIE, LA 70006	72-0893609	ARCHDIOCESE OF N	0.	36,944.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WOODLAKE ELEMENTARY 1620 LIVINGSTON STREET MANDVILLE, LA 70448	72-6001305	ST. TAMMANY PARI	0.	36,564.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. KATHARINE DREXEL PREPARATORY 5116 MAGAZINE ST NEW ORLEANS, LA 70115	72-0893609	ARCHDIOCESE OF N	0.	36,543.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. TAMMANY JR HIGH 701 CLEVELAND AVE SLIDELL, LA 70458	72-6001305	ST. TAMMANY PARI	0.	36,539.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LOREAUVILLE BAPTIST CHURCH 8116 LOREAUVILLE RD LOREAUVILLE, LA 70552	72-0982444	501(C)(3)	0.	36,326.	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.	36,284.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BOYET JUNIOR HIGH 59295 REBEL DRIVE SLIDELL, LA 70461	72-6001305	ST. TAMMANY PARI	0.	36,152.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOAN OF ARC (LAPLACE) 487 FIR ST LA PLACE, LA 70068	72-0893609	ARCHDIOCESE OF N	0.	35,446.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SALVATION ARMY/LAFAYETTE 212 SIXTH ST LAFAYETTE, LA 70502	58-0660607	501(C)(3)	0.	35,317.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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MARY BIRD PERKINS CANCER CENTER 1203 S TYLER ST COVINGTON, LA 70433	23-7010520	501(C)(3)	0.	34,397.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BAYOU WOODS ELEMENTARY 35614 LIBERTY DRIVE SLIDELL, LA 70460	72-6001305	ST. TAMMANY PARI	0.	34,218.	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.	33,522.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CENTRAL CATHOLIC 2100 CEDAR ST MORGAN CITY, LA 70380	72-0893609	ARCHDIOCESE OF N	0.	33,264.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. DOMINIC ELEMENTARY 6323 MEMPHIS ST NEW ORLEANS, LA 70124	72-0893609	ARCHDIOCESE OF N	0.	33,237.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
RIVERSIDE ELEMENTARY 38480 SULLIVAN DRIVE PEARL RIVER, LA 70452	72-6001305	ST. TAMMANY PARI	0.	33,074.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
UNITED HOUMA NATION 5396 SHRIMPERS ROW DULAC, LA 70353	72-0742264	501(C)(3)	0.	33,053.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MANDEVILLE ELEMENTARY 519 MASSENA STREET MANDEVILLE, LA 70448	72-6001305	ST. TAMMANY PARI	0.	33,052.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PLAQUEMINES PARISH SCHOOL BOARD 26138 HIGHWAY 23 PORT SULPHUR, LA 70083	72-6001091	PLAQUEMINES PARI	0.	33,016.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ST. CHARLES BORROMEEO 13396 RIVER RD DESTREHAN, LA 70047	72-0893609	ARCHDIOCESE OF N	0.	32,946.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CREEKSIDE JUNIOR HIGH 65434 HIGHWAY 41 PEARL RIVER, LA 70452	72-6001305	ST. TAMMANY PARI	0.	31,880.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAKE HARBOR MIDDLE 1700 VIOLA STREET MANDEVILLE, LA 70448	72-6001305	ST. TAMMANY PARI	0.	31,799.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ABITA SPRINGS MIDDLE 72079 MAPLE STREET ABITA SPRINGS, LA 70420	72-6001305	ST. TAMMANY PARI	0.	31,716.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GREATER BATON ROUGE FOOD BANK PO BOX 2996 BATON ROUGE, LA 70821	72-1065318	501(C)(3)	0.	31,463.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. LEO 1501 ABUNDANCE ST NEW ORLEANS, LA 70119	72-0893609	ARCHDIOCESE OF N	0.	31,251.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FOLSOM ELEMENTARY 82144 HIGHWAY 25 FOLSOM, LA 70437	72-6001305	ST. TAMMANY PARI	0.	30,672.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. ANTHONY ELEMENTARY (GRETNA) 901 FRANKLIN AVE GRETNA, LA 70053	72-0893609	ARCHDIOCESE OF N	0.	30,230.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CHRISTIAN FELLOWSHIP FULL GOSPEL 5816 E JUDGE PEREZ DR VIOLET, LA 70092	72-1375232	501(C)(3)	0.	30,212.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ST. CLETUS ELEMENTARY 3610 CLAIRE AVE GRETNA, LA 70053	72-0893609	ARCHDIOCESE OF N	0.	30,040.	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.	29,787.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BROCK ELEMENTARY 259 BRAKEFIELD STREET SLIDELL, LA 70458	72-6001305	ST. TAMMANY PARI	0.	28,962.	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.	28,890.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MADISONVILLE JUNIOR HIGH 106 CEDAR STREET MADISONVILLE, LA 70447	72-6001305	ST. TAMMANY PARI	0.	28,769.	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.	28,728.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OUR LADY DIVINE PROVIDENCE 1000 N STARRETT RD METAIRIE, LA 70003	72-0408966	501(C)(3)	0.	28,654.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ULL CAMPUS CUPBOARD 210 ST. MARY BLVD LAFAYETTE, LA 70504	72-6034836	GOVERNMENT	0.	28,519.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BONNABEL HIGH SCHOOL 2801 BRUIN DR. KENNER, LA 70065	72-6000592	JEFFERSON PARISH	0.	28,384.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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HYNES - UNO CAMPUS 6101 CHATHAM AVE NEW ORLEANS, LA 70122	46-5737261	ORLEANS PARISH G	0.	27,908.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. JOHN REGIS CATHOLIC CHURCH 232 MAIN ST ARNAUDVILLE, LA 70512	72-0467516	501(C)(3)	0.	27,873.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MARIGNY ELEMENTARY 1715 VIOLA STREET MANDVILLE, LA 70448	72-6001305	ST. TAMMANY PARI	0.	27,148.	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.	27,103.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. PAUL HIGH SCHOOL (COVINGTON) 917 S JAHNCKE COVINGTON, LA 70433	72-0893609	ARCHDIOCESE OF N	0.	26,904.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE WILLOW SCHOOL ELEMMENTARY 7315 WILLOW ST. NEW ORLEANS, LA 70118	46-5737261	ORLEANS PARISH G	0.	26,704.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
RESURRECTION 4861 ROSALIA DR NEW ORLEANS, LA 70127	72-0893609	ARCHDIOCESE OF N	0.	26,643.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VISITATION OF OUR LADY 3520 AMES BLVD MARRERO, LA 70072	72-0893609	ARCHDIOCESE OF N	0.	26,618.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CABRINI HIGH 1400 MOSS ST NEW ORLEANS, LA 70119	72-0893609	ARCHDIOCESE OF N	0.	26,487.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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MONTELEONE JR HIGH 63000 BLUE MARLIN DR MANDEVILLE, LA 70448	72-6001305	ST. TAMMANY PARI	0.	26,312.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SIXTH WARD ELEMENTARY 72360 HIGHWAY 41 PEARL RIVER, LA 70452	72-6001305	ST. TAMMANY PARI	0.	26,310.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. CHRISTOPHER ELEMENTARY 3924 DERBIGNY ST METAIRIE, LA 70001	72-0893609	ARCHDIOCESE OF N	0.	26,217.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. BENILDE ELEMENTARY 1801 DIVISION ST METAIRIE, LA 70001	72-0893609	ARCHDIOCESE OF N	0.	26,195.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SEASONS THE GREENLEAF 301 DARREL ST. LAFAYETTE, LA 70501	84-3826846	501(C)(3)	0.	25,905.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIFTH WARD JUNIOR HIGH 81419 HIGHWAY 21 BUSH, LA 70431	72-6001305	ST. TAMMANY PARI	0.	25,621.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OUR LADY OF THE LAKE ELEMENTARY 316 LAFITTE ST MANDEVILLE, LA 70448	72-0893609	ARCHDIOCESE OF N	0.	25,591.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TAKE PAWS RESCUE 2730 BANKS ST NEW ORLEANS, LA 70119	47-4269005	501(C)(3)	0.	25,409.	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.	25,346.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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TABERNACLE OF HOPE CENTER 925 W BROUSSARD ROAD LAFAYETTE, LA 70506	58-0742249	501(C)(3)	0.	25,209.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BEN FRANKLIN HIGH SCHOOL 2001 LEON C. SIMON BLVD NEW ORLEANS, LA 70122	46-5737261	ORLEANS PARISH G	0.	25,131.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. MARY'S NATIVITY 3492 NIES ST RACELAND, LA 70394	72-0893609	ARCHDIOCESE OF N	0.	24,823.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. MATTHEW THE APOSTLE ELEMENTARY 10021 JEFFERSON HWY RIVER RIDGE, LA 70123	72-0893609	ARCHDIOCESE OF N	0.	24,522.	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.	24,418.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CHAHTA-IMA ELEMENTARY 27488 PICHON ROAD LACOMBE, LA 70445	72-6001305	ST. TAMMANY PARI	0.	24,213.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MAGNOLIA TRACE ELEMENTARY 1405 HIGHWAY 1088 MANDEVILLE, LA 70448	72-6001305	ST. TAMMANY PARI	0.	24,101.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE WILLOW SCHOOL HIGH SCHOOL 5624 FRERET ST. NEW ORLEANS, LA 70115	46-5737261	ORLEANS PARISH G	0.	24,035.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MANDEVILLE JUNIOR HIGH 639 CARONDELET STREET MANDEVILLE, LA 70448	72-6001305	ST. TAMMANY PARI	0.	23,823.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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OUR LADY OF PROMPT SUCCOR (WESTWEGO) - 531 AVENUE A - WESTWEGO, LA 70094	72-0893609	ARCHDIOCESE OF N	0.	23,636.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BEN FRANKLIN ANNEX 3649 LAUREL ST. NEW ORLEANS, LA 70115	46-5737261	ORLEANS PARISH G	0.	23,434.	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.	22,840.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. CHARLES CATHOLIC HIGH 100 DOMINICAN DR LA PLACE, LA 70068	72-0893609	ARCHDIOCESE OF N	0.	22,793.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
RENEW REINVENTING ED. (DOLORES T. AARON ACADEMY) - 10200 CURRAN RD. - NEW ORLEANS, LA 70127	80-0419622	501(C)(3)	0.	22,694.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
RIVERDALE HIGH SCHOOL 240 RIVERDALE DRIVE NEW ORLEANS, LA 70121	72-6000592	JEFFERSON PARISH	0.	22,603.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. ANDREW THE APOSTLE 3131 ETON ST NEW ORLEANS, LA 70131	72-0893609	ARCHDIOCESE OF N	0.	22,490.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
DEPAUL COMMUNITY HEALTH CENTER- ORDER AHEAD - 3201 SHORT ST - NEW ORLEANS, LA 70118	72-1332678	501(C)(3)	0.	22,042.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PITCHER JUNIOR HIGH 415 S. JEFFERSON AVE. COVINGTON, LA 70433	72-6001305	ST. TAMMANY PARI	0.	21,812.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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SOUTH CAMERON HIGH SCHOOL 753 OAK GROVE HWY GRAND CHENIER, LA 70643	72-6000251	GOVERNMENT	0.	21,537.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WESTLAKE UNITED METHODIST CHURCH 704 JOHNSON ST WESTLAKE, LA 70669	72-0708154	RELIGIOUS ENTITY	0.	21,019.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TANGIPAHOA EOC 114 NORTH LAUREL STREET AMITE, LA 70422	72-6001371	501(C)(3)	0.	20,992.	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	ST CHARLES PARIS	0.	20,789.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ACADIA PARISH ANIMAL SHELTER 1534 WEST 2ND ST CROWLEY, LA 70526	72-6000008	ACADIA PARISH GO	0.	20,774.	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.	20,748.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OUR LADY OF PROMPT SUCCOR (CHALMETTE) - 2305 FENELON - CHALMETTE, LA 70043	72-0893609	ARCHDIOCESE OF N	0.	20,660.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MARY QUEEN OF PEACE 1501 W CAUSEWAY APPROACH MANDVILLE, LA 70471	72-0893609	ARCHDIOCESE OF N	0.	20,476.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. EDWARD THE CONFESSOR 4901 W METAIRIE AVE METAIRIE, LA 70001	72-0893609	ARCHDIOCESE OF N	0.	20,039.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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VOLUNTEERS OF AMERICA - VOA GAYOSO COMMUNITY HOME - 209 S GAYOSO ST - NEW ORLEANS, LA 70119	72-0709750	501(C)(3)	0.	19,907.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GOOD SAMARITAN FOOD BANK - RACELAND - 2084 HWY 182 - RACELAND, LA 70394	53-0196617	501(C)(3)	0.	19,889.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ARCHBISHOP HANNAN 71324 HWY 1077 COVINGTON, LA 70433	72-0893609	ARCHDIOCESE OF N	0.	19,410.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
RENEW REINVENTING ED. (SCHAUMBURG ELEMENTARY) - 9501 GRANT ST. - NEW ORLEANS, LA 70127	80-0419622	501(C)(3)	0.	19,311.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ARCHBISHOP CHAPELLE HIGH 8800 VETERANS BLVD METAIRIE, LA 70003	72-0893609	ARCHDIOCESE OF N	0.	18,893.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOLY ROSARY ELEMENTARY 12925 E. MAIN LAROSE, LA 70373	72-0893609	ARCHDIOCESE OF N	0.	18,840.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ALTON ELEMENTARY 38276 NORTH 5TH AVE SLIDELL, LA 70460	72-6001305	ST. TAMMANY PARI	0.	18,551.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. MARGARET MARY 1050 ROBERT RD SLIDELL, LA 70458	72-0893609	ARCHDIOCESE OF N	0.	18,345.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OUR LADY OF PERPETUAL HELP (KENNER) - 524 MINOR ST - KENNER, LA 70062	72-0893609	ARCHDIOCESE OF N	0.	18,283.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ST. STEPHEN ELEMENTARY 4310 CHESTNUT ST NEW ORLEANS, LA 70115	72-0893609	ARCHDIOCESE OF N	0.	18,228.	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	ST CHARLES PARIS	0.	18,165.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. RITA ELEMENTARY (HARAHAN) 194 RAVAN AVE HARAHAN, LA 70123	72-0893609	ARCHDIOCESE OF N	0.	18,148.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
RENEW REINVENTING ED. (LAUREL ACADEMY) - 820 JACKSON AVE. - NEW ORLEANS, LA 70130	80-0419622	501(C)(3)	0.	17,787.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
OUR LADY OF LOURDES 365 WESTCHESTER PL SLIDELL, LA 70458	72-0893609	ARCHDIOCESE OF N	0.	17,739.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CAROLYN PARK MIDDLE 35708 LIBERTY DRIVE SLIDELL, LA 70460	72-6001305	ST. TAMMANY PARI	0.	17,468.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HOLY GHOST COMMUNITY DINER 742 WALNUT ST. OPELOUSAS, LA 70570	72-6000519	501(C) 3	0.	17,457.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NOBLE MINDS INSTITUTE FOR WHOLE CHILD LEARNING - 1333 S. CARROLTON AVE. - NEW ORLEANS, LA 70118	46-5737261	ORLEANS PARISH G	0.	17,187.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
UNITED WAY OF SOUTHEAST LOUISIANA 2401 CANAL ST NEW ORLEANS, LA 70119	72-0471369	501(C)(3)	0.	17,119.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED

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ST. PETER RESERVE 188 WEST 7TH ST RESERVE, LA 70084	72-0893609	ARCHDIOCESE OF N	0.	16,898.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TRINITY CHRISTIAN COMMUNITY CENTER 3908 JOLIET ST. NEW ORLEANS, LA 70118	72-0689114	501(C)(3)	0.	16,603.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TERREBONNE PARISH CONSOLIDATED GOVERNMENT - 4800 HWY 311 - HOUMA, LA 70360	72-6001390	TERREBONNE PARIS	0.	16,268.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BOYS AND GIRLS CLUB NEW IBERIA 430 E PERSHING ST NEW IBERIA, LA 70560	72-0940072	501(C)(3)	0.	16,033.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PALMETTO ELEMENTARY 235 RIDEAU ROAD PALMETTO, LA 71358	72-6001257	ST LANDRY PARISH	0.	15,906.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE WILLOW SCHOOL - MIDDLE 5625 LOYOLA AVE. NEW ORLEANS, LA 70115	46-5737261	ORLEANS PARISH G	0.	15,832.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
HANDS ON NEW ORLEANS 2515 CANAL STREET NEW ORLEANS, LA 70119	26-2281213	501(C)(3)	0.	15,520.	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.	15,222.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BOYS AND GIRLS CLUB - COVINGTON 1200 W 27TH AVE COVINGTON, LA 70433	72-0648695	501(C)(3)	0.	14,939.	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
VOLUNTEERS OF AMERICA GNO-VOA 1002 NAPOLEON AVE NEW ORLEANS, LA 70115	72-0709750	501(C)(3)	0.	14,604.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GRAND CAILLOU MIDDLE SCHOOL 2161 GRAND CAILLOU RD HOUMA, LA 70363	72-6001392	TERREBONNE PARIS	0.	14,592.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
POPE JOHN PAUL II HIGH SCHOOL 1901 JAGUAR DR SLIDELL, LA 70461	72-0893609	ARCHDIOCESE OF N	0.	14,442.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BOYS AND GIRLS CLUB LAFAYETTE 1000 MARIE ANTOINETTE ST. LAFAYETTE, LA 70506	72-0940072	501(C)(3)	0.	14,356.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BAYOU LACOMBE MIDDLE 27527 ST. JOSEPH STREET LACOMBE, LA 70445	72-6001305	ST. TAMMANY PARI	0.	14,300.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. SCHOLASTICA ACADEMY 122 S MASSACHUSETTS ST COVINGTON, LA 70433	72-0893609	ARCHDIOCESE OF N	0.	14,191.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW HOPE COMMUNITY CHURCH 2715 GADSON KENNER, LA 70065	34-2004956	501(C)(3)	0.	14,130.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GEORGE W. CARVER LEARNING CENTER 337 GUM ST HAHNVILLE, LA 70057	72-6001209	ST. CHARLES PARI	0.	14,121.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BOYS AND GIRLS CLUB LAKE CHARLES 3521 GRIENWICH BLVD LAKE CHARLES, LA 70607	72-0940072	501(C)(3)	0.	13,990.	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. JOAN OF ARC (NEW ORLEANS) 919 CAMBRONNE ST NEW ORLEANS, LA 70118	72-0893609	ARCHDIOCESE OF N	0.	13,847.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VOLUNTEERS OF AMERICA -VOA CRAFT COMMUNITTY HOME - 311 VALLETTE ST - NEW ORLEANS, LA 70114	72-0709750	501(C)(3)	0.	13,712.	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.	13,587.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FOLSOM JUNIOR HIGH 83055 HAY HALLOW ROAD FOLSOM, LA 70437	72-6001305	ST. TAMMANY PARI	0.	13,573.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. BERNARD CATHOLIC CHURCH 2805 BAYOU RD ST. BERNARD, LA 70085	72-0654783	501(C)(3)	0.	13,453.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
EAST ST. JOHN HIGH SCHOOL 1 WILDCAT DR. RESERVE, LA 70084	72-6001236	ST JOHN THE BAPT	0.	13,031.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
DULARGE SUMMER CAMP 1330 DOCTOR BEATROUS RD. THERIOT, LA 70397	72-0874099	GOVERNMENT	0.	12,925.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BOYS AND GIRLS CLUB-SLIDELL 705 DEWEY DR. SLIDELL, LA 70458	72-0648695	501(C)(3)	0.	12,505.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MQVN COMMUNITY DEVELOPMENT CORP. INC. - 13085 CHEF HWY - NEW ORLEANS, LA 70129	20-4929600	501(C)(3)	0.	12,367.	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
ACADIANA OUTREACH CENTER, INC 625 N UNIVERSITY LAFAYETTE, LA 70506	58-1925867	501(C)(3)	0.	12,323.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BOYS AND GIRLS CLUBS OF SOUTHEAST LA - WESTBANK - 900 10TH ST - GRETNA, LA 70053	72-0648695	501(C)(3)	0.	12,210.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CAMP CALVARY 328 GUILBEAU RD LAFAYETTE, LA 70506	46-5347188		0.	12,160.	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.	12,130.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CHALLENGE OUTREACH 1141 WHITNEY AVE GRETNA, LA 70056	81-3374715	501(C)(3)	0.	12,127.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. BERNARD MANOR 2400 ARCHBISHOP HANNAN BLVD MERAUX, LA 70075	53-0196617	501(C)(3)	0.	11,888.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ABOVE AND NOT BENEATH CHURCH 120 N. LANDRY DR NEW IBERIA, LA 70560	90-0946845	501(C)(3)	0.	11,879.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ZION TRAVELLERS CHURCH 86 MARTIN LUTHER KING DRIVE INDEPENDENCE, LA 70443	72-1182613	501(C)(3)	0.	11,653.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THE NET CHARTER HIGH SCHOOL 12000 HAYNE BLVD NEW ORLEANS, LA 70128	27-0588087	501(C)(3)	0.	11,551.	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
MEN AND WOMEN OF DYNAMISM 2529 GENERAL MEYER AVE NEW ORLEANS, LA 70114	84-2790492	501(C)(3)	0.	11,372.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VOLUNTEERS OF AMERICA -VOA IBERVILLE COMMUNITY HOM - 4174 IBERVILLE ST - NEW ORLEANS, LA 70119	72-0709750	501(C)(3)	0.	11,128.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ROOTS OF MUSIC 1020 N PRIEUR ST NEW ORLEANS, LA 70116	26-1160255	501(C)(3)	0.	11,013.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
KILLONA FIRE HOUSE 216 ADAMS ST HAHNVILLE, LA 70057	72-6001208	ST CHARLES PARIS	0.	10,665.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JEFFERSON PARISH 1221 ELMWOOD PARK BLVD SUITE 1013 NEW ORLEANS, LA 70123	72-6013920	JEFFERSON PARISH	0.	10,654.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LITTLE PEARL ELEMENTARY 63829 HIGHWAY 11 PEARL RIVER, LA 70452	72-6001305	ST. TAMMANY PARI	0.	9,999.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
EAST BANK HEAD START 13292 RIVER ROAD DESTREHAN, LA 70047	72-6001209	ST. CHARLES PARI	0.	9,947.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BOYS AND GIRLS CLUB OPELOUSAS 814 E. LAURENT ST. OPELOUSAS, LA 70570	72-0940072	501(C)(3)	0.	9,886.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MAGNOLIA VILLA 1801 MAGNOLIA ST NEW ORLEANS, LA 70113	72-1277603	501(C)(3)	0.	9,792.	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
LAPLACE ELEMENTARY 393 GREENWOOD DR. LA PLACE, LA 70068	72-6001236	ST JOHN THE BAPT	0.	9,707.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FAIRVIEW ELEMENTARY SCHOOL 3955 GERTSNER MEMORIAL DRIVE LAKE CHARLES, LA 70607	72-6000235	CALCASIEU PARISH	0.	9,544.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. LANDRY CHARTER SCHOOL 1203 BURR LN OPELOUSAS, LA 70571	85-4087429	501(C)(3)	0.	9,490.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CHRISTOPHER HOMES, INC. - PLACE DUBOURG HOME - 201 RUE DUBOURG - LA PLACE, LA 70068	72-0840673	501(C)(3)	0.	9,407.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CAMP ADVENTURES 105 MEDICAL PARK DR LAFAYETTE, LA 70508	81-2805292	501(C)(3)	0.	9,261.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
FIFTH WARD ELEMENTARY 158 PANTHER DR. RESERVE, LA 70084	72-6001236	ST JOHN THE BAPT	0.	9,163.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ESPERANZA CHARTER SCHOOL 4407 S CARROLLTON AVENUE NEW ORLEANS, LA 70119	20-2024597	501(C)(3)	0.	8,965.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TEEN TRANSFORMATION PALACE 7521 WEST BANK EXPRESSWAY STE. D MARRERO, LA 70072	20-0608852	501(C)(3)	0.	8,902.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ARTHUR ASHE CHARTER SCHOOL 1456 GARDENA DR NEW ORLEANS, LA 70112	72-1409800	501(C)(3)	0.	8,531.	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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WOODMERE ELEMENTARY 3191 ALEX KORNMAN BLVD HARVEY, LA 70058	72-6000592	JEFFERSON PARISH	0.	8,478.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
COMMUNITY WORKS - FQ 721 ST. PHILLIP ST NEW ORLEANS, LA 70116	26-4472656	501(C)(3)	0.	8,447.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAKE PONTCHARTRAIN 3328 HWY. 51 LA PLACE, LA 70068	72-6001236	ST JOHN THE BAPT	0.	8,434.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ANNUNCIATION ELEMENTARY 511 AVENUE C BOGALUSA, LA 70427	72-0893609	ARCHDIOCESE OF N	0.	8,384.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VOLUNTEERS OF AMERICA -VOA CONSTANCE COMMUNITY HOM - 5005 CONSTANCE ST - NEW ORLEANS, LA 70115	72-0709750	501(C)(3)	0.	8,244.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BRIDGEDALE ELEMENTARY SCHOOL 808 ZINNIA DR METAIRIE, LA 70001	72-6000592	JEFFERSON PARISH	0.	8,074.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
NEW BEGINNING CHURCH 100 E UNIVERSITY AVE HAMMOND, LA 70401	82-3063961	GOVERNMENT	0.	8,035.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. MARY MAGDALEN CHRISTIAN SERVICE CENTER - 701 CHEVIS ST - ABBERVILLE, LA 70510	72-0522760	501(C)(3)	0.	7,878.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BOYS AND GIRLS CLUB ABBEVILLE 301 A A COMEAUX MEMORIAL DR ABBEVILLE, LA 70510	72-0940072	501(C)(3)	0.	7,863.	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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COMMUNITY WORKS - CAMP ST 1400 CAMP ST NEW ORLEANS, LA 70130	26-4472656	501(C)(3)	0.	7,811.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
THRIVE 3600 DESIRE PKWY NEW ORLEANS, LA 70126	26-1824498	501(C)(3)	0.	7,771.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
INDEPENDENCE ELEMENTARY 221 TIGER AVENUE INDEPENDENCE, LA 70443	72-6001372	TANGIPAHOA PARIS	0.	7,650.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BOYS & GIRLS CLUB SLIDELL UNIT 705 DEWEY DR. SLIDELL, LA 70458	72-0928014	501(C)(3)	0.	7,648.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CCANO - HEALTH GUARDIANS/CIARA INDEP. LIVING - 1424 DANTE ST - NEW ORLEANS, LA 70118	72-0408911	501(C)(3)	0.	7,625.	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.	7,574.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MARK'S ANIMAL RESCUE, INC 28026 RIVER RD MOUNT HERMON, LA 70450	83-2758443	501(C)(3)	0.	7,473.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
TERRYTOWN ELEMENTARY 550 E. FOREST LAWN DR. GRETNA, LA 70056	72-6000592	JEFFERSON PARISH	0.	7,471.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BOYS AND GIRLS CLUB - WESTBANK 900 10TH ST. GRETNA, LA 70053	72-0928014	501(C)(3)	0.	7,252.	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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UNITED WAY OF ACADIANA 215 E PINHOOK RD LAFAYETTE, LA 70501	72-0513639	501(C)(3)	0.	7,159.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LIVING WORD CHRISTIAN CENTER 1701 RYAN ST LAKE CHARLES, LA 70601	72-1384022	501(C)(3)	0.	7,055.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
EAST ST. JOHN ELEMENTARY 400 ORY DRIVE LA PLACE, LA 70068	72-6001236	ST JOHN THE BAPT	0.	7,049.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
EMILY C. WATKINS 1880 HWY. 44 RESERVE, LA 70084	72-6001236	ST JOHN THE BAPT	0.	7,024.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
WASHINGTON PARISH ANIMAL SHELTER 23046 YACC RD FRANKLINTON, LA 70438	72-6001458	GOVERNMENT	0.	6,983.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SCOTT MIDDLE SCHOOL 116 MARIE STREET SCOTT, LA 70583	72-1250421	LAFAYETTE PARISH	0.	6,967.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
MICKEY MOUSE HEAD START SCHOOL PANTRY - 105 TJ HATCHELSON ST - BALDWIN, LA 70514	13-5562279	501(C)(3)	0.	6,670.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PILGRIM GROVE BAPTIST CHURCH 1110 GRACE ST. MORGAN CITY, LA 70380	72-0471378	501(C)(3)	0.	6,537.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
CHRISTOPHER HOMES, INC. - CHRISTOPHER INN - 2110 ROYAL ST - NEW ORLEANS, LA 70116	53-0196617	501(C)(3)	0.	6,302.	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
TRINITY CHRISTIAN COMMUNITY 3908 JOLIET ST. NEW ORLEANS, LA 70118	72-0689114	501(C)(3)	0.	6,055.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BOYS AND GIRLS CLUB GRANBERRY 121 S WASHINGTON ST LAFAYETTE, LA 70501	72-0940072	501(C)(3)	0.	6,051.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LIVINGSTON COLLEGIATE ACADEMY 7301 DWYER ROAD NEW ORLEANS, LA 70126	80-0601507	501(C)(3)	0.	6,009.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
SOULCARE OUTREACH MINISTRIES 446 N STERLING ST LAFAYETTE, LA 70501	87-1422644	501(C)(3)	0.	5,872.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
ST. ROSE ELEMENTARY 230 PIRATE DRIVE ST. ROSE, LA 70087	72-6001209	ST. CHARLES PARI	0.	5,475.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
JOHN L. ORY 182 WEST FIFTH ST. LA PLACE, LA 70068	72-6001236	ST JOHN THE BAPT	0.	5,445.	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.	5,426.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
GRACE KING HIGH SCHOOL 4301 GRACE KING PL METAIRIE, LA 70002	72-6000592	JEFFERSON PARISH	0.	5,417.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
BRIDGE MINISTRIES 512 N UNIVERSITY AVE LAFAYETTE, LA 70506	80-0066525	501(C)(3)	0.	5,397.	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
COLLEGE OAKS RECREATION CENTER 3518 ERNEST STREET LAKE CHARLES, LA 70605	72-6000641	GOVERNMENT	0.	5,392.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LAKEWOOD ELEMENTARY SCHOOL 501 E. HEATHER DRIVE LULING, LA 70070	72-6001209	ST. CHARLES PARI	0.	5,358.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
PHOENIX HIGH SCHOOL 12700 HWY 39 BRAITHWAITE, LA 70040	72-6001091	PLAQUEMINES PARI	0.	5,226.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
KIDSKAMP SUMMER DAY CAMP 4141 PONTCHARTRAIN DR SLIDELL, LA 70458	72-0496863	501(C)(3)	0.	5,190.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
VILLA ADDITIONS D/B/A ST. TERESA'S VILLA - 1938 GAUSE BLVD - SLIDELL, LA 70460	53-0196617	501(C)(3)	0.	5,081.	WHOLESALE VALUE		TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED
LULING ELEMENTARY 904 SUGARHOUSE ROAD LULING, LA 70070	72-6001209	ST. CHARLES PARI	0.	5,026.	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	4220	0.	82,821.	WHOLESALE VALUE	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED - 52,752 POUNDS
FOOD ASSISTANCE - MOBILE MARKETS AND PANTRY	53606	0.	1,052,016.	WHOLESALE VALUE	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED - 670,074 POUNDS
FOOD ASSISTANCE - HOLIDAY DISTRIBUTION	260	0.	5,102.	WHOLESALE VALUE	TO PROVIDE FOOD ASSISTANCE FOR PERSONS IN NEED - 3,250 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

Part IV Supplemental Information

RIGHT TO INSPECT ANY AGENCY WITHOUT PRIOR NOTIFICATION. MONITORING VISITS
CONSIST OF INSPECTIONS OF THE STORAGE AREAS AND REQUIRED RECORDS. THE
INFORMATION GATHERED DURING THE VISIT IS RECORDED ON A STANDARD MONITORING
FORM. SOME OF THE NON-501(C)3 AGENCIES AND NON-GOVERNMENTAL AGENCIES ARE
SCHOOLS IN WHICH WE STORE AND DISTRIBUTE THE NATIONAL SCHOOL LUNCH
COMMODITIES TO AND THEY ARE NOT REQUIRED TO HAVE PERIODIC INSPECTIONS. THE
REMAINING AGENCIES ARE UNINCORPORATED CHURCHES/HOUSES OF WORSHIP WHICH ARE
REQUIRED TO FOLLOW THE SAME PERIODIC INSPECTIONS AND GUIDELINES AS THE
501(C)3 AGENCIES.

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)**

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

2022

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
1a		X
2		X
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2022

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 PRESIDENT AND CEO	(i)	243,119.	0.	0.	6,084.	14,061.	263,264.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) E. ELISHA DARCEY VICE PRESIDENT AND COO	(i)	139,601.	0.	0.	4,756.	10,836.	155,193.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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:

GROSS-UP PAYMENTS WERE MADE TO EMPLOYEES TWICE DURING THE FISCAL YEAR. ONE

BONUS GROSS-UP PAYMENT WAS MADE IN DECEMBER 2022 TO ALL EMPLOYEES AS A

HOLIDAY BONUS. A SECOND GROSS-UP BONUS PAYMENT WAS MADE IN MAY 2023 TO ALL

EMPLOYEES TO CELEBRATE VARIOUS SUCCESSES THROUGHOUT THE ORGANIZATION AND

THANK ALL TEAM MEMBERS FOR THEIR HARD WORK AND DEDICATION TO THE MISSION.

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

2022

Open to Public Inspection

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

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

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	X		10,795.	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		63,678,642.	AVERAGE WHOLESALE VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (EQUIPMENT)	X	3	99,452.	COST
26 Other (GROCERY GIFT CA)	X	1,187	52,363.	FACE VALUE OF CARD
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**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2022

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

SCHEDULE M, LINE 32B:

SECOND HARVEST EMPLOYS FOOD SOURCING PERSONS TO SOLICIT DONATIONS OF

FOOD PRODUCTS FOR US TO DISTRIBUTE.

**SCHEDULE O
(Form 990)**

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 the latest information.

OMB No. 1545-0047

2022

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 AUDIT COMMITTEE.

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

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

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

COMPARISONS ARE MADE TO SIMILAR ORGANIZATIONS LOCALLY AND WITHIN OUR

NATIONAL NETWORK.

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

Schedule O (Form 990) 2022

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

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

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

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

IN-KIND EXPENSES -262,338.

FORM 990, PART XII, LINE 2C:

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

**SCHEDULE R
(Form 990)**

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.

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

OMB No. 1545-0047

2022

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

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

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

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

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

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

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

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

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

(a) Name of 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	494,435.	AMOUNT PAID
(2)			
(3)			
(4)			
(5)			
(6)			

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

2022

For calendar year 2022 or other tax year beginning JUL 1, 2022, and ending JUN 30, 2023

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).

Department of the Treasury
Internal Revenue Service

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) SECOND HARVEST FOOD BANK GREATER NEW ORLEANS AND ACADIANA</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 700 EDWARDS AVENUE</p> <p>City or town, state or province, country, and ZIP or foreign postal code NEW ORLEANS, LA 70123</p>	<p>D Employer identification number 72-0956468</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 87,008,502.</p>			
<p>G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p>			
<p>H Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p>			
<p>I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation <input type="checkbox"/></p>			
<p>J Enter the number of attached Schedules A (Form 990-T) 1</p>			
<p>K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation.</p>			
<p>L The books are in care of <u>NATALIE JAYROE</u> Telephone number <u>504-734-1322</u></p>			

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6 Deduction for net operating loss. See instructions	6	0.
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022	6a		
b	2022 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	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input checked="" type="checkbox"/> Form 4136 270. <input type="checkbox"/> Other _____ Total	6g		270.
7	Total payments. Add lines 6a through 6g	7		270.
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		270.
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		270.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1	At any time during the 2022 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
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		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	
		\$	
		\$	
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer _____	Date _____	PRESIDENT / CEO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	KEITH TREGLE			P01336681
	Firm's name BOURGEOIS BENNETT, L.L.C.	Firm's EIN 72-0136870		
	111 VETERANS BLVD., SUITE 1700	Phone no. 504.831.4949		
	Firm's address METAIRIE, LA 70005			

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

2022

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, Cost of goods sold, Gross profit, 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.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold		Enter method of inventory valuation	N/A
1	Inventory at beginning of year	1	0.
2	Purchases	2	0.
3	Cost of labor	3	0.
4	Additional section 263A costs (attach statement)	4	0.
5	Other costs (attach statement) STATEMENT 3	5	2,267.
6	Total. Add lines 1 through 5	6	2,267.
7	Inventory at end of year	7	0.
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	2,267.
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)					
1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)				0.
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)				0.

Part V Unrelated Debt-Financed Income (see instructions)					
1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.					
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
		A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11	Total dividends-received deductions included in line 10				0.

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on 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	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)	0.			

a

3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)	0.			

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

FORM 990-T (A)

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION	AMOUNT
PERSONNEL EXPENSES	14,834.
PROFESSIONAL SERVICES	87.
OCCUPANCY	2,145.
TRANSPORTATION	20.
SUPPLIES	172.
PROGRAM EXPENSE	86.
FOOD EXPENSE	6,381.
OTHER	25.
TOTAL TO SCHEDULE A, PART II, LINE 14	23,750.

FORM 990-T (A)

COST OF GOODS SOLD - OTHER COSTS

STATEMENT 3

DESCRIPTION	AMOUNT
DEPRECIATION	2,267.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 5	2,267.

Depreciation and Amortization
(Including Information on Listed Property)

A COGS 1

2022
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	1,080,000.
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	2,700,000.
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 2021 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 2023. 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 2022	17	
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 2022 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	27,991.	5 YRS.	HY	SL	2,267.
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 2022 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	2,267.
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**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

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

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year:					
43 Amortization of costs that began before your 2022 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Credit for Federal Tax Paid on Fuels

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

Name (as shown on your income tax return)
**SECOND HARVEST FOOD BANK GREATER NEW
 ORLEANS AND ACADIANA**

Taxpayer identification number
 72-0956468

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

1 Nontaxable Use of Gasoline

Note: CRN is credit reference number.

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

2 Nontaxable Use of Aviation Gasoline

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

3 Nontaxable Use of Undyed Diesel Fuel

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

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

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Nontaxable use	\$.243	}	\$	360
b	Use on a farm for farming purposes	.243			
c	Use in trains	.243			353
d	Use in certain intercity and local buses (see Caution above line 1)	.17			350
e	Exported	.244			413

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

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

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

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Nontaxable use taxed at \$.244	\$.243	}	\$	346
b	Use on a farm for farming purposes	.243			
c	Use in certain intercity and local buses (see Caution above line 1)	.17			347
d	Exported	.244			414
e	Nontaxable use taxed at \$.044	.043			377
f	Nontaxable use taxed at \$.219	.218			369

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

5 Kerosene Used in Aviation

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

6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

Registration No.

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

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

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

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

Registration No.

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

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

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

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

Registration No.

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

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

9 Reserved for future use

		Registration No.			
		(b) Rate	(c) Gallons of alcohol	(d) Amount of credit	(e) CRN
a	Reserved for future use			\$	
b	Reserved for future use				

10 Biodiesel, Renewable Diesel, or Sustainable Aviation Fuel Mixture Credit

Registration No.

Biodiesel or renewable diesel mixtures. Claimant 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. Claimant produced a qualified mixture by mixing SAF with kerosene. The qualified mixture was produced by the claimant in the United States, such mixture was used by the claimant (or sold by the claimant for use) in an aircraft, such sale or use was in the ordinary course of a trade or business of the claimant, 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) is not derived from coprocessing an applicable material (or materials derived from an applicable material) with a feedstock that is not biomass, (iii) is not 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. **For all claims.** Claimant has attached the appropriate certificates and, if applicable, appropriate reseller statements. Claimant has no reason to believe that the information in the certificate or statement is false. 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	1,473	\$ 270.	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

LHA

Form **4136** (2022)

12 Alternative Fuel Credit

Registration No.

For the alternative fuel mixture credit, claimant produced a mixture by mixing taxable fuel with alternative fuel. Claimant certifies that it (a) produced the alternative fuel, or (b) has in its possession the name, address, and EIN of the person(s) that sold the alternative fuel to the claimant; the date of purchase; and an invoice or other documentation identifying the amount of the alternative fuel. The claimant also certifies that it made no other claim for the amount of the alternative fuel, or has repaid the amount to the government. The alternative fuel mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant.

	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
a Liquefied petroleum gas (LPG) (see instructions)	\$.50		\$	426
b "P Series" fuels	.50			427
c Compressed natural gas (CNG) (see instructions)	.50			428
d Liquefied hydrogen (terminated after 12/31/2022)	.50			429
e Fischer-Tropsch process liquid fuel from coal (including peat)	.50			430
f Liquid fuel derived from biomass	.50			431
g Liquefied natural gas (LNG) (see instructions)	.50			432
h Liquefied gas derived from biomass	.50			436
i Compressed gas derived from biomass	.50			437

13 Registered Credit Card Issuers

Registration No.

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

14 Nontaxable Use of a Diesel-Water Fuel Emulsion

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5). See instructions.

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

15 Diesel-Water Fuel Emulsion Blending

Registration No.

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

16 Exported Dyed Fuels and Exported Gasoline Blendstocks

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

17 Total income tax credit claimed. Add lines 1 through 16, column (d). Enter here and on Schedule 3 (Form 1040), line 12; Form 1120, Schedule J, line 20b; Form 1120-S, line 23c; Form 1041, Schedule G, line 16b; or the proper line of other returns

17	\$	270.
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Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

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 **NATALIE JAYROE
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>85,259,638.</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 2022 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 2022 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 2022 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 2022 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

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

Form **8879-TE** (2022)

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

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 **NATALIE JAYROE
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 2022 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 2022 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 2022 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 2022 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**

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

Form **8879-TE** (2022)

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Type or print	Name of exempt organization 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 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

NATALIE JAYROE

- The books are in the care of ▶ 700 EDWARDS AVENUE - NEW ORLEANS, LA 70123

Telephone No. ▶ 504-734-1322

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning JUL 1, 2022, and ending JUN 30, 2023.

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.

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.

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

STATE COPY

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

Enter your LA Revenue Account Number here (Not FEIN):
4250239001
 For office use only.

Mark box if:

- Name change.
- Address change.
- Amended return.
- Amended due to IRS audit.
- Entity is not required to file franchise tax.
- Entity is not required to file income tax.
- First time filing of this form.
- Final return.
- Timely requested extension for federal income tax purposes.

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 2022	LA Corporation Franchise Tax Return for 2023
Mark box if:	
Calendar Year filer	
Fiscal Year filer (Enter dates below)	<input checked="" type="checkbox"/>
Short period return (Enter dates below)	
Income (MMDDYY) Began 070122 Ended 063023	Franchise (MMDDYY) Began Ended

A.	Federal Employer Identification Number	720956468
B.	Total business interest expense	0
C.	Total business interest expense deduction	0
D.	Income tax apportionment percentage	100.00
E.	Gross revenues	0
F.	Total assets	87008502
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"/> 22094
1B.	Subchapter S corporation exclusion	0
	Loss carryforward	
	[\$ 0.00 less federal tax refund applicable to loss	0
1C.	Attach schedule.	0.00
1C1.	Loss carryforward utilized	0
1D.	Louisiana taxable income	<input checked="" type="checkbox"/> 22094
2.	Louisiana income tax	0
3.	Nonrefundable income tax credits from Schedule NRC-P1	0
4.	Income tax after priority 1 credits	0

Computation of Franchise Tax - See instructions.		
5A.	Total capital stock, surplus, & undivided profits	83172572
5B.	Franchise tax apportionment percentage	100.00
5C.	Franchise taxable base	83172572
6.	Amount of assessed value of real and personal property in Louisiana in 2022	0
7.	Louisiana franchise tax	6 0
8.	Nonrefundable franchise tax credits from Schedule NRC-P1	0
9.	Franchise tax after priority 1 credits	0

IMPORTANT!

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



FOR OFFICE USE ONLY

Field Flag

254401
01-06-23

DEV ID 2249

22341

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

▼ 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. 0	26. 0
27. Amount of overpayment you want to donate to The Military Family Assistance Fund		27.	0
28. Amount of overpayment to be credited to 2023 income tax		28.	0
29. Amount of overpayment to be credited to 2024 franchise tax		29.	0
30. Amount of overpayment to be refunded		30.	0

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

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

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

PAID PREPARER USE ONLY	Print Preparer's Name 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!

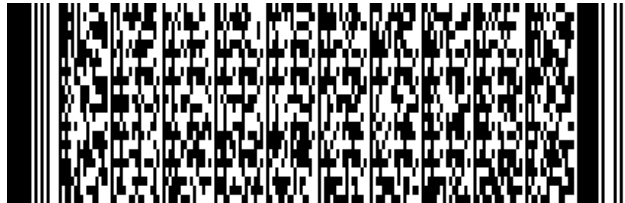
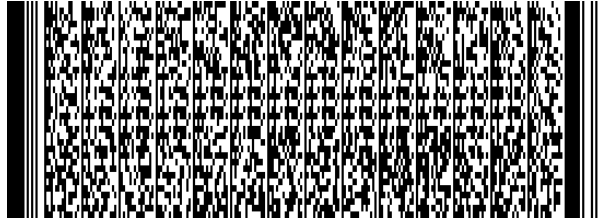
All four (4) pages of this return MUST be mailed in along with completed schedules. Please sign and date the return on Page 3 and remit any amount due shown on Line 25, Column 3. **Do not send cash.**

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

P01336681

For Office
Use Only.





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 26, Column 3. **Do not send cash.**



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



Schedule D - Computation of Louisiana Net Income					
See instructions if separate accounting method is used and check box. <input checked="" type="checkbox"/>					
	Totals			Totals	
1A. Gross receipts	3923	.00	22. Other employee benefit plans	0	.00
1B. Less returns and allowances	0	.00	23. Other deductions - Attach schedule.	8916	.00
1C. Balance. Subtract Line 1B from Line 1A.	3923	.00	24. Total deductions - Add Lines 10 through 23.	23750	.00
2. Less: Cost of goods sold and/or operations - Attach schedule.	2267	.00	25. Net income from all sources - Subtract Line 24 from Line 9.	-22094	.00
3. Gross profit - Subtract Line 2 from Line 1C.	1656	.00	26. Allocable income from all sources:		
4. Gross rents	0	.00	26A. Net rents and royalties from immovable or corporeal movable property	0	.00
5. Gross royalties	0	.00	26B. Royalties from the use of patents, trademarks, etc.	0	.00
6. Income from estates, trusts, partnerships	0	.00	26C. Income from estates, trusts, and partnerships	0	.00
7. Income from construction, repair, etc.	0	.00	26D. Income from construction, repair, etc.	0	.00
8. Other income - Attach schedule.	0	.00	26E. Other allocable income	0	.00
9. Total income - Add Lines 3 through 8.	1656	.00	26F. Allocable expenses	(0)	.00
10. Compensation of officers	0	.00	26G. Net allocable income from all sources	0	.00
11. Salaries and wages (not deducted elsewhere)	14834	.00	27. Net income subject to apportionment - Subtract Line 26G from Line 25.	-22094	.00
12. Repairs	0	.00	28. Net income apportioned to Louisiana	-22094	.00
13. Bad debts	0	.00	29. Allocable income from Louisiana sources:		
14. Rent	0	.00	29A. Net rents and royalties from immovable or corporeal movable property	0	.00
15. Taxes and licenses - Attach schedule.	0	.00	29B. Royalties from the use of patents, trademarks, etc.	0	.00
16. Interest	0	.00	29C. Income from estates, trusts, and partnerships	0	.00
17. Charitable Contributions	0	.00	29D. Income from construction, repair, etc.	0	.00
18. Depreciation - Attach schedule.	0	.00	29E. Other allocable income	0	.00
19. Depletion - Attach schedule.	0	.00	29F. Allocable expenses	(0)	.00
20. Advertising	0	.00	29G. Net allocable income from Louisiana sources	0	.00
21. Pension, profit sharing, stock bonus, and annuity plans	0	.00	30. Louisiana net income before loss adjustments - Add Line 28 and Line 29G.	-22094	.00



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

1. Net income per books	-7189114	6. Total - Add Lines 1 through 5c.	-22094
2. Louisiana income tax	0	7. Income recorded on books this year, but not included in this return - Attach Schedule.	0
3. Excess of capital loss over capital gains	0	8. Deductions in this tax return not charged against book income this year:	
4. Taxable income not recorded on books this year - Attach schedule	0	a. Depreciation	0
5. Expenses recorded on books this year, but not deducted in this return:		b. Depletion	0
a. Depreciation	0	c. Other - Attach Schedule	0
b. Depletion	0	9. Total - Add Lines 7 through 8c.	0
c. Other - Attach schedule. STMT 2	7167020	10. Net income from all sources per return - Subtract Line 9 from Line 6.	-22094

Schedule G - Liabilities and Capital from Balance Sheet

Liabilities and Capital	1. Beginning of year	2. End of year
1. Accounts payable	2557526	2209215
2. Mortgages, notes, and bonds payable one year old or less at balance sheet date and having a maturity of one year or less from original date incurred	0	0
3. Other current liabilities - Attach schedule.	0	0
4. Loans from stockholders - Attach schedule.	0	0
5. Due to subsidiaries and affiliates	0	0
6. Mortgages, notes, and bonds payable more than one year old at balance sheet date or having a maturity of more than one year from original date incurred	260173	1626715
7. Other liabilities - Attach schedule. STMT 3	16875	0
8. Capital stock: a. Preferred stock	0	0
b. Common stock	0	0
9. Paid-in or capital surplus	0	0
10. Surplus reserves - Attach schedule.	0	0
11. Earned surplus and undivided profits	88207082	83172572
12. Excessive reserves or undervalued assets	0	0
13. Totals - Add Lines 1 through 12.	91041656	87008502



All applicable schedules must be completed.

Schedule F - Reconciliation of Federal and Louisiana Net Income	
See R.S. 47:287.71, R.S. 47:287.73, and R.S. 47:287.82 for information.	
	Column 1
1. Enter the total net income calculated under federal law before special deductions.	0
a. Federal disallowed business interest expense (see instructions)	0
2. Additions to federal net income:	
a. Louisiana income tax	0
b. Related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	0
c. Donation to School Tuition Organization Credit or Donation to Qualified Foster Care Organization Credit (see instructions).	0
d. Other additions - Attach schedule.	0
e. Total additions - Add Lines 2a through 2d.	0
3. Subtractions from federal net income:	
a. Bank dividends (see instructions).	0
b. All other dividends	0
c. Interest	0
d. Road Home - The amount included in federal taxable income	0
e. Louisiana depletion in excess of federal depletion	0
f. Expenses not deducted on the federal return due to Internal Revenue Code Section 280C	0
g. Exempt amount of related members interest\intangible\management fee expenses or costs. From Form R-6950 (see instructions).	0
h. Compensation for disaster services (see instructions).	0
i. Expenses not deducted on the federal return due to Internal Revenue Code Section 280E.	0
j. COVID-19 Relief Benefits	0
k. Other subtractions - Attach schedule.	0
l. Total subtractions - Add Lines 3a through 3k.	0
4. Louisiana net income from all sources - The amount should agree with Schedule D, Line 25.	0



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

Schedule G-1 Computation of Franchise Tax Base	
1. Capital Stock:	
1A. Common Stock - Include paid-in or Capital Surplus	0
1B. Preferred Stock - Include paid-in or Capital Surplus	0
2. Total Capital stock - Add Lines 1A and 1B.	0
3. Surplus and undivided profits	0
4. Surplus reserves - Include any excessive reserves or undervalued assets	0
5. Total - Add Lines 2, 3, and 4	0
6. Due to subsidiaries and affiliates (Do not net with receivables)	0
7. Deposit liabilities to affiliates - Included in the amount on Line 6	0
8. Accounts payable less than 180 days old - Included in the amount on Line 6	0
9. Adjusted debt to affiliates - Subtract Lines 7 and 8 from Line 6	0
10A. If Line 9 is greater than zero, AND Line 5 is greater than or equal to zero, subtract Line 5 from Line 9. If both conditions of this line do not apply, skip to Line 10B.	0
10B. If Line 9 is greater than zero, AND Line 5 is less than or equal to zero, subtract Line 5 from Line 9. Multiply the difference by 50 percent and enter the result here.	0
11. Additional Surplus and Undivided Profits - See instructions	0
Total Franchise Taxable Base	
12. Capital Stock: Common Stock	0
Preferred Stock	0
13. Paid-in or capital surplus - Include items of paid-in capital in excess of par value	0
14. Surplus reserves - Attach schedule	0
15. Earned surplus and undivided profits	83172572
16. Excessive reserves or undervalued assets	0
17. Additional surplus and undivided profits - From Line 11 above	0
18. Allowable deductions - See instructions <input type="checkbox"/>	
19. Total capital, surplus and undivided profits - Add Lines 12 through 17 and subtract Line 18. Also enter the total on CIFT-620, Line 5A. Round to the nearest dollar.	83172572

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	1128099	1128099
2. Notes and accounts receivable	4901786	4901786
3. Reserve for bad debts	(0)	(0)
4. Investment in U.S. gov. obligations	0	0
5. Stock and obligations of subsidiaries	0	0
6. Other investments - Attach schedule	48650608	48650608
7. Loans to stockholders	0	0
8. Other intangible assets - Attach schedule	173055	173055
9. Accumulated depreciation	(0)	(0)
10. Total intangible assets - Add Lines 1-9	54853548	54853548
11. Inventories	0	0
12. Bldgs. and other depreciable assets	31217692	31217692
13. Accumulated depreciation	(6443346)	(6443346)
14. Depletable assets	0	0
15. Accumulated depletion	(0)	(0)
16. Land	2211124	2211124
17. Other real & tangible assets - Attach schedule	5169484	5169484
18. Excessive reserves, assets not reflected on books, or undervalued assets	0	0
19. Total real and tangible assets - Add Lines 11 through 18	32154954	32154954
20. Total Assets - Add Lines 10 and 19	87008502	87008502
21. Franchise tax property ratio (Line 20, Column 2 ÷ Line 20, Column 1)		100.00 %



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



Schedule J - Calculation of Income Tax			
1. Enter the amount of net taxable income from CIFT-620, Line 1D. Short period filers mark this box and see the instructions. <input type="checkbox"/>			0
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.	0		
4. Add the amounts in Column 2, Lines 2a through 2c. Round to the nearest dollar. Enter the result in Column 2 and on CIFT-620, Line 2.			0

Schedule J-1 - Pass-Through Entity Tax Election Calculation of Income Tax			
1. Enter the amount of net taxable income from CIFT-620, Line 1D. Short period filers mark this box 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 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			0	0
2. First quarter estimated payment			0	
3. Second quarter estimated payment			0	
4. Third quarter estimated payment			0	
5. Fourth quarter estimated payment			0	
6. Amount of extension payment			0	0



Schedule L - Calculation of Franchise Tax	
1. Enter the amount from CIFT-620, Line 5C or Line 6, whichever is greater. Short period filers mark this box and see the instructions. <input type="checkbox"/>	0
2. Enter the amount of Line 1 or \$300,000, whichever is less.	0
3. Subtract Line 2 from Line 1 and enter the result.	0
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 CIFT-620, Line 7.	0

Schedule M - Analysis of Schedule G, Line 11, Column 2 - Earned surplus and undivided profits per books			
1. Balance at beginning of year	88207082	b. Stock	0
2. Net income per books	-7189114	c. Property	0
3. Other increases - Attach schedule.	2154604	6. Other decreases - Attach schedule.	0
4. Total - Add Lines 1, 2, and 3.	83172572	7. Total - Add Lines 5a through 6.	0
5. Distributions: a. Cash	0	8. Balance at end of year - Subtract Line 7 from Line 4.	83172572

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> <hr/> <hr/> <p>Elsewhere:</p> <p><u>NA</u></p> <hr/> <hr/>	<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> <hr/> <hr/> <hr/> <hr/> <hr/>



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

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

For calendar year 2022, or tax year beginning JUL 1, 2022, ending JUN 30, 2023

PLEASE PRINT OR TYPE.

Name of Corporation SECOND HARVEST FOOD BANK GREATER NEW ORL			
Louisiana Revenue Account Number 4250239001		Federal Employer Identification Number (FEIN) 72-0956468	
Street Address of Corporation 700 EDWARDS AVENUE		Unit Type	Unit Number
City NEW ORLEANS	State LA	ZIP 70123	Foreign Nation, if not United States (do not abbreviate)

Part 1 - Tax Return Information (whole dollars only)

1	Income & Franchise tax due after Priority 1 Credits (Form CIFT-620, Line 10, the sum of both columns 1 and 2)	1	.00
2	Refund (Form CIFT-620, Line 30, column 3)	2	.00
3	Total amount due (Form CIFT-620, Line 25, column 3)	3	.00
4	Amount of payment remitted electronically	4	.00

Part II - Declaration of Officer (Sign only after Part I is completed.)

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information that I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part 1 above agree with the amounts on the corresponding lines of the Louisiana 2022 Income/2023 Franchise tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation's return, this declaration, accompanying schedules, and statements to the Louisiana Department of Revenue. I also consent to the Louisiana Department of Revenue sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the corporation's return is accepted, and, if rejected, the reason(s) for the rejection.

 I authorize a representative of the Louisiana Department of Revenue to discuss my return and attachments with my preparer.

Signature of Officer	Date (mm/dd/yyyy)	Title
		PRESIDENT / CEO

Part III - Declaration of Electronic Return Originator (ERO) and Paid Preparer

I declare that I have reviewed the above corporation's return and that the entries on LA8453-C are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The corporate officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the Louisiana Department of Revenue, and have followed all other requirements in Pub. 3112, IRS E-file Application and Participation, and Pub. 4163, Modernized E-File Information for Authorized IRS E-Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above corporation's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's Signature X	Date (mm/dd/yyyy)	<input checked="" type="checkbox"/> Check if also paid preparer	<input type="checkbox"/> Check if self-employed	ERO's SSN or PTIN P01336681
Firm's Name (or yours if self-employed) BOURGEOIS BENNETT, L.L.C.				FEIN 72-0136870
City METAIRIE	State LA	ZIP 70005	Phone Number 504.831.4949	

Paid Preparer's Use only

Preparer's Signature	Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed	Preparer's SSN or PTIN	
Firm's Name (or yours if self-employed)				FEIN
City	State	ZIP	Phone Number	

LA FORM CIFT-620 SCHEDULE D - OTHER DEDUCTIONS STATEMENT 1

DESCRIPTION	LOUISIANA	EVERYWHERE
PROFESSIONAL EXPENSES	87.	87.
OCCUPANCY	2,145.	2,145.
TRANSPORTATION	20.	20.
SUPPLIES	172.	172.
PROGRAM EXPENSES	86.	86.
FOOD EXPENSE	6,381.	6,381.
OTHER	25.	25.
TOTALS TO CIFT-620, SCHEDULE D, LINE 23	8,916.	8,916.

LA FORM CIFT-620 SCHEDULE E - BOOKED EXPENSES NOT ON RETURN STATEMENT 2

DESCRIPTION	AMOUNT
INCOME RELATED TO EXEMPT PURPOSE	7,167,020.
TOTAL TO CIFT-620, SCHEDULE E, LINE 5C	7,167,020.

LA FORM CIFT-620 SCHEDULE G - OTHER LIABILITIES STATEMENT 3

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
LEASE DEPOSITS	16,875.	0.
TOTALS TO CIFT-620, SCHEDULE G, LINE 7	16,875.	0.

LA FORM CIFT-620 SCHEDULES C AND H - OTHER INVESTMENTS STATEMENT 4

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
INVESTMENTS	49,494,906.	48,650,608.
TOTALS TO CIFT-620, SCHEDULE C, LINE 6 SCHEDULE H, LINE 6	49,494,906.	48,650,608.

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

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PREPAID EXPENSES	87,645.	173,055.
TOTALS TO CIFT-620, SCHEDULE C, LINE 8 SCHEDULE H, LINE 8	87,645.	173,055.

LA FORM CIFT-620 SCHEDULES C AND H - OTHER REAL AND TANGIBLE ASSETS LOCATED EVERYWHERE STATEMENT 6

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
OTHER ASSETS	9,497,377.	5,169,484.
TOTAL TO CIFT-620, SCHEDULE C, LINE 17 SCHEDULE H, LINE 17	9,497,377.	5,169,484.

LA FORM CIFT-620 SCHEDULE M - OTHER INCREASES STATEMENT 7

DESCRIPTION	AMOUNT
UNREALIZED GAINS/LOSS IN-KIND	2,416,942. -262,338.
TOTAL TO CIFT-620, SCHEDULE M, LINE 3	2,154,604.