



EAG Gulf Coast, LLC

8550 United Plaza Boulevard Suite 1001 Baton Rouge, LA 70809 T 225.922.4600 F 225.922.4611 www.eisneramper.com

November 21, 2024

Greater Baton Rouge Food Bank 10600 South Choctaw Drive BATON ROUGE, LA 70815

Greater Baton Rouge Food Bank:

Enclosed are the original and one copy of the 2023 Exempt Organization return, as follows...

2023 Form 990

Please review the returns for completeness and accuracy.

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

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

Sincerely,

EAG Gulf Coast, LLC



TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

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Greater Baton Rouge Food Bank 10600 South Choctaw Drive BATON ROUGE, LA 70815

Prepared By:

EAG Gulf Coast, LLC 8550 United Plaza Blvd, Suite 1001 Baton Rouge, LA 70809

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us as soon as possible.

Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

or calendar year 2023, or fiscal year beginning	, 2023, and ending	, 20

OMB No. 1545-0047

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

Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN **-***5318 GREATER BATON ROUGE FOOD BANK MICHAEL MANNING Name and title of officer or person subject to tax PRESIDENT AND CEO Type of Return and Return Information Part I 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. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b3 0 , 309 , 815. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a **b** Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9a b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name and that I have examined a copy of the 2023 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 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 X lauthorize EAG GULF COAST, LLC 84515 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 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 2023 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. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 72549084515 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 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. BRANDON LAGARDE 11/21/24 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2023) For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 302521 01-05-24

Form **8868**

(Rev. January 2024)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** **-**5318 GREATER BATON ROUGE FOOD BANK File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 10600 SOUTH CHOCTAW DRIVE return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 70815 BATON ROUGE, LA Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 4720 (other than individual) Form 990 or Form 990-EZ 01 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) Form 8870 12 05 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III, Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of MICHAEL MANNING 10600 SOUTH CHOCTAW DRIVE - BATON ROUGE, LA 70815 Telephone No. 225-359-9940 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 . 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. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning ______, 20 ____, and ending ___ 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. За 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. 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.

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

Form 8868 (Rev. 1-2024)

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

н г	OI LITE	and	enung		
	heck if	C Name of organization		D Employer identifi	cation number
	Addre	GREATER BATON ROUGE FOOD BANK			
	Name chang	Doing business as		**-***53	18
	Initial return	T T	Room/suite	E Telephone numbe	er
	Final	10600 SOUTH CHOCTAW DRIVE		(225)359	
	termin ated	3		G Gross receipts \$	30,783,044.
	Ameno return	BAION ROUGE, LA 70013		H(a) Is this a group re	
	Applic tion pendir			for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
ΙT	ax-ex	empt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}}$ 501(c) () (insert no.) $\overline{}}$ 4947(a)(1) $\overline{}}$	or 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1985 N	M State of legal domicile: LA
Pa	rt I	Summary			
۵		Briefly describe the organization's mission or most significant activities: OUR 1			
Activities & Governance		HUNGRY IN BATON ROUGE AND THE SURROUNDING	_		
e.		Check this box if the organization discontinued its operations or dispos	ed of more		
ام				3	28
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			28 61
ies		Total number of individuals employed in calendar year 2023 (Part V, line 2a)		_	14513
Ĭ		Total number of volunteers (estimate if necessary)		_	0.
\g					0.
\dashv	D	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		28,228,236.	29,164,511.
e l		D (D 1)(III II O)		0.	0.
Revenue		(2)		82,761.	92,695.
8		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,786,719.	1,052,609.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		31,097,716.	30,309,815.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,000,000.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	
اي		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,907,499.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		460,465.	474,017.
ē		Total fundraising expenses (Part IX, column (D), line 25) 1,410,64	19.		
ω̈́	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		24,908,256.	28,069,171.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		32,276,220.	31,885,866.
		Revenue less expenses. Subtract line 18 from line 12		-1,178,504.	-1,576,051.
Net Assets or und Balances			Ве	eginning of Current Year	End of Year
Set	20	Total assets (Part X, line 16)		22,170,455.	20,545,243.
	21	Total liabilities (Part X, line 26)		2,417,488.	2,031,553.
		Net assets or fund balances. Subtract line 21 from line 20		19,752,967.	18,513,690.
	rt II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh I	iich preparer	nas any knowledge.	
>:		Signature of officer		I Date	
Sign		MICHAEL MANNING, PRESIDENT AND CEO		Duto	
Here	3	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
aid		BRANDON LAGARDE BRANDON LAGARDE	1	1/21/24 if self-employ	
	arer	Firm's name EAG GULF COAST, LLC		Firm's EIN *	*-***0348
	Only	Firm's address 8550 UNITED PLAZA BLVD, SUITE 100	1	THIII O LIN	
	•	BATON ROUGE, LA 70809		Phone no. (2	25)922-4600
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	OUR MISSION IS TO FEED THE HUNGRY IN BATON ROUGE AND THE SURROUNDING
	PARISHES BY PROVIDING FOOD AND EDUCATIONAL OUTREACH THROUGH
	FAITH-BASED AND OTHER COMMUNITY PARTNERS.
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 X No
	prior Form 990 or 990-EZ? Lyes X 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 X No
3	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 \$28,969,986 • including grants of \$) (Revenue \$)
	THE PURPOSE OF THE FEEDING THE HUNGRY PROGRAM IS TO PROVIDE ONE OF
	LIFE'S MOST BASIC ESSENTIAL FOOD TO THE FOOD INSECURE. 14.4 MILLION
	POUNDS OF LIFE-SUSTAINING FOOD WAS DISTRIBUTED IN 2023, WHICH CAN
	PROVIDE UP TO 11.1 MILLION MEALS. THE GREATER BATON ROUGE FOOD BANK
	SERVES AS A CLEARINGHOUSE TO PROCURE, PROCESS, AND DISTRIBUTE FOOD IN
	MASS QUANTITIES TO OUR 90 PARTNER AGENCIES IN AN 11-PARISH AREA, WHICH
	INCLUDE PANTRIES, SOUP KITCHENS, SHELTERS, AND MOBILE PANTRIES THAT
	FEED THE MOST IN NEED IN OUR COMMUNITY. ALL FOOD IS PROVIDED TO AGENCIES AND CLIENTS FREE OF
	CHARGE, UNLIKE OTHER FOOD BANKS ACROSS THE COUNTRY.
	CHIRCH CHILL CHILL TOOD DIMING HORODD THE COUNTY
4b	(Code:) (Expenses \$292,676 • including grants of \$) (Revenue \$)
	THE BACKPACK PROGRAM'S PURPOSE IS TO HELP MITIGATE THE NEGATIVE IMPACT
	INADEQUATE NUTRITION HAS ON THE HEALTH AND WELL-BEING OF CHILDREN AND
	THEIR ABILITY TO LEARN BY PROVIDING NUTRITIONALLY
	BALANCED, CHILD-FRIENDLY FOOD ITEMS IN A DISCREET BACKPACK ON THE
	WEEKENDS/HOLIDAYS WEHN THEY ARE NOT IN SCHOOL AND UNABLE TO ACCESS THE
	SCHOOL LUNCH. BACKPACKS ARE SENT HOME WITH CHILDFRIENDLY, NUTRITIOUS FOOD ITEMS EVERY WEEK TO PROVIDE FOOD FOR THE WEEKENDS. DURING THE
	2023-2024 SCHOOL YEAR, WE SERVED 26 SCHOOLS AND 2,069 STUDENTS.
	2023 2024 BCHOOL HEAR, WE BERVED 20 BCHOOLB AND 2,009 BIODENID:
4c	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 29,262,662.
TC	Form 990 (2023)

Form 990 (2023) GREATER BATON ROUGE FOOD BANK 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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? If "Yes," complete Schedule C, Part II	4		Х
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? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	۰		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '-		
8				x
_	Schedule D, Part III	8		
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?			- T
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b	X	
С	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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
15		4.5		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		40		_v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	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? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> X</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2023) GREATER BATON ROUGE FOOD BANK
Part IV Checklist of Required Schedules (continued)

	· (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		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? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u>
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? If "Yes," complete Schedule L, Part II	26		_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? If "Yes," complete Schedule L, Part III	27		<u>X</u>
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		7.7	
	"Yes," complete Schedule L, Part IV	28a	Х	37
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X_
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c	Х	_X_
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
24	contributions? If "Yes," complete Schedule M	30		$\frac{x}{x}$
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32		32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
04	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes." complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
332004	12-21-23	Form	990	(2023)

O23) GREATER BATON ROUGE FOOD BANK

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

			Yes	No
2 a	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 61			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			77
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	01-		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	- 17	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
ч	15 No. 10 10 10 10 10 10 10 10 10 10 10 10 10	10		21
d	Did the second in the second s	7e		Х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans Then the ground of recovery or head.	-		
	Enter the amount of reserves on hand Did the eventing tent of the largest tention when the services during the toy year?	110		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Vee " has it filed a Form 720 to report these payments? If "Nee " provide on paylending on School do O	14a 14b		
р 15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
13	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	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?	17		
	If "Yes," complete Form 6069.			

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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			X
Sec	tion 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 28			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 28			
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?	2		Х
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?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section & requests information about policies not required by the internal nevertice Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
		120		
·	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.00		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
·Ju	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	.oa		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
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)	availak	ole
	for public inspection. Indicate how you made these available. Check all that apply.	Jiny)	avanal	510
	X Own website X Another's website X 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	financ	leir	
13	statements available to the public during the tax year.	mianic	nai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	MICHAEL MANNING - 225-359-9940			
	10600 SOUTH CHOCTAW DRIVE, BATON ROUGE, LA 70815			

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.

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

- 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.

(A) Name and title	(B) Average hours per	(do	not c	Posi heck i	ition more	than o	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee				tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MICHAEL G. MANNING PRESIDENT & CEO	40.00			х				159,591.	0.	0
(2) SETH HATSFELT	40.00			Δ				159,591.	0.	0.
CHIEF OPERATIONS OFFICER	40.00	-		Х				131,628.	0.	0.
(3) MINDY BARTHOLOMEW SMITH	40.00							232/0201		
CHIEF FINANCIAL OFFICER (AS OF 4/202		-		Х				80,631.	0.	0.
(4) ERRIN VIGUERIE	40.00									
CHIEF DEVELOPMENT OFFICER (THRU 7/20				X				67,628.	0.	0.
(5) JENNA SCHEXNAYDER	40.00									
CHIEF FINANCIAL OFFICER (THRU 4/2023				X				49,398.	0.	0.
(6) BRIAN HIGHTOWER	40.00									
CHIEF DEVELOPMENT OFFICER (AS OF 9/2				X				30,788.	0.	0.
(7) DOUG STEWART	1.00									•
MEMBER	1 00	X						0.	0.	0.
(8) JAVIER PRESAS MEMBER	1.00	77						0.	0.	0
(9) ALICIA ROBERTSON	1.00	X						0.	0.	0.
TREASURER	1.00	Х						0.	0.	0.
(10) DEVIN ROY	1.00	Λ						0.	0.	0.
VICE CHAIR	1.00	х		х				0.	0.	0.
(11) OLIVIA OLINDE SCHOEN	1.00									
MEMBER		Х						0.	0.	0.
(12) SETH SCHILLING	1.00									
MEMBER		Х						0.	0.	0.
(13) TRAVIS WOODWARD	1.00									
MEMBER		Х						0.	0.	0.
(14) KYLE STOLZENTHALER	1.00									
MEMBER (THRU 12/2022)		Х						0.	0.	0.
(15) LESLEY TILLEY	1.00									
MEMBER	1 00	Х						0.	0.	0.
(16) LAKRICHA MARIE MURRAY	1.00								_	^
MEMBER (THRU 12/2022)	1 00	Х				_	-	0.	0.	0.
(17) EDWARD EARL DOOMES MEMBER	1.00	Х						0.	0.	^
меноек	<u> </u>	Λ						<u> </u>	U •	0.

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Part VII Section A. Officers, Directors, Tru (A)	(B)	JIOY	ees,		1 HIG C)	ynes	st C	(D)	(continued) (E)	(F)
Name and title	Average hours per week	box	not c , unles cer an	Pos heck i ss per	ition more rson i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) PATRICK HENRY MEMBER	1.00	Х						0.	0.	0.
(19) JOHN PARITAM MURRILL MEMBER	1.00	х						0.	0.	0.
(20) MUKTI PATEL MEMBER	1.00	х						0.	0.	0.
(21) SHANNA NOBLE MEMBER	1.00	х						0.	0.	0.
(22) EM LEBLANC COOPER SECRETARY	1.00	х		х				0.	0.	0.
(23) KIEFFER PETREE MEMBER	1.00	Х						0.	0.	0.
(24) LESLIE MAGEE MEMBER	1.00	х						0.	0.	0.
(25) CHIP COULTER MEMBER	1.00	х		х			?	0.	0.	0.
(26) MIKE CRAWFORD CHAIR	1.00	х		х	X			0.	0.	0.
1b Subtotal c Total from continuation sheets to Part \								519,664.	0.	0.
d Total (add lines 1b and 1c)			7	<u></u>				519,664.	0.	0.

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

Yes No

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes No

X

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)	(B)	(C)
Name and business address	Description of services	Compensation
RKD GROUP, 7130 S. 29TH STREET, SUITE B,		
LINCOLN, NE 68516	FUNDRAISING SERVICES	473,229.
ASSOCIATED PACKAGING, INC	BUILDING REPAIRS AND	
P.O. BOX 306068, NASHVILLE, TN 37230-6068	MAINTENANCE	400,162.
ACI FACILITY SUPPORT LLC	BUILDING REPAIRS AND	
1048 FLORIDA ST., BATON ROUGE, LA 70802	MAINTENANCE	350,598.
SKYHAWK SECURITY, LLC, 4815 JAMESTOWN AVE,		
SUITE 200, BATON ROUGE, LA 70808	CAMERA INSTALLATION	124,046.
LFD & ASSOCIATES, INC	BUILDING REPAIRS AND	
11030 GARDEN LANE, FOLSOM, LA 70437	MAINTENANCE	121,300.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization 6		
CTT DIDE 11TT CTCTTON 1 CONTENTING TON CIT	~	000

SEE PART VII, SECTION A CONTINUATION SHEETS

ł	ees, Key En (B) Average hours per week (list any hours for related ganizations below line) 1.00 1.00	X Individual trustee or director		Posi all t	tion hat			(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
Name and title (27) RITA DARENSBOURG MEMBER (28) JACKIE MCCREARY MEMBER (29) TIMOLIN FERDINAND MEMBER (30) TAMIKO GARRISON MEMBER (THRU 8/2022) (31) DOUG DRUMMOND MEMBER (32) RENEE GRAFF MEMBER (33) DRUIT GREMILLION MEMBER (33) DRUIT GREMILLION MEMBER (33) DRUIT GREMILLION MEMBER (33) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	Average hours per week (list any hours for related ganizations below line) 1.00 1.00	X Individual trustee or director	neck	Posi all t	tion hat		у)	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation
org (27) RITA DARENSBOURG MEMBER (28) JACKIE MCCREARY MEMBER (29) TIMOLIN FERDINAND MEMBER (30) TAMIKO GARRISON MEMBER (THRU 8/2022) (31) DOUG DRUMMOND MEMBER (32) RENEE GRAFF MEMBER (33) DRUIT GREMILLION MEMBER (THRU 12/2022) (34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	hours per week (list any hours for related ganizations below line) 1.00 1.00	X Individual trustee or director	neck	all t	hat a		y)	compensation from the organization	compensation from related organizations	amount of other compensation
org (27) RITA DARENSBOURG MEMBER (28) JACKIE MCCREARY MEMBER (29) TIMOLIN FERDINAND MEMBER (30) TAMIKO GARRISON MEMBER (THRU 8/2022) (31) DOUG DRUMMOND MEMBER (32) RENEE GRAFF MEMBER (33) DRUIT GREMILLION MEMBER (THRU 12/2022) (34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	per week (list any hours for related ganizations below line) 1.00 1.00	X Individual trustee or director					y)	from the organization	from related organizations	other compensation
org (27) RITA DARENSBOURG MEMBER (28) JACKIE MCCREARY MEMBER (29) TIMOLIN FERDINAND MEMBER (30) TAMIKO GARRISON MEMBER (THRU 8/2022) (31) DOUG DRUMMOND MEMBER (32) RENEE GRAFF MEMBER (33) DRUIT GREMILLION MEMBER (THRU 12/2022) (34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	week (list any hours for related ganizations below line) 1.00 1.00	х	Institutional trustee	Officer	sy employee	compensated employee		the organization	organizations	compensation
org (27) RITA DARENSBOURG MEMBER (28) JACKIE MCCREARY MEMBER (29) TIMOLIN FERDINAND MEMBER (30) TAMIKO GARRISON MEMBER (THRU 8/2022) (31) DOUG DRUMMOND MEMBER (32) RENEE GRAFF MEMBER (33) DRUIT GREMILLION MEMBER (THRU 12/2022) (34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	(list any hours for related ganizations below line) 1.00 1.00	х	Institutional trustee	Officer	sy employee	compensated employe		organization		
org (27) RITA DARENSBOURG MEMBER (28) JACKIE MCCREARY MEMBER (29) TIMOLIN FERDINAND MEMBER (30) TAMIKO GARRISON MEMBER (THRU 8/2022) (31) DOUG DRUMMOND MEMBER (32) RENEE GRAFF MEMBER (33) DRUIT GREMILLION MEMBER (THRU 12/2022) (34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	hours for related ganizations below line) 1.00 1.00	х	Institutional trustee	Officer	sy employee	compensated en			(
(27) RITA DARENSBOURG MEMBER (28) JACKIE MCCREARY MEMBER (29) TIMOLIN FERDINAND MEMBER (30) TAMIKO GARRISON MEMBER (THRU 8/2022) (31) DOUG DRUMMOND MEMBER (32) RENEE GRAFF MEMBER (33) DRUIT GREMILLION MEMBER (THRU 12/2022) (34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	ganizations below line) 1.00 1.00	х	Institutional trustee	Officer	sy employee	compensat				organization
(27) RITA DARENSBOURG MEMBER (28) JACKIE MCCREARY MEMBER (29) TIMOLIN FERDINAND MEMBER (30) TAMIKO GARRISON MEMBER (THRU 8/2022) (31) DOUG DRUMMOND MEMBER (32) RENEE GRAFF MEMBER (33) DRUIT GREMILLION MEMBER (THRU 12/2022) (34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	below line) 1.00 1.00	х	Institutional t	Officer	ey employee	comp				and related
MEMBER (28) JACKIE MCCREARY MEMBER (29) TIMOLIN FERDINAND MEMBER (30) TAMIKO GARRISON MEMBER (THRU 8/2022) (31) DOUG DRUMMOND MEMBER (32) RENEE GRAFF MEMBER (33) DRUIT GREMILLION MEMBER (THRU 12/2022) (34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	1.00 1.00	х	Instituti	Officer	sy em					organizations
MEMBER (28) JACKIE MCCREARY MEMBER (29) TIMOLIN FERDINAND MEMBER (30) TAMIKO GARRISON MEMBER (THRU 8/2022) (31) DOUG DRUMMOND MEMBER (32) RENEE GRAFF MEMBER (33) DRUIT GREMILLION MEMBER (THRU 12/2022) (34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	1.00	х	_			lighest	Former			
MEMBER (29) TIMOLIN FERDINAND MEMBER (30) TAMIKO GARRISON MEMBER (THRU 8/2022) (31) DOUG DRUMMOND MEMBER (32) RENEE GRAFF MEMBER (33) DRUIT GREMILLION MEMBER (THRU 12/2022) (34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	1.00					_				
MEMBER (29) TIMOLIN FERDINAND MEMBER (30) TAMIKO GARRISON MEMBER (THRU 8/2022) (31) DOUG DRUMMOND MEMBER (32) RENEE GRAFF MEMBER (33) DRUIT GREMILLION MEMBER (THRU 12/2022) (34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	1.00							0.	0.	0 .
(29) TIMOLIN FERDINAND MEMBER (30) TAMIKO GARRISON MEMBER (THRU 8/2022) (31) DOUG DRUMMOND MEMBER (32) RENEE GRAFF MEMBER (33) DRUIT GREMILLION MEMBER (THRU 12/2022) (34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS										
MEMBER (30) TAMIKO GARRISON MEMBER (THRU 8/2022) (31) DOUG DRUMMOND MEMBER (32) RENEE GRAFF MEMBER (33) DRUIT GREMILLION MEMBER (THRU 12/2022) (34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS		Х						0.	0.	0 .
(30) TAMIKO GARRISON MEMBER (THRU 8/2022) (31) DOUG DRUMMOND MEMBER (32) RENEE GRAFF MEMBER (33) DRUIT GREMILLION MEMBER (THRU 12/2022) (34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	1.00									
MEMBER (THRU 8/2022) (31) DOUG DRUMMOND MEMBER (32) RENEE GRAFF MEMBER (33) DRUIT GREMILLION MEMBER (THRU 12/2022) (34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	1.00	Х						0.	0.	0 .
(31) DOUG DRUMMOND MEMBER (32) RENEE GRAFF MEMBER (33) DRUIT GREMILLION MEMBER (THRU 12/2022) (34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS										•
MEMBER (32) RENEE GRAFF MEMBER (33) DRUIT GREMILLION MEMBER (THRU 12/2022) (34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	1 00	Х						0.	0.	0 .
(32) RENEE GRAFF MEMBER (33) DRUIT GREMILLION MEMBER (THRU 12/2022) (34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	1.00	х						0.	0.	^
MEMBER (33) DRUIT GREMILLION MEMBER (THRU 12/2022) (34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	1.00	Λ			\dashv		\dashv	0.	0.	0 .
(33) DRUIT GREMILLION MEMBER (THRU 12/2022) (34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	1.00	х						0.	0.	0 .
MEMBER (THRU 12/2022) (34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	1.00	21			\dashv		\dashv	0.	0.	
(34) SARAH HANELINE MEMBER (35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	1.00	х						0.	0.	0 .
(35) MANDY LACERTE MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	1.00									
MEMBER (36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS		х				Я		0.	0.	0.
(36) WILLIAM LAMPTON MEMBER (37) VANCE GIBBS	1.00									
MEMBER (37) VANCE GIBBS		Х						0.	0.	0 .
(37) VANCE GIBBS	1.00									
		Х						0.	0.	0 .
1EMBER	1.00									
		X		Δ				0.	0.	0 .
(38) ED COLLINS	1.00									
MEMBER		Х		V				0.	0.	0 .
<u> </u>				>						
					\dashv		\dashv			
					\dashv		_			
<u> </u>										
L_							-			
Total to Part VII, Section A, line 1c										

Form 990 (2023) GREATER
Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					, ,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
S S			Fundraising events	1c					
fts,				1d					
ij gi			Related organizations	1e	987,882.				
ons,			Government grants (contributions)	ie	307,002.				
utic		T	All other contributions, gifts, grants, and	4.	28 176 620				
ĕ			similar amounts not included above	1f	28,176,629.				
ont		_	Noncash contributions included in lines 1a-1f	1g \$	19,770,761.	20 164 511	4		
O g		n	Total. Add lines 1a-1f		Bustana Cada	29,164,511.			
					Business Code				
<u>c</u> e	2	а							
erv		b							
n S		С							
ran 3ev		d							
Program Service Revenue		е							
Ē			All other program service revenue $_{\cdot\cdot}$						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divider	nds, intere	st, and				
			other similar amounts)			92,695.			92,695.
	4		Income from investment of tax-exem						
	5		Royalties						
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) S	ecurities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
ē			and sales expenses 7b						
her Revenue		С	Gain or (loss) 7c						
Şe			Net gain or (loss)						
e			Gross income from fundraising events (r						
퉏	_			of					
			contributions reported on line 1c). So						
			Part IV, line 18		1,272,095.				
		b	Less: direct expenses		473,229.				
			Net income or (loss) from fundraising			798,866.			798,866.
			Gross income from gaming activities						
			Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gaming ac						
			Gross sales of inventory, less returns						
		_	and allowances						
		h	Less: cost of goods sold						
			Net income or (loss) from sales of inv						
			The modifie of floody from sales of fin	oncory	Business Code				
sn	11	2	PURCHASED FOOD PROGRAM		900099	253,743.	253,743.		
Jeo Teo	• •						200,710.		
Miscellaneous Revenue		b							
Sce Be		Q C	All other revenue						
Ξ			All other revenue			253,743.			
		ਦ	Total Add lines 11a-11d			30,309,815.	253,743.	0.	891,561.
	12		Total revenue. See instructions			30,303,013.		ı	0,1,501.

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 (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,802,117. 2,129,609. 336,254. 336,254. Other salaries and wages 7 Pension plan accruals and contributions (include 233,570. 38,928. 324,403 51,905. section 401(k) and 403(b) employer contributions) Other employee benefits 9 216,158. 36,746. 151,311. 28,101 10 Payroll taxes Fees for services (nonemployees): Management Legal 220,509. 110,255. 110,254. Accounting Lobbying 474,017. 474,017. Professional fundraising services. See Part IV, line 17 168,204. 168,204. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 53,386. 53,386. column (A), amount, list line 11g expenses on Sch O.) 13,464. 13,464. Advertising and promotion 12 654,914. 540,692. 30,335. 83,887. Office expenses 13 433,842. 108,461. 195,229. 130,152. Information technology 14 15 Royalties 16 Occupancy 85,992. 84,272. 1,720. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 121,230. 1,212. 107,895. 12,123. Conferences, conventions, and meetings 19 19,668. 18,881. 393. 394. 20 Payments to affiliates 21 21,880. 729,340. 685,580. 21,880. Depreciation, depletion, and amortization 22 254,337. 180,579. 58,498. 15,260. 23 Other expenses. Itemize expenses not covered 24 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.) 24,648,642. 24,648,642. DISTRIBUTION OF FOOD AN 174,124.REPAIRS AND MAINTENANCE 167,159. 3,482. 3,483. 117,764. 117,764. VEHICLE LEASES 95,000. 95,000. BAD DEBTS 278,755. 141,544. 16,381. 120,830. All other expenses 31,885,866. 29,262,662. 1,212,555. 1,410,649. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	3,033,964.	1	2,207,748.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	375,980.	3	185,285.
	4	Accounts receivable, net	115,923.	4	112,157.
	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	
Ŋ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	3,883,632.	8	1,756,131.
ğ	9	Prepaid expenses and deferred charges	177,624.	9	181,902.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 19,500,206.			
	b	Less: accumulated depreciation 10b 6,991,067.	12,060,639.	10c	12,509,139.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	2,344,530.	12	3,233,779.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	178,163.	15	359,102.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	22,170,455.	16	20,545,243.
	17	Accounts payable and accrued expenses	1,457,606.	17	1,227,287.
	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	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
<u> </u>		controlled entity or family member of any of these persons	050 000	22	004 266
_	23	Secured mortgages and notes payable to unrelated third parties	959,882.	23	804,266.
	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		0.5	
	00	of Schedule D	2,417,488.	25	2,031,553.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	2,417,400.	26	2,031,333.
S					
nce	27	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	16,490,451.	27	14,364,214.
ala	28	Net assets without donor restrictions Net assets with donor restrictions	3,262,516.	28	4,149,476.
Net Assets or Fund Balances	20	Organizations that do not follow FASB ASC 958, check here	3/202/3201	20	1/115/1700
		and complete lines 29 through 33.			
þ	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss(31	Retained earnings, endowment, accumulated income, or other funds		31	
et/	32	Total net assets or fund balances	19,752,967.	32	18,513,690.
Ž	33	Total liabilities and net assets/fund balances	22,170,455.	33	20,545,243.
	1 33	rotal nashitios and not assocs/fully balances	,_,_,	_ 55	Game 990 (0000)

	rt XI Reconciliation of Net Assets					9-
	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		,309		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,88		
3	Revenue less expenses. Subtract line 2 from line 1	3		,57		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19	,75		
5	Net unrealized gains (losses) on investments	5		21	5,8	30.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		119	9,9	44.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	18	,51	3,6	90.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u>/</u>				X
				\Box	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis.	J			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	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?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule (Э.			
За	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?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	tit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2023)

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public

Employer identification number

OMB No. 1545-0047

Name of the organization

	GREATER BATON ROUGE FOOD BANK						*	*-***5318	
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	3.	
The 1 2 3 4	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C		J		, ,			
6		A federal, state, or local gov	•	nental unit described in	section 17	70(b)(1)(A)	(v).	/	
7	X	An organization that norma	-					e general r	oublic described in
		section 170(b)(1)(A)(vi). (C	•		ŭ				
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of t	he college	or
		university:							
10		An organization that norma activities related to its exemincome and unrelated busin See section 509(a)(2). (Con	npt functions, subjectiess taxable income	t to certain exceptions;	and (2) no	more than	33 1/3% of its	support f	rom gross investment
11		An organization organized a	•	ively to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	rsection	509(a)(2).	See section 5	09(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	pporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization	n(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionall	y integrate	ed with,
	_	its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.		
d			integrated. A supp	oorting organization oper	ated in co	nnection v	vith its support	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness .
		requirement (see instructi		7					
е							Type I, Type I	I, Type III	
_		functionally integrated, or		nally integrated supporting	ng organiz	ation.			
		er the number of supported o	•	-l					
9		vide the following information i) Name of supported	ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	•	organization	(,	(described on lines 1-10	in your govern	ng document?	support (see in	•	support (see instructions)
_		-		above (see instructions))	Yes	No			

332021 12-21-23

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.)

Sec	tion A. Public Support							
Caler	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	<u> 19601076.</u>	39168427.	36634856.	28228236.	29164511.	<u> 152797106</u>	
2	Tax revenues levied for the organ-							
	ization'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	19601076.	39168427.	36634856.	28228236.	29164511.	152797106	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						152797106	
Sec	tion B. Total Support							
Caler	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	<u> 19601076.</u>	39168427.	36634856.	28228236.	29164511.	152797106	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	51,632.	66,359.	114,741.	82,761.	92,695.	408,188.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain			ĺ				
	or loss from the sale of capital	1						
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10						153205294	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)		
	organization, check this box and stop							
	tion C. Computation of Publi							
	Public support percentage for 2023 (I					14	99.73 %	
	Public support percentage from 2022					15	99 . 75 %	
	33 1/3% support test - 2023. If the							
	stop here. The organization qualifies as a publicly supported organization							
	33 1/3% support test - 2022. If the							
	and stop here. The organization qualifies as a publicly supported organization							
17a	17a 10% -facts-and-circumstances test - 2023. 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 te	est. The organization	on qualifies as a pu	iblicly supported o	organization			
b	10% -facts-and-circumstances test	t - 2022. If the org	janization did not d	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or	
	more, and if the organization meets tl	he facts-and-circun	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the		
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
	Private foundation. If the organization							

332022 12-21-23

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.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 per-						
	formed, 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 bus-						
	iness under section 513					, i	
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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		. 4				
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support				T	1	T
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	· ·				. , . ,	
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2023 (I	, , , , , , , , , , , , , , , , , , , ,	,	(, ,		15	<u>%</u>
	Public support percentage from 2022					16	<u>%</u>
	ction D. Computation of Inves			10 1 (0)		I 4= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18 0.1/00/ and line 1:	% 7 : t
198	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
t	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						

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Schedule A (Form 990) 2023

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- 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? If "Yes." provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
1			
2			
За			
3b			
30			
3c			
4a			
4b			
4c			
5a			
Ja			
Eh			
5b			
5c			
6			
7			
8			
9a			
9b			
9с			
10a			
100	4		
401			
10k)		

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BGRE5001

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	1110		
			Yes	No
4	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		162	NO
	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? 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.	1		
	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? 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.	2		
Sect	tion 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)? 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).	1		
Sect	tion 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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion 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 instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.	,		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruction	(2)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? 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.	2a		
	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? 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.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
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 c		•	
Sect	ion 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	<u>.</u>	
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		
Sect	ion 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		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion 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	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orga	inization (see

Schedule A (Form 990) 2023

instructions)

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

GREATER BATON ROUGE FOOD BANK **-**5318

Organization type (check one):							
Filers of:		Section:					
Form 990	or 990-EZ	X 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					
		covered by the General Rule or a Special Rule.					
Note: On	lly a section 501(c)(7	7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special F	Rules						
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; 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\$						
answer "l	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).					

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

-*5318

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	ESTATE OF ANGELINA MUMPHREY WILSON 4463 BLUEBONNET BLVD, SUITE A BATON ROUGE, LA 70809	\$ 2,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FEEDING AMERICA 700 EDWARDS AVE ELMWOOD, LA 70123	\$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

GREATER BATON ROUGE FOOD BANK

-*5318

<u> </u>	DATON ROOCH TOOD DANK		3310
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
323453 12-26	-23		Schedule B (Form 990) (2023)

Name of organization **Employer identification number** **-***5318 GREATER BATON ROUGE FOOD BANK 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 Inspection

Name of the organization

GREATER BATON ROUGE FOOD BANK

Employer identification number **-***5318

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Accounts. Complete if the	
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	ised funds	
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes	No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring	
		<u></u>		No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Form 990	, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreati	ion or education) Preservation	of a historically important land area	
	Protection of natural habitat	Preservation	of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	n of a conservation easement on the la	ast
	day of the tax year.		Held at the End of the Ta	ax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic structure	cture included on line 2a	2c	
d	Number of conservation easements included on line 2c acquir	red after July 25, 2006, and not		
	on a historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax	
	year			
4	Number of states where property subject to conservation ease	ement is located	_	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	†	
	violations, and enforcement of the conservation easements it l	holds?	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	nservation easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserv	ation easements during the year	
8	Does each conservation easement reported on line 2d above s	•		
	and section 170(h)(4)(B)(ii)?		Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	e statement and	
	balance sheet, and include, if applicable, the text of the footnot	•	nents that describes the	
	organization's accounting for conservation easements.			
Pai	organizations Maintaining Collections of		itner Similar Assets.	
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ		·	
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,	
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
			<u>'</u>	
2	If the organization received or held works of art, historical trea-		al gain, provide	
	the following amounts required to be reported under FASB AS	-		
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 99	0) 2023

332051 09-28-23

	t III Organizations Maintaining Co	ollections of Art	t, Histo	orical Tre	asures, o	r Othe	r Simila	r Asset	S (contin	nued)	ugo
3	Using the organization's acquisition, accessic	n, and other records	s, check	any of the f	ollowing that	: make s	ignificant	use of its	,		
	collection items (check all that apply).			•	· ·						
а	Public exhibition	d		Loan or excl	hange progra	am					
b	Scholarly research	е		Other							
С											
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 o	of art, his	storical treas	sures, or othe	er similaı	rassets				
	to be sold to raise funds rather than to be ma	intained as part of th	ne orgar	nization's col	lection?				Yes		No
Par	t IV Escrow and Custodial Arrang	jements Complet	te if the	organization	answered "	Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	X, line 21.									
1a	Is the organization an agent, trustee, custodia	n, or other intermed	liary for	contribution	s or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
								1	Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year				,		1e				
f	Ending balance						1f		_		
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for 6	escrow or cu	stodial acco	unt liabi	lity?	L	Yes	L	_ No
_	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds Complete if										
		(a) Current year		Prior year	(c) Two yea			years back			
1a	Beginning of year balance	2,348,221.	2	,589,462.		3,600.	1,	972,604.	1		<u>,405.</u>
b	Contributions					7,878.					,107.
С	Net investment earnings, gains, and losses	295,889.		-231,018.	398	3,287.		180,773.		233	,164.
d	Grants or scholarships										
е	Other expenditures for facilities		4								
	and programs										
f	Administrative expenses	15,166.		10,223.		303.		9,777.	+		,072.
g	End of year balance	2,628,944.		,348,221.	-	9,462.	2,	143,600.	1	,972	,604.
2	Provide the estimated percentage of the curre		_	g, column (a)) held as:						
а	Board designated or quasi-endowment	41.0000	_%								
b	Permanent endowment 59.0000	%									
С		6									
_	The percentages on lines 2a, 2b, and 2c should be a sh										
За	Are there endowment funds not in the posses	ssion of the organiza	tion tha	t are held an	id administer	ed for th	ne		1	Vaa	T NI a
	organization by:								0 (2)	Yes X	No
									3a(i)		x
	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organizations.								3a(ii)		<u>^</u>
									3b		<u> </u>
Par	t VI Land, Buildings, and Equipme		vment t	unas.							
· ui	Complete if the organization answered		Part IV	/ line 11a S	ee Form 990	Part X	line 10				
	Description of property	(a) Cost or of			or other		Accumula	tod	(d) Boo	k voli	
	Description of property	basis (investm		basis (epreciation		(a) 600	k vait	ue
10	Land	`	10110		0,000.		producto		5.0	0 0	00.
	Land				$\frac{0,000.}{2,149.}$	6	991,0	67	7,02		
	Buildings			11,01	_,,	<u> </u>	<i></i> , 0	· · ·	,,02	_ , ∪	<u> </u>
		I		4 11	1 454				4 11	1 4	54.
	Equipment Other	I		4,111,454. 4,111,4 876,603. 876,6							
	. Add lines 1a through 1e. (Column (d) must ed		V line 1					1	2,50		
ıold	n Add illies Ta tillough Te. (Column (a) must ed	<u>juai roim 990, Part)</u>	∧, iine 1	oc, column	(<u>D))</u>			 	,	- , <u>+</u>	

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 GREATER BATO	ON ROUGE FOOD	BANK	**-***5318 Page
Part VII Investments - Other Securities	Section Cooperative Francis	44b Occ Forms 000 Peak V Pres 40	*
Complete if the organization answered "Yes" of	(b) Book value	(c) Method of valuation: Cost of	or and of year market value
(a) Description of security or category (including name of security)	(b) book value	(c) Method of Valuation. Cost of	or end-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) POOLED FUND	3,233,779.	END-OF-YEAR MARK	יביי <i>א</i> מז.ווד
(B)	5,255,1156	LIVE OF THE HARRI	LII VALOL
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	3,233,779.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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 of	or end-of-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities	,	44 44 0 E 000 B 1 V II	0.5
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

X 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 Schedule D (Form 990) 2023

(6) (7) (8)

Schedule D	(Form 990) 2023	GREATER	BATON	ROUGE	FOOD	BANK	**-**5318
Part XI	Reconciliation of	Revenue pe	r Audited	l Financia	l Stater	nents Wit	th 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	30,515,058.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	216,830.		
b	Donated services and use of facilities	2b	16,050.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-27,637.		
е	Add lines 2a through 2d			2e	205,243.
3	Subtract line 2e from line 1			3	30,309,815.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	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	30,309,815.

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	31,874,279.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a 16,050.		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d -27,637.		
е	Add lines 2a through 2d		2e	-11,587.
3	Subtract line 2e from line 1		3	31,885,866.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	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	31,885,866.
Pa	rt 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 V, LINE 4:

THE PRIMARY OBJECTIVE OF THE ORGANZIATION'S INVESTMENT AND SPENDING POLICIES FOR ITS ENDOWED ASSETS IS FOR THE INVESTMENT OF DONOR CONTRIBUTIONS MADE IN MEMORY OF INDIVIDUALS.

PART X, LINE 2:

THE ORGANIZATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES. THE ORGANIZATION HAD UNRELATED BUSINESS TAXABLE INCOME OF \$0 AND \$14,000 RELATED TO RENTAL INCOME FOR THE YEARS ENDED DECEMBER 31, 2023 AND 2022,

RESPECTIVELY. THE ORGANIZATION FILED FORM 990T FOR THE INCOME FOR THE YEAR

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number **-***5318

GREATER	BATON ROUGE FOOD	BANI	ζ		**-***5	318
	- Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this par						
1 Indicate whether the organization rais						
a X Mail solicitations	e X Solicita	tion of	non-g	overnment grants	A	
b X Internet and email solicitations	s f X Solicita	tion of	gover	nment grants		
c X Phone solicitations	g X Special	fundra	aising	events		
d X In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individual	(includ	lina of	ficers directors trus	tees or	
	Part VII) or entity in connection with p				X Yes	No
b If "Yes," list the 10 highest paid indi-	•			-		
		iani io	ayıecı	ments under windir ti	ie iuliulaisei is to be	•
compensated at least \$5,000 by the	organization.					
		(iii)	Did		(v) Amount paid	(-:) Amount noid
(i) Name and address of individual	(ii) Activity	(iii) fundi	aiser ustodv	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)		have c or cor contrib	ntrol of	from activity	fundraiser listed in col. (i)	organization
					110100 111 0011 (1)	
RKD GROUP - 7130 S. 29TH		Yes	No			
STREET, SUITE B, LINCOLN, NE	SOLICIT DONATIONS		Х	1,272,095.	483,229.	798,866.
Total				1,272,095.	483,229.	798,866.
3 List all states in which the organization						
or licensing.					in a champing in a mining	J. S. I. G. I. S. I.
LA						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2023

-5318 Page 2 GREATER BATON ROUGE FOOD BANK Schedule G (Form 990) 2023 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 NONE (add col. (a) through RKD col. (c)) (event type) (event type) (total number) 1,272,095 1,272,095. 1 Gross receipts 2 Less: Contributions 1,272,095 1,272,095. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 473,229. 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d)

	٠. ا	Birot expense summary. Add into 4 through				= : : : : : : : : : : : : : : : : : : :
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			798,866.
Pa	ırt	III Gaming. Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
une			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9		ter the state(s) in which the organization condu				
а	ls:	the organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
b	lf '	No," explain:				
10a		ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax v	/ear?	Yes No
		Yes," explain:				
3320	32 0	9-13-23			Sche	dule G (Form 990) 2023

Schedule G (Form 990) 2023 GREATER BATON ROUGE FOOD BANK	**-**5318 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records	:
Name	
Address	
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 amo	unt
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
on rest, since the and address of the and party.	
Name	
Name	
Address	
Address	
40. Opering and the state of th	
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); a	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 FUNDRALS	SERS:
(I) NAME OF FUNDRAISER: RKD GROUP	
(-)	
(I) ADDRESS OF FUNDRAISER: 7130 S. 29TH STREET, SUITE B, LINCO	OLN, NE 68516

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number GREATER BATON ROUGE FOOD BANK **-***5318 Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2	Х	
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		<u> </u>
	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:			77
	The organization?	6a		X
b	Any related organization?	6b		Х
_	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	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	l a	1	1

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

Schedule J (Form 990) 2023

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.

		(B) Breakdown of W	/-2 and/or 1099-MISocompensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL G. MANNING	(i)	159,591.	0.	0.	0.	0.		0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
1	(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.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

(4) (5) (6) (7) (8) (9) (10)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Employer identification number **-***5318

GREATE	R BATON ROU	GE FOOD	BANK		**-	_ * *	*53	18		
Part I Excess Benefit Trans	sactions (section 50	01(c)(3), section	on 501(c)(4), and see	ction 501(c)(29) organ	nization	ns onl	ly)			
Complete if the organization										
1,,,,	(b) Relationship bety	ween disqualit	fied ,					(d) Corrected		
(a) Name of disqualified person	person and or	ganization	(0	c) Description of trans	saction	า		Y	es	No
(1)										
(2)										
_(3)										
_(4)										
(5)										
(6)										
2 Enter the amount of tax incurred by	the organization man	agers or disqu	ualified persons dur	ing the year under						
section 4958						. \$				
3 Enter the amount of tax, if any, on	ine 2, above, reimburs	ed by the org	anization			\$				
Part II Loans to and/or From	m Interested Pers	sons								
Complete if the organization	n answered "Yes" on F	Form 990-EZ,	Part V, line 38a, or	Form 990, Part IV, line	e 26; c	or if th	e orga	anizati	on	
reported an amount on For	m 990, Part X, line 5, 6	6, or 22.								
(a) Name of (b) Relation		(d) Loan to or from the	(e) Original	(f) Balance due	(g)	11.1	(h) Ap by bo	ard or	(1) **	ritten
interested person with organ	ization of loan	organization?	principal amount		defau	uit?	cómn	ittee?	agree	ment?
		To From			Yes	No	Yes	No	Yes	No
_(1)										
_(2)			7 . 3							
(3)										

Part III	Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

\$

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

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
				Yes	No
(1)DOUG DRUMMOND	SEE PART V	212,604.	SEE PART V		X
(2)DEVIN ROY	SEE PART V	10,000.	SEE PART V		Х
(3)JANET FEIG	SEE PART V	212,493.	SEE PART V		Х
(4)					
(5)					
(6)					
_(7)					
_(8)					
(9)					
(10)					

Part V | Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

- (A) NAME OF PERSON: JANET FEIG
- (D) DESCRIPTION OF TRANSACTION: SEE PART V

PART IV - ITEM 1, COL B AND D:

JANET FEIG IS A FORMER BOARD MEMBER OF THE ORGANIZATION AND SERVES AS

SENIOR VICE PRESIDENT OF CORPORATE LENDING FOR BANCORPSOUTH BANK. THE

ORGANIZATION HAS BANK ACCOUNTS AND A LOAN WITH BANCORPSOUTH BANK. THE

LOAN REQUIRES MONTHLY PAYMENTS OF \$17,596 AT 2.75% INTEREST AND IS DUE

ON JUNE 5, 2026. THE ORGANIZATION ALSO PAID \$1,330.20 IN BANK FEES.

PART IV - ITEM 2, COL B AND D:

DOUG DRUMMOND, MEMBER AND ASSOCIATED GROCERS, INC. FORMER SENIOR VP AND

CFO PURCHASED

FOOD FROM ASSOCIATED GROCERS IN THE AMOUNT OF \$212,604.

PART IV - ITEM 3, COL B AND D:

DEVIN ROY, MEMBER AND CAPITOL CITY PRODUCE CFO. THE FOOD BANK PURCHASED

FOOD FROM CAPITOL CITY

PRODUCE IN THE AMOUNT OF \$10,000.

Schedule L (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection Employer identification number

	GREATER BATO	N ROUG	E FOOD BAI	NK .	*	*-***5	318	
Pai	t 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) of determin ntribution ar	_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications					>		
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other \dots							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other			·				
18	Collectibles							
19	Food inventory	X		19,770,781.	FAIR MAR	KET VA	LUE	
20	Drugs and medical supplies							
21	Taxidermy	4						
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			10.050				
25	Other (ALBERTSON'S GIF)	X	0	13,250.	FAIR MAR	KET VA	LUE	
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organization							
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of							v
	exempt purposes for the entire holding period?	?				30a		X
	If "Yes," describe the arrangement in Part II.	المحالة برماناه	autico the sections	of any nanatanalana assatilis a	iona?		v	
31	Does the organization have a gift acceptance p	-	·	•	ions?	31	X	
32a	Does the organization hire or use third parties		_				~ l	
_	contributions?					32a	X	
	If "Yes," describe in Part II.	- h () (. Fanna de Sala anala anti-	l d			
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	tor which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

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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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GREATER BATON ROUGE FOOD BANK

Employer identification number **-***5318

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND EDUCATIONAL OUTREACH THROUGH FAITH-BASED AND OTHER COMMUNITY PARTNERS. FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES FORM 990 PRIOR TO SUBMISSION TO THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE CEO MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY FOR ALL BOARD OF DIRECTORS, OFFICERS, AND KEY EMPLOYEES. THE BOARD OF DIRECTORS MONITOR THE CEO'S COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION REVIEWS THE COMPENSATION OF ITS CEO ON AN ANNUAL BASIS, AND OTHER EXECUTIVES IN COMPARISON TO LOCAL AND REGIONAL DATA. FOR THE THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THIS DATA CEO AND APPROVES THE COMPENSATION. EVALUATES THE PERFORMANCE, FOR THE OTHER EXECUTIVES OF THE ORGANIZATION, INTERNAL HUMAN RESOURCES REVIEWS THE COMPARABILITY DATA AND MAKES RECOMMENDATIONS TO THE CEO FOR APPROVAL

FORM 990, PART VI, SECTION C, LINE 18:

THE DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

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

INFORMATION IS POSTED ON THE ORGANIZATION'S WEBSITE. ALL INFORMATION IS For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number **-**5318
	•
FORM 990, PAGE 12, PART XII, LINE 2C	
NO CHANGE FROM THE PRIOR YEAR.	
GREATER BATON ROUGE FOOD BANK AVAILABLE UPON REQUEST. FORM 990, PAGE 12, PART XII, LINE 2C	

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GREATER BATON ROUGE FOOD BANK

Employer identification number

-*5318

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 of foreign country)	r Total incor		ear assets	Direct o	(f) controlling ntity	J
			- 0					
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization a	nnswered "Yes" on Form 990), Part IV, line 34, b	ecause it had o	ne or more	related tax-exe	mpt	
(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) et controlling entity	Section 5 contr	olled
GBRFB MISSION SUPPORT - 87-3970936				(-)(-)/			res	NO
10600 S CHOCTAW DRIVE BATON ROUGE, LA 70815	SUPPORTING ORGANIZATION	LOUISIANA	501(C)(3)	LINE 12A, I		R BATON FOOD BANK	Х	

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

Schedule R (Form 990) 2023

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.

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

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	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	ent	tion b)(13) rolled tity?
		ocuy)						Yes	No
	O'								

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

Page 3

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions with one	or more rela	ated organizations listed in	n Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
b	Gift, grant, or capital contribution to related organization(s)				1b		X	
С	Gift, grant, or capital contribution from related organization(s)				1c	Х		
	Loans or loan guarantees to or for related organization(s)				1d		X	
	e Loans or loan guarantees by related organization(s)							
f	Dividends from related organization(s)				1f		X	
g Sale of assets to related organization(s)								
h	Purchase of assets from related organization(s)				1h		X	
					1i		X	
					1j		X	
-								
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
1					11		X	
m					1m		X	
					1n		X	
g	Reimbursement paid to related organization(s) for expenses				1p		Х	
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 1c								
-	(4)							
r Other transfer of cash or property to related organization(s)								
i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses								
	(a) (I Name of related organization Trans	b) saction	(c)	(d)	lved			
1) (GBRFB MISSION SUPPORT C	;	850,000.	FMV				
3)								
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	3 09-28-23	<u> </u>		Schedule R	(Forn	n 990)	2023	

Schedule R (Form 990) 2023

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.? Yes No		(g) Share of end-of-year assets	Dispr tion alloca Yes	ropor- nate tions?	(j) General managii partner Yes N	or Percentage ownership
					U					
			B							
	-									

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