

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Good Shepherd Food Bank		D Employer identification number 22-2986809
	Doing business as Good Shepherd Food Bank of Maine		E Telephone number 207-782-3554
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 109,550,961.
	P.O. Box 1807		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code Auburn, ME 04211-1807		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: Heather Paquette same as C above			If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: www.gsfb.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1981
			M State of legal domicile: ME

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Reduce food insecurity in Maine through food distribution and community partnerships.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	96
	6 Total number of volunteers (estimate if necessary)	6	990
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	94,866,139.	99,030,439.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,669,750.	4,644,925.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	120,149.	815,578.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	99,656,038.	104,490,942.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	2,344,697.	4,234,716.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	9,451,550.	8,962,072.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,068,642.	1,007,012.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,845,616.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	89,495,183.	93,373,073.	
19 Revenue less expenses. Subtract line 18 from line 12	102,360,072.	107,576,873.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	-2,704,034.	-3,085,931.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	48,213,426.	44,798,037.
		2,881,042.	2,285,751.
		45,332,384.	42,512,286.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	Camilo Echanique, CFO (eff. 1-2026) Type or print name and title				
Paid Preparer Use Only	Preparer's name Connor Smart	Preparer's signature <i>Connor Smart</i>	Date 02/05/26	Check if self-employed <input type="checkbox"/>	PTIN P02285543
	Firm's name Baker Newman & Noyes	Firm's EIN 01-0494526	Firm's address P.O. Box 507 Portland, ME 04112	Phone no. (207) 879-2100	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The mission of Good Shepherd Food Bank is to eliminate hunger in Maine by improving access to nutritious and culturally relevant food for people in need, building strong community partnerships, and mobilizing the public in the fight to end hunger.

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 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 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 \$ 97,506,681. including grants of \$ 3,854,530.) (Revenue \$ 2,853,973.) Food Distribution: Good Shepherd Food Bank (GSFB) provides for those at risk of hunger by soliciting food donations and purchasing food at wholesale prices, then distributing this food to more than 600 partners across Maine, including food pantries, meal sites, shelters, schools, afterschool programs, child care centers, senior centers, health care sites, and other community organizations. In its 2025 fiscal year, GSFB distributed over 50 million pounds of food to partners and the families and individuals they serve, providing 42 million meals for Mainers in need.

4b (Code:) (Expenses \$ 1,930,055. including grants of \$ 350,000.) (Revenue \$ 681,863.) Mainers Feeding Mainers: this program is the Food Bank's collaboration with local farms to purchase and distribute nutritious, Maine-grown food. Each year, the Food Bank makes purchases of fresh Maine vegetables, fruits, grains, and dairy products on behalf of partner agencies. The Food Bank also receives donations from many local farmers. In fiscal year 2025, the Food Bank distributed nearly 2.6 million pounds of local foods and invested \$1.7 million into Maine's agricultural sector.

4c (Code:) (Expenses \$ 1,167,248. including grants of \$ 14,929.) (Revenue \$ 249,614.) Good Shepherd Food Bank supports the School Pantry Program to provide easy, consistent access to nutritious food for students and their families. Our school partners not only serve as food distribution sites in vulnerable areas but also function as vital community resource hubs where families feel welcomed, supported, and safe. The Food Bank also operates Kids Cafe, an afterschool meal and snack program. In collaboration with more than 230 program partners, GSFB provided almost 2 million meals statewide through School Partners in fiscal year 2025.

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,084,558. including grants of \$ 15,257.) (Revenue \$ 859,475.)

4e Total program service expenses 102,688,542.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), federal employment tax returns (2b), unrelated business gross income (3a), foreign accounts (4a), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), donor advised funds (8-9), 501(c)(7) organizations (10), 501(c)(12) organizations (11), 4947(a)(1) trusts (12a-12b), 501(c)(29) health insurance issuers (13a-13c), indoor tanning services (14a-14b), 4960 tax (15), 4968 excise tax (16), and 501(c)(21) organizations (17).

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (20); 1b Enter the number of voting members included on line 1a, above, who are independent (20); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL, ME, MA, NH, NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] 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 financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
Camilo Echanique, CFO (eff. 1-2026) - 207-782-3554
P.O. Box 1807, Auburn, ME 04211-1807

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Heather Paquette President	38.00 2.00			X			168,600.	0.	56,937.	
(2) Bryan O'Connor Chief Fiancial Officer (end 1/2025)	37.00 3.00			X			140,940.	0.	44,539.	
(3) Matt Chin President, Harvesting Good(end 2/25)	0.00 40.00				X		123,894.	0.	41,817.	
(4) George Fox Chief Supply Chain Officer	40.00 0.00				X		132,263.	0.	26,362.	
(5) Nicole Nadeau Chief People Officer	40.00 0.00				X		116,267.	0.	28,259.	
(6) Bethany Benton Chief Fiancial Officer (start 4/25)	37.00 3.00			X			0.	0.	0.	
(7) John Bennett Director	1.00 0.00	X					0.	0.	0.	
(8) Tae Chong Director	1.00 0.00	X					0.	0.	0.	
(9) Chris Bonacci Director	1.00 0.00	X					0.	0.	0.	
(10) Christine Cummings Director	1.00 0.00	X					0.	0.	0.	
(11) Michelle Draeger Director	1.00 0.00	X					0.	0.	0.	
(12) Peter Forester Director	1.00 0.00	X					0.	0.	0.	
(13) Jason Fournier Director	1.00 1.00	X					0.	0.	0.	
(14) Whitney Gould-Cookson Director	1.00 0.00	X					0.	0.	0.	
(15) Marwa Hassanien Director	1.00 0.00	X					0.	0.	0.	
(16) Dora Ann Mills Director	1.00 0.00	X					0.	0.	0.	
(17) Susan Norton Director	1.00 0.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Frank Pecoraro Director	1.00 1.00	X						0.	0.	0.
(19) Odette Perriell Director	1.00 0.00	X						0.	0.	0.
(20) Victoria W. Rogers Director	1.00 0.00	X						0.	0.	0.
(21) Andrea Sockabasin Director	1.00 0.00	X						0.	0.	0.
(22) Mary Wright Director	1.00 0.00	X						0.	0.	0.
(23) Scott Maker Chair	2.00 0.50	X		X				0.	0.	0.
(24) Kate Rush Vice Chair	2.00 0.00	X		X				0.	0.	0.
(25) Peter Richardson Treasurer	2.00 0.50	X		X				0.	0.	0.
(26) Mary Wright Secretary	2.00 0.00	X		X				0.	0.	0.
1b Subtotal								681,964.	0.	197,914.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								681,964.	0.	197,914.

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 5

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TrueSense Marketing 155 Commerce Drive, Freedom, PA 15042	Marketing and fundraising	915,060.
Penske Truck Leasing Co P.O. Box 563, Reading, PA 19607	Vehicles and transit services	237,334.
Oracle America, Inc., 15612 Collections Center Drive, Chicaggo, IL 60693	Software support and solutions	163,172.
Ryder Transportation Services P.O. Box 96723, Chicaggo, IL 60693	Vehicles and transit services	150,211.
Fio Partners, LLC P.O. Box 363, Chester, CT 06412	Strategic planning consultants	101,551.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	10,145.				
	b Membership dues	1b					
	c Fundraising events	1c	218,397.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	25,314,814.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	73,487,083.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 81,465,446.				
	h Total. Add lines 1a-1f		99,030,439.				
Program Service Revenue	2 a Product Income	Business Code					
		624210	4,141,234.	4,141,234.			
	b Program Income	624210	503,691.	503,691.			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		4,644,925.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		477,799.			477,799.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				5,397,798.			
	b Less: cost or other basis and sales expenses	7b	5,060,019.				
	c Gain or (loss)	7c	337,779.				
	d Net gain or (loss)		337,779.			337,779.	
8 a Gross income from fundraising events (not including \$ 218,397. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
			0.				
			0.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions		104,490,942.	4,644,925.	0.	815,578.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,234,716.	4,234,716.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	411,016.	145,859.	188,222.	76,935.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,580,933.	4,752,628.	884,295.	944,010.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	329,397.	224,471.	55,206.	49,720.
9 Other employee benefits	1,098,590.	788,548.	155,383.	154,659.
10 Payroll taxes	542,136.	380,385.	86,811.	74,940.
11 Fees for services (nonemployees):				
a Management				
b Legal	50,550.		50,550.	
c Accounting	30,950.		30,950.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,007,012.			1,007,012.
f Investment management fees	130,555.	130,555.		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	455,820.	57,040.	205,681.	193,099.
12 Advertising and promotion	42,037.	3,500.	21,679.	16,858.
13 Office expenses	201,798.		151,409.	50,389.
14 Information technology	502,251.	343,402.	72,591.	86,258.
15 Royalties				
16 Occupancy	588,935.	559,234.	7,191.	22,510.
17 Travel	748,632.	701,139.	27,753.	19,740.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	659,956.	543,682.	53,135.	63,139.
23 Insurance	106,920.	85,937.	11,018.	9,965.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Food Expenses	89,070,847.	89,070,847.		
b Program Food/Supplies	679,598.	666,599.	12,982.	17.
c Direct Mail Campaign	76,365.			76,365.
d Feeding America Fees	27,859.		27,859.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	107,576,873.	102,688,542.	2,042,715.	2,845,616.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	4,956,851.	2	6,732,626.	
	3 Pledges and grants receivable, net	1,485,976.	3	1,202,319.	
	4 Accounts receivable, net	1,501,244.	4	783,187.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net	1,800,000.	7	2,550,000.	
	8 Inventories for sale or use	9,018,946.	8	6,462,791.	
	9 Prepaid expenses and deferred charges	481,597.	9	334,625.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,464,627.			
	b Less: accumulated depreciation	10b 6,738,345.			
	11 Investments - publicly traded securities	8,877,636.	10c	8,726,282.	
	12 Investments - other securities. See Part IV, line 11	9,808,564.	11	9,129,548.	
	13 Investments - program-related. See Part IV, line 11	2,760,021.	12	1,307,242.	
	14 Intangible assets	5,792,953.	13	5,892,454.	
	15 Other assets. See Part IV, line 11	1,053,558.	14	829,268.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	676,080.	15	847,695.		
	48,213,426.	16	44,798,037.		
Liabilities	17 Accounts payable and accrued expenses	1,693,229.	17	1,264,832.	
	18 Grants payable	134,255.	18	191,651.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,053,558.	25	829,268.	
	26 Total liabilities. Add lines 17 through 25	2,881,042.	26	2,285,751.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	43,174,358.	27	40,927,630.	
	28 Net assets with donor restrictions	2,158,026.	28	1,584,656.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	45,332,384.	32	42,512,286.	
33 Total liabilities and net assets/fund balances	48,213,426.	33	44,798,037.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	104,490,942.
2	Total expenses (must equal Part IX, column (A), line 25)	2	107,576,873.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,085,931.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	45,332,384.
5	Net unrealized gains (losses) on investments	5	265,833.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	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	42,512,286.

Part XII Financial Statements and Reporting

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

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

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization Good Shepherd Food Bank	Employer identification number 22-2986809
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	112,295,738.	75,346,806.	75,418,640.	94,866,139.	99,030,439.	456,957,762.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	112,295,738.	75,346,806.	75,418,640.	94,866,139.	99,030,439.	456,957,762.
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.						456,957,762.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	112,295,738.	75,346,806.	75,418,640.	94,866,139.	99,030,439.	456,957,762.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	105,037.	261,186.	562,292.	662,768.	477,799.	2,069,082.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	164,370.	4,706,669.				4,871,039.
11 Total support. Add lines 7 through 10						463,897,883.
12 Gross receipts from related activities, etc. (see instructions)					12	16,230,346.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	98.50 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	98.50 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c 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		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

**Schedule B
(Form 990)**

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

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Good Shepherd Food Bank

Employer identification number

22-2986809

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

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

Name of organization Good Shepherd Food Bank	Employer identification number 22-2986809
--	---

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	<hr/> <hr/> <hr/>	\$ <u>23,783,451.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Good Shepherd Food Bank	Employer identification number 22-2986809
--	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Various Food Products _____ _____ _____	\$ 21,328,574.	12/31/24
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization Good Shepherd Food Bank	Employer identification number 22-2986809
--	---

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization Good Shepherd Food Bank	Employer identification number (EIN) 22-2986809
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2024

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	80,709.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	49,846.													
c Total lobbying expenditures (add lines 1a and 1b)	130,555.													
d Other exempt purpose expenditures	107,482,946.													
e Total exempt purpose expenditures (add lines 1c and 1d)	107,613,501.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="width: 70%; text-align: left;">THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	67,924.	184,202.	123,152.	130,555.	505,833.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	36,729.	126,459.	65,547.	80,709.	309,444.

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 4 columns: Question, (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like influencing legislation, media advertisements, and tax incurred under section 4912.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 4 columns: Question, Yes, No. Rows include questions about dues received, in-house lobbying expenditures, and carryover of lobbying and political campaign activity.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, line 3, is answered "Yes."

Table with 4 columns: Question, 1, 2a, 2b, 2c, 3, 4, 5. Rows include questions about dues, nondeductible lobbying and political expenditures, and taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Form 990, Schedule C, Page 2, Part II-A, Lines 1a and 1b:

The Food Bank has determined that a portion of the compensation and travel expenses paid to and for the filing organization's Vice President of Public Policy & Research and the Advocacy and Leadership Program Manager, as well as all expenses for the Public Policy department, were for lobbying purposes.

SCHEDULE D
(Form 990)

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

Supplemental Financial Statements

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Good Shepherd Food Bank

Employer identification number

22-2986809

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

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

LHA 432051 01-02-25

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

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

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,664,164.	8,483,530.	6,395,379.	975,361.	279,916.
b Contributions	1,135,901.	1,049,210.	1,268,347.	6,378,050.	530,500.
c Net investment earnings, gains, and losses	775,291.	1,131,424.	819,804.		184,316.
d Grants or scholarships					
e Other expenditures for facilities and programs				958,032.	8,080.
f Administrative expenses	2,107,137.				11,291.
g End of year balance	10,468,219.	10,664,164.	8,483,530.	6,395,379.	975,361.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 98.8600 %
 - b** Permanent endowment .4100 %
 - c** Term endowment .7300 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		236,715.		236,715.
b Buildings		10,932,726.	3,410,265.	7,522,461.
c Leasehold improvements		91,706.	47,653.	44,053.
d Equipment		4,173,980.	3,280,427.	893,553.
e Other		29,500.		29,500.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				8,726,282.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Investment in subsidiary	5,892,454.	End-of-Year Market Value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	5,892,454.	

Part IX Other Assets

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

(a) Description	(b) Book value
(1)	
(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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Operating lease liability	829,268.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	829,268.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	104,929,443.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	265,833.
b	Donated services and use of facilities	2b	172,668.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	438,501.
3	Subtract line 2e from line 1	3	104,490,942.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	104,490,942.

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	107,749,541.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	172,668.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	172,668.
3	Subtract line 2e from line 1	3	107,576,873.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	107,576,873.

Part XIII Supplemental Information

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

Part V, line 4:

The Organization (GSFB) maintains a spending policy in which up to 4% of the Fund's three-year rolling average may be released annually.

GSFB maintains multiple endowment funds, composed of two primary categories:

Purchase Endowment: amounts donated to GSFB for the purpose of purchasing resale products to help provide balanced nutrition to food insecure people in Maine. The assets are permanently set aside with the income to be used for these purposes.

These funds were established for the purpose of providing the agency with interest income to be used at the Board's discretion. The principal corpus is to remain intact.

Part X, Line 2:

GSFB is exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code and comparable state law and, therefore, has made no provision for income taxes in the accompanying consolidated financial statements.

Tax-exempt organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items including unrelated business income or tax

Part XIII Supplemental Information (continued)

status. Under guidance issued by the FASB, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position.

GSFB has evaluated the positions taken on its filed tax returns. GSFB has concluded no uncertain income tax positions exist at June 30, 2025.

Multiple horizontal lines for supplemental information.

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization: **Good Shepherd Food Bank** Employer identification number: **22-2986809**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of nongovernment grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
TrueSense Marketing - 155 Commerce Drive, Freedom, PA	See supplemental information		X	3,217,421.	915,060.	2,302,362.
Stetler, The Personal Philanthropy Company - 10435	See supplemental information		X	3,075.	21,060.	0.
Helen Brown Group - 489 Mount Auburn Street, #4, Watertown,	See supplemental information		X	0.	70,893.	0.
Total				3,220,496.	1,007,013.	2,302,362.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Feeding Maine Telethon (event type)	Food & Fund Drive (event type)	None (total number)	
Revenue	1 Gross receipts	174,836.	39,511.		214,347.
	2 Less: Contributions	174,836.	39,511.		214,347.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

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

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

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

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

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 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 amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:

(i) Name of Fundraiser: TrueSense Marketing

(i) Address of Fundraiser: 155 Commerce Drive, Freedom, PA 15042

(i) Name of Fundraiser: Stetler, The Personal Philanthropy Company

(i) Address of Fundraiser: 10435 New York Avenue, Des Moines, IA 50322

(i) Name of Fundraiser: Helen Brown Group

(i) Address of Fundraiser:
489 Mount Auburn Street, #4, Watertown, MA 02472

Schedule G, Part I, Line 2b:

For the period covered by this Form 990, the Organization engaged multiple professional fundraisers who are required pursuant to IRS Instructions to be disclosed on this Schedule G, Part I. A complete description for each professional fundraiser's services provided to the

Part IV Supplemental Information (continued)

Organization is as follows:

1. TrueSense: direct marketing consultation, campaign management, donor mailing and solicitation management.

2. The Stelter Company: donation website design and hosting, fundraising content creation, and email and mail distribution management.

3. Helen Brown Group: fundraising consultation and campaign assistance, prospect research and donor analytic, due diligence and compliance work.

The Organization believes that each of these engaged professionals, independently and especially in aggregate, enhanced the Organization's ability to fundraise from and to communicate with the communities in which the Organization operates. Certain professional fundraisers are reporting \$0 or a net loss on this Form 990, Schedule G, Part I, Line 2b(vi). Such net losses reported due to engaged professional fundraisers may be largely a result of timing differences between when the professional fundraiser is required to be compensated for their services relative to when such services yield donations and positive returns to the Organization. Additionally, the Organization is unable to attribute any gross receipts to such services as market and donor research, or fundraising due diligence, though the Organization feels that such services are still highly valuable and intrinsic to the Organization's overall fundraising efforts.

**SCHEDULE I
(Form 990)**

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **Good Shepherd Food Bank** Employer identification number **22-2986809**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AIO Food and Energy Assistance 1A Gordon Avenue Rockland, ME 04841	01-0510679	501(c)(3)	0.	35,282.	Value per books	Food and nutrition supply distributions	Food distribution programs
Augusta Food Bank 161 Mt Vernon Avenue Augusta, ME 04330	01-0545734	501(c)(3)	0.	37,127.	Value per books	Food and nutrition supply distributions	Food distribution programs
Bar Harbor Food Pantry 34 Kennebec Place Bar Harbor, ME 04609	80-0382871	501(c)(3)	0.	8,336.	Value per books	Food and nutrition supply distributions	Food distribution programs
Belfast Soup Kitchen 31 Belmont Avenue Belfast, ME 04915	80-0617201	501(c)(3)	0.	13,000.	Value per books	Food and nutrition supply distributions	Food distribution programs
Bethel Area District Exchange and Food Pantry - 279 Walkers Mills Road - Bethel, ME 04217	45-4126626	501(c)(3)	0.	35,086.	Value per books	Food and nutrition supply distributions	Food distribution programs
Biddeford Food Pantry 162 Elm Street Biddeford, ME 04005	01-0378369	501(c)(3)	0.	20,789.	Value per books	Food and nutrition supply distributions	Food distribution programs

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 140.

3 Enter total number of other organizations listed in the line 1 table 0.

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Blue Cross Food Cupboard 4895 Bennoch Road Lagrange, ME 04453		501(c)(3)	0.	50,906.	Value per books	Food and nutrition supply distributions	Food distribution programs
Bread of Life Food Pantry P.O. Box 94 Candor, NY 13743	30-0783229	501(c)(3)	85,000.	0.			Food distribution programs
Brewer Area Food Pantry - OHI 222 North Main Street Brewer, ME 04412	01-0362709	501(c)(3)	25,754.	0.			Food distribution programs
Bridgton Food Pantry 225 S. High Street Bridgton, ME 04409	84-2851490	501(c)(3)	0.	15,787.	Value per books	Food and nutrition supply distributions	Food distribution programs
Burlington Food Pantry 1510 Long Ridge Road Burlington, ME 04417	85-4350753	501(c)(3)	0.	147,515.	Value per books	Food and nutrition supply distributions	Food distribution programs
Camden Area Christian Food Pantry 128 Mt Battie Street Camden, ME 04843	30-0066395	501(c)(3)	0.	5,665.	Value per books	Food and nutrition supply distributions	Food distribution programs
Canton Baptist Church Food Pantry 90 Turner Street Canton, ME 04221		501(c)(3)	0.	5,198.	Value per books	Food and nutrition supply distributions	Food distribution programs
Care and Share Food Closet 508 Fairbanks Road Farmington, ME 04938	81-4195468	501(c)(3)	0.	22,057.	Value per books	Food and nutrition supply distributions	Food distribution programs
Catholic Charities Maine (Caribou Charter) - 14 Old Van Buren Road - Caribou, ME 04736	01-0280225	501(c)(3)	176,339.	74,277.	Value per books	Food and nutrition supply distributions	Food distribution programs

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Chester Baptist Food Pantry 2 South Chester Road Chester, ME 04457		501(c)(3)	0.	26,030.	Value per books	Food and nutrition supply distributions	Food distribution programs
China Community Food Pantry 1320 Lakeview Drive China, ME 04358	39-2142886	501(c)(3)	0.	12,733.	Value per books	Food and nutrition supply distributions	Food distribution programs
Christine B. Foundation 304 Hancock Street Bangor, ME 04401	47-2350705	501(c)(3)	0.	25,757.	Value per books	Food and nutrition supply distributions	Food distribution programs
City of Sanford (f/b/o Sanford Food Pantry) - 1204 Main Street - Sanford, ME 04073		GOV	0.	7,916.	Value per books	Food and nutrition supply distributions	Food distribution programs
Community Christmas Project 128 Connors Street Pittsfield, ME 04967	01-0043788	501(c)(3)	0.	5,534.	Value per books	Food and nutrition supply distributions	Food distribution programs
Community Food Pantry - Cumberland 290 Tuttle Road Cumberland, ME 04021	46-4161263	501(c)(3)	0.	10,341.	Value per books	Food and nutrition supply distributions	Food distribution programs
Corinna United Methodist Church Food Pantry - 16 Dexter Road - Corinna, ME 04928	01-0373806	501(c)(3)	0.	27,018.	Value per books	Food and nutrition supply distributions	Food distribution programs
Crossroads Food Pantry 1106 Augusta Road Morrill, ME 04952		501(c)(3)	0.	9,027.	Value per books	Food and nutrition supply distributions	Food distribution programs
Cultivating Community 58 Boyd Street, Suite A Portland, ME 04101	04-3607322	501(c)(3)	57,500.	0.			Food distribution programs

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dover-Foxcroft Area Food Cupboard 76 North Street Dover-Foxcroft, ME 04426	47-4851960	501(c)(3)	0.	24,760.	Value per books	Food and nutrition supply distributions	Food distribution programs
East Grand School 31 Houlton Road Danforth, ME 04424		GOV	0.	7,911.	Value per books	Food and nutrition supply distributions	Food distribution programs
Eastern Maine Community College 354 Hogan Road Bangor, ME 04401	01-0385303	501(c)(3)	8,285.	5,901.	Value per books	Food and nutrition supply distributions	Food distribution programs
Eastport Health Care, Inc. 53 Fremont Street Machias, ME 04654	01-0354589	501(c)(3)	0.	6,116.	Value per books	Food and nutrition supply distributions	Food distribution programs
Ecumenical Food Cupboard - Bangor 28 High Street Bangor, ME 04402	81-4935223	501(c)(3)	0.	13,574.	Value per books	Food and nutrition supply distributions	Food distribution programs
Ecumenical Food Pantry of Lincoln County - 51 Main Street - Newcastle, ME 04553	93-4610289	501(c)(3)	0.	5,385.	Value per books	Food and nutrition supply distributions	Food distribution programs
Eliot Baptist Church (f/b/o Neighbor's Food Pantry) - 912 Harold L Dow Highway - Eliot, ME 03906	22-2523971	501(c)(3)	0.	5,017.	Value per books	Food and nutrition supply distributions	Food distribution programs
Fairfield Interfaith Food Pantry 23 Lawrence Avenue Fairfield, ME 04937	83-0481350	501(c)(3)	0.	10,681.	Value per books	Food and nutrition supply distributions	Food distribution programs
Faith Food Pantry 280 Brunswick Avenue Gardiner, ME 04345	46-5402839	501(c)(3)	0.	6,452.	Value per books	Food and nutrition supply distributions	Food distribution programs

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Food Pantry - Carmel 87 Damascus Road Carmel, ME 04419		501(c)(3)	0.	7,090.	Value per books	Food and nutrition supply distributions	Food distribution programs
First County Food Pantry 5 Swetts Bridge Road Alfred, ME 04002		501(c)(3)	0.	8,243.	Value per books	Food and nutrition supply distributions	Food distribution programs
Food For All Services 72 Parris Street Portland, ME 04101	88-2996907	501(c)(3)	44,000.	27,156.	Value per books	Food and nutrition supply distributions	Food distribution programs
Food Mobile - York County 186 York Street York, ME 03909		501(c)(3)	1,739.	10,635.	Value per books	Food and nutrition supply distributions	Food distribution programs
Footprints Inc. 22 Shapleigh Road Kittery, ME 03904	22-3149937	501(c)(3)	50,000.	0.			Food distribution programs
Gateway Community Food Bank 363 Moosehead Trail Newport, ME 04953	81-3604505	501(c)(3)	0.	40,802.	Value per books	Food and nutrition supply distributions	Food distribution programs
Gather to Grow 208 Bates Street Lewiston, ME 04240	87-3786815	501(c)(3)	0.	49,569.	Value per books	Food and nutrition supply distributions	Food distribution programs
Hampden Neighborhood Food Cupboard 101 Main Road Hampden, ME 04444	01-0482457	501(c)(3)	0.	6,807.	Value per books	Food and nutrition supply distributions	Food distribution programs
Harrison Food Bank 176 Waterford Road Harrison, ME 04040	82-1087262	501(c)(3)	0.	63,581.	Value per books	Food and nutrition supply distributions	Food distribution programs

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Healthy Island Project 91 South Burnt Cove Road Stonington, ME 04681	57-1171776	501(c)(3)	6,000.	0.			Food distribution programs
Healthy Island Project School Pantry - 304 Sunset Road - Deer Isle - Sunset, ME 04627	57-1171776	501(c)(3)	0.	6,878.	Value per books	Food and nutrition supply distributions	Food distribution programs
High Street Congregational Church Food Pantry - 106 Pleasant Street - Auburn, ME 04210	01-0265607	501(c)(3)	0.	17,792.	Value per books	Food and nutrition supply distributions	Food distribution programs
Irene Chadbourne Ecumenical Food Pantry - 513 Main Street - Calais, ME 04619	76-0796660	501(c)(3)	0.	11,125.	Value per books	Food and nutrition supply distributions	Food distribution programs
Jackson Food Pantry 260 Village Road Jackson, ME 04921	01-0481846	501(c)(3)	0.	9,127.	Value per books	Food and nutrition supply distributions	Food distribution programs
Jefferson Area Community Food Pantry - 72 Gardiner Road - Jefferson, ME 04348	86-1615450	501(c)(3)	0.	6,837.	Value per books	Food and nutrition supply distributions	Food distribution programs
Katahdin Elementary School 805 Station Road Stacyville, ME 04777		GOV	0.	13,553.	Value per books	Food and nutrition supply distributions	Food distribution programs
Labor of Love Nutrition Center & Food Pantry - 137 County Road - Eastport, ME 04631		501(c)(3)	0.	9,560.	Value per books	Food and nutrition supply distributions	Food distribution programs
Limestone Community School 93 High Street Limestone, ME 04758		GOV	0.	7,075.	Value per books	Food and nutrition supply distributions	Food distribution programs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lincoln Regional Food Cupboard 32 Park Avenue Lincoln, ME 04757	86-1171940	501(c)(3)	25,200.	13,838.	Value per books	Food and nutrition supply distributions	Food distribution programs
Lisbon Area Christian Outreach (LACO) - 18 School Street - Lisbon Falls, ME 04252		501(c)(3)	0.	33,910.	Value per books	Food and nutrition supply distributions	Food distribution programs
Little River Church Food Pantry 259 Northport Avenue Belfast, ME 04915	22-3026304	501(c)(3)	0.	7,950.	Value per books	Food and nutrition supply distributions	Food distribution programs
Living Waters Food Pantry 610 Nellie B Avenue Augusta, GA 30601	82-1769115	501(c)(3)	0.	8,081.	Value per books	Food and nutrition supply distributions	Food distribution programs
Loaves and Fishes - Albion Food Pantry - 123 Benton Road - Albion, ME 04910	01-0538609	501(c)(3)	0.	5,196.	Value per books	Food and nutrition supply distributions	Food distribution programs
Loaves and Fishes Food Pantry 137 Downeast Highway Ellsworth, ME 04605	01-0538609	501(c)(3)	0.	38,925.	Value per books	Food and nutrition supply distributions	Food distribution programs
Loaves and Fishes Food Pantry - Sabattus - 61 Lisbon Road - Sabattus, ME 04280	01-0538609	501(c)(3)	0.	6,079.	Value per books	Food and nutrition supply distributions	Food distribution programs
Locker Project 111 Wescott Road South Portland, ME 04106	47-1257754	501(c)(3)	0.	114,514.	Value per books	Food and nutrition supply distributions	Food distribution programs
Machias Area Food Pantry 43 Kennebec Road Machias, ME 04654	88-1233758	501(c)(3)	0.	6,849.	Value per books	Food and nutrition supply distributions	Food distribution programs

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Maine Coast Fishermen's Association - 93 Pleasant Street - Brunswick, ME 04011	13-4337702	501(c)(3)	350,000.	0.			Food distribution programs
Maine Immigrant & Refugee Services P.O. Box 7149 Lewiston, ME 04243	26-3099485	501(c)(3)	0.	66,338.	Value per books	Food and nutrition supply distributions	Food distribution programs
Maine Immigrants' Rights Coalition 1 Marginal Way Portland, ME 04101	82-3097991	501(c)(3)	150,000.	0.			Food distribution programs
Maine Medical Center Hospital Food Pantry - 950 Congress Street - Portland, ME 04102	01-0238552	501(c)(3)	0.	113,161.	Value per books	Food and nutrition supply distributions	Food distribution programs
Maine Seacoast Mission - Food Pantry - 6 Weald Bethel Lane - Cherryfield, ME 04662	01-0216837	501(c)(3)	0.	15,582.	Value per books	Food and nutrition supply distributions	Food distribution programs
MaineHealth (f/b/o Franklin Memorial Hospital Food Pantry) - 105 Mt. Blue Circle - Farmington, ME 04938	01-0238552	501(c)(3)	11,000.	33,836.	Value per books	Food and nutrition supply distributions	Food distribution programs
MaineHealth Primary Care - Internal Medicine - 155 Spurwink Avenue - Cape Elizabeth, ME 04107		501(c)(3)	0.	7,518.	Value per books	Food and nutrition supply distributions	Food distribution programs
Mano en Mano 4 Maple Street Milbridge, ME 04658	01-0836208	501(c)(3)	0.	32,055.	Value per books	Food and nutrition supply distributions	Food distribution programs
Masjid al Salaam 240 Bartlett Street Lewiston, ME 04240		501(c)(3)	0.	34,014.	Value per books	Food and nutrition supply distributions	Food distribution programs

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mattawamkeag-Area Zion Pentecostal Food Pantry - 249 Medway Road - Mattawamkeag, ME, ME 04459		501(c)(3)	0.	10,248.	Value per books	Food and nutrition supply distributions	Food distribution programs
Mid Coast Hunger Prevention Food Pantry - 179 Neptune Drive - Brunswick, ME 04011	01-0492643	501(c)(3)	0.	54,295.	Value per books	Food and nutrition supply distributions	Food distribution programs
Midcoast Youth Center 4 Old Brunswick Road Bath, ME 04530	83-1115140	501(c)(3)	13,199.	0.			Food distribution programs
Millinocket Regional Hospital 899 Central Street Millinocket, ME 04462	01-0223482	501(c)(3)	0.	8,821.	Value per books	Food and nutrition supply distributions	Food distribution programs
Mt Blue Middle School (f/b/o RSU 9) - 127 Middle Street - Farmington, ME 04938		GOV	0.	5,212.	Value per books	Food and nutrition supply distributions	Food distribution programs
Mt. View High School 577 Mount View Road Thorndike, ME 04986	77-0288085	GOV	0.	7,493.	Value per books	Food and nutrition supply distributions	Food distribution programs
Newburgh Regional Community Food Pantry - 363 Lindsey Road - Newburgh, ME 04444	35-2116077	501(c)(3)	0.	10,516.	Value per books	Food and nutrition supply distributions	Food distribution programs
Nokomis High School 266 Williams Road Newport, ME 04953		GOV	6,800.	1,151.	Value per books	Food and nutrition supply distributions	Food distribution programs
North Berwick Food Pantry 77 High Street North Berwick, ME 03906	36-4837376	501(c)(3)	0.	8,236.	Value per books	Food and nutrition supply distributions	Food distribution programs

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northern Light Acadia Hospital 268 Stillwater Avenue Bangor, ME 04401	01-0459837	501(c)(3)	0.	6,412.	Value per books	Food and nutrition supply distributions	Food distribution programs
Old Orchard Beach Community Food Pantry - 155 Saco Avenue - Old Orchard Beach, ME 04064	46-0647496	501(c)(3)	0.	9,872.	Value per books	Food and nutrition supply distributions	Food distribution programs
Old Orchard Beach United Methodist Church Food Pantry - 6 Fountain Avenue - Old Orchard Beach, ME 04064		501(c)(3)	0.	6,075.	Value per books	Food and nutrition supply distributions	Food distribution programs
Our Lady of the Valley 379 Main Street St. Agatha, ME, ME 04772	20-5071247	501(c)(3)	5,496.	0.			Food distribution programs
Pathway Vineyard Church Food Pantry - 9 Foss Road - Lewiston, ME 04240	01-0409042	501(c)(3)	0.	8,909.	Value per books	Food and nutrition supply distributions	Food distribution programs
Penobscot Nation 12 Wabanaki Way Indian Island, ME 04468	26-0250671	501(c)(3)	5,500.	90,508.	Value per books	Food and nutrition supply distributions	Food distribution programs
People Who Care Food Cupboard 376 Lakewood Road Madison, ME 04950	26-2036288	501(c)(3)	0.	16,930.	Value per books	Food and nutrition supply distributions	Food distribution programs
Piscataquis Regional Food Center 76 North Street Dover-Foxcroft, ME 04426	82-2245071	501(c)(3)	0.	37,510.	Value per books	Food and nutrition supply distributions	Food distribution programs
Poland Community Food Bank 1208 Maine Street Poland, ME 04274	83-3216710	501(c)(3)	0.	5,292.	Value per books	Food and nutrition supply distributions	Food distribution programs

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Preble Street 75 Darling Avenue South Portland, ME 04106	01-0418917	501(c)(3)	0.	28,561.	Value per books	Food and nutrition supply distributions	Food distribution programs
Presente! Maine 795 Congress Street Portland, ME 04101	87-3756331	501(c)(3)	50,000.	9,845.	Value per books	Food and nutrition supply distributions	Food distribution programs
Root Cellar 89 Birch Street Lewiston, ME 04240	22-0990667	501(c)(3)	0.	18,281.	Value per books	Food and nutrition supply distributions	Food distribution programs
Saco Food Pantry 67 Ocean Park Road Saco, ME 04072	91-2147998	501(c)(3)	0.	16,247.	Value per books	Food and nutrition supply distributions	Food distribution programs
Sacred Heart / St. Dominic Food Pantry - 80 Sherman Street - Portland, ME 04101		501(c)(3)	0.	7,504.	Value per books	Food and nutrition supply distributions	Food distribution programs
Safe Place Food Pantry 328 Main Street Corinth, ME 04427		501(c)(3)	0.	41,703.	Value per books	Food and nutrition supply distributions	Food distribution programs
Salvation Army - Sanford 871 Main Street Sanford, ME 04073	58-0660607	501(c)(3)	0.	6,333.	Value per books	Food and nutrition supply distributions	Food distribution programs
Sanford School District 100 Alumni Boulevard Sanford, ME 04073	51-0064331	GOV	0.	88,252.	Value per books	Food and nutrition supply distributions	Food distribution programs
Searsport High School 30 Mortland Road Searsport, ME 04974		GOV	0.	10,355.	Value per books	Food and nutrition supply distributions	Food distribution programs

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Seventh Day Adventist Food Pantry 316 Minot Avenue Auburn, ME 04212		501(c)(3)	0.	9,191.	Value per books	Food and nutrition supply distributions	Food distribution programs
Sidney Second Baptist Food Pantry 3022 West River Road Sidney, ME 04330		501(c)(3)	9,900.	0.			Food distribution programs
Skowhegan Area High School 155 Academy Circle Skowhegan, ME 04976		GOV	0.	10,771.	Value per books	Food and nutrition supply distributions	Food distribution programs
Somali Bantu Community Association 222 Pine Street Lewiston, ME 04240	27-0641210	501(c)(3)	57,500.	0.			Food distribution programs
Somerset Elementary School 45 Blake Street Hartland, ME 04971		GOV	0.	6,059.	Value per books	Food and nutrition supply distributions	Food distribution programs
South Portland Food Cupboard 445 Western Avenue South Portland, ME 04106	03-0550892	501(c)(3)	0.	26,441.	Value per books	Food and nutrition supply distributions	Food distribution programs
Southern Aroostook Community School - 922 Dyer Brook Road - Dyer Brook, ME 04747		GOV	0.	10,781.	Value per books	Food and nutrition supply distributions	Food distribution programs
Southern Maine Health Behavioral Health & ED Sanford - 25 June Street - Sanford, ME 04073		501(c)(3)	0.	8,388.	Value per books	Food and nutrition supply distributions	Food distribution programs
Southern Maine Health Care 1 Medical Center Drive Biddeford, ME 04005	01-0238552	501(c)(3)	12,500.	0.			Food distribution programs

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Southern Maine Health Center ED - Biddeford - 1 Medical Center Drive - Biddeford, ME 04005	01-0238552	501(c)(3)	0.	14,287.	Value per books	Food and nutrition supply distributions	Food distribution programs
Southern Maine Health Center Inpatient - Biddeford - 1 Medical Center Drive - Biddeford, ME 04005	01-0238552	501(c)(3)	0.	15,295.	Value per books	Food and nutrition supply distributions	Food distribution programs
Spectrum Generations - Hallowell 22 Town Farm Road Hallowell, ME 04347	01-0318051	501(c)(3)	0.	8,604.	Value per books	Food and nutrition supply distributions	Food distribution programs
Spectrum Generations - Hartland 129 Hartland Road St Albans, ME 04971	01-0318051	501(c)(3)	0.	10,749.	Value per books	Food and nutrition supply distributions	Food distribution programs
Spruce Mountain Primary School 107 Gibbs Mill Road Livermore, ME 04253		GOV	0.	6,937.	Value per books	Food and nutrition supply distributions	Food distribution programs
St. Charles Food Pantry 912 Main Street Saint Francis, ME 04774		501(c)(3)	6,000.	0.			Food distribution programs
St. Mary's Ecumenical Food Pantry - Wells - 236 Eldridge Road - Wells, ME 04090		501(c)(3)	0.	9,078.	Value per books	Food and nutrition supply distributions	Food distribution programs
St. Mary's Regional Medical Center (f/b/o St. Mary's Nutrition Center) - P.O. Box 7291 - Lewiston, ME 04243	01-0211551	501(c)(3)	7,875.	0.			Food distribution programs
St. Peter Chanel Food Pantry 52 Main Street Van Buren, ME 04785	26-0192864	501(c)(3)	0.	5,330.	Value per books	Food and nutrition supply distributions	Food distribution programs

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St. Thomas Aquinas / St. David Parish - 309 St. Thomas Street - Madawaska, ME 04756		501(c)(3)	0.	5,456.	Value per books	Food and nutrition supply distributions	Food distribution programs
Standish Food Pantry 410 Northeast Road Standish, ME 04084	83-3006845	501(c)(3)	0.	10,351.	Value per books	Food and nutrition supply distributions	Food distribution programs
The Open Door 180 Depot Street Unity, ME 04988		501(c)(3)	0.	9,170.	Value per books	Food and nutrition supply distributions	Food distribution programs
Town of Danforth Food Pantry 85 Bancroft Road Danforth, ME 04424		GOV	0.	10,766.	Value per books	Food and nutrition supply distributions	Food distribution programs
Town of Hampden (f/b/o Oasis Food Pantry) - 447 Main Road - Carmel, ME 04419		GOV	0.	7,738.	Value per books	Food and nutrition supply distributions	Food distribution programs
Town of Palermo (f/b/o Palermo Food Pantry) - 22 Veterans Way - Palermo, ME 04354		GOV	0.	14,793.	Value per books	Food and nutrition supply distributions	Food distribution programs
Town of Sumner (f/b/o Sumner Food Bank) - 50 Main Street - Sumner, ME 04292		GOV	18,342.	12,570.	Value per books	Food and nutrition supply distributions	Food distribution programs
Tree of Life Food Pantry 23 South Street Blue Hill, ME 04614	01-0490209	501(c)(3)	0.	11,996.	Value per books	Food and nutrition supply distributions	Food distribution programs
Trinity Jubilee Center 53 Spruce Street Lewiston, ME 04240	01-0543294	501(c)(3)	25,000.	46,220.	Value per books	Food and nutrition supply distributions	Food distribution programs

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Baptist Church of Peru Food Pantry - 98 Main Street - Peru, ME 04290		501(c)(3)	0.	7,983.	Value per books	Food and nutrition supply distributions	Food distribution programs
United Methodist Good Fellowship 1000 Roosevelt Trail Naples, ME 04055		501(c)(3)	0.	7,503.	Value per books	Food and nutrition supply distributions	Food distribution programs
University of Maine-Orono 139 Rangely Road Orono, ME 04469		GOV	0.	7,961.	Value per books	Food and nutrition supply distributions	Food distribution programs
Vassalboro Food Station Pantry 679 Main Street N. Vassalboro, ME 04989	26-2279990	501(c)(3)	0.	12,161.	Value per books	Food and nutrition supply distributions	Food distribution programs
Volunteer Regional Food Pantry 180 Depot Street Unity, ME 04988	01-0470022	501(c)(3)	0.	16,202.	Value per books	Food and nutrition supply distributions	Food distribution programs
Wabanaki Public Health and Wellness - 22 Bayview Drive - Perry, ME 04667	04-3337456	501(c)(3)	0.	16,495.	Value per books	Food and nutrition supply distributions	Food distribution programs
Waldoboro Food Pantry 124 Friendship Street Waldoboro, ME 04572	38-3985265	501(c)(3)	0.	11,518.	Value per books	Food and nutrition supply distributions	Food distribution programs
Wayside Food Programs 135 Walton Street Portland, ME 04103	22-2806424	501(c)(3)	0.	52,777.	Value per books	Food and nutrition supply distributions	Food distribution programs
What's For Suppa? Food Pantry 638 Otis Road Otis, ME 04605	32-0200021	501(c)(3)	33,425.	0.			Food distribution programs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
White Memorial Seventh Day Adventist Church - 97 Allen Avenue - Portland, ME 04103		501(c)(3)	0.	83,222.	Value per books	Food and nutrition supply distributions	Food distribution programs
Windsor Food Bank 523 Ridge Road Windsor, ME 04363	84-2116145	501(c)(3)	10,000.	0.			Food distribution programs
Winslow Community Cupboard 12 Lithgow Street Winslow, ME 04901	92-3088454	501(c)(3)	0.	239,430.	Value per books	Food and nutrition supply distributions	Food distribution programs
Winthrop Food Pantry 10 Cross Road, Suite 10E Winthrop, ME 04364	01-0542223	501(c)(3)	0.	9,716.	Value per books	Food and nutrition supply distributions	Food distribution programs
Woodstock Food Pantry 25 Perkins Valley Road Bryant Pond, ME 04219	36-3711449	501(c)(3)	0.	15,356.	Value per books	Food and nutrition supply distributions	Food distribution programs
Wytovitlock Food Pantry P.O. Box 14 Reed Plantation, ME 04497		501(c)(3)	32,156.	0.			Food distribution programs
Youth Full Maine 11 Maplewood Avenue Biddeford, ME 04005	84-2983541	501(c)(3)	0.	20,429.	Value per books	Food and nutrition supply distributions	Food distribution programs

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

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

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

Part I, Line 2:

In fiscal year ended June 30, 2025, Good Shepherd Food Bank awarded grants to 501(c)(3) and government organizations and to other organizations working to feed community members experiencing health or economic crisis. Recipient agencies include traditional partners and organizations led by and serving communities of color, whose access to the Food Bank's partner network may be limited by language and cultural barriers. Other grants were awarded to help build the necessary infrastructure to reduce immediate or long-term food insecurity in Maine. The Food Bank also makes significant non-cash donations of food and nutrition supplies to other organizations and government agencies working to address food insecurity.

**SCHEDULE J
(Form 990)**

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

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization **Good Shepherd Food Bank** Employer identification number **22-2986809**

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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	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	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	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)?	9	

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

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Heather Paquette President	(i)	168,200.	400.	0.	12,027.	44,910.	225,537.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Bryan O'Connor Chief Fiancial Officer (end 1/2025)	(i)	140,540.	400.	0.	8,870.	35,669.	185,479.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Matt Chin President, Harvesting Good(end 2/25)	(i)	123,494.	400.	0.	7,786.	34,031.	165,711.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) George Fox Chief Supply Chain Officer	(i)	131,863.	400.	0.	7,933.	18,429.	158,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 7:

Compensation and awards may be issued to qualifying employees and officers.
The payment of the award is discretionary and is subject to meeting the
pre-determined goals of the Organization.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **Good Shepherd Food Bank**
Employer identification number: **22-2986809**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	57	657,393.	Gift date value
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	143,300	80,808,053.	Feeding America/USDA
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

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

Schedule M, Part I, Line 32b:

The organization uses a third party licensed broker to sell gifts of securities. Stock gifts are sold as soon as administratively possible after receipt.

Horizontal lines for supplemental information.

SCHEDULE O
(Form 990)

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization **Good Shepherd Food Bank** Employer identification number **22-2986809**

Form 990, Item C, Doing Business As:
Good Shepherd Food Bank of Maine

Form 990, Part III, Line 4d, Other Program Services:

Good Shepherd Food Bank engages in many other activities that are important to its mission. The most significant of these other program service accomplishments are as follows:

Cooking Matters Maine: An outreach program that mobilizes culinary and nutrition professionals to teach cooking and nutrition classes to low-income adults, teens, and children. Classes are taught at local community centers, schools, and food pantries, and the classes provide people at risk of hunger with hands-on cooking and nutrition experience. In fiscal year 2025, the program offered 229 educational opportunities including classes and tours, reaching approximately 2,300 participants.

Farm Fresh Rewards: The Food Bank partners with 14 Maine grocers to offer shoppers using SNAP/EBT discounts on fresh, frozen, and dried local fruits and vegetables grown in Maine that contain no added salt, sugars, or fats, as well as local food-producing seeds or seedlings.

Community Health & Hunger: The Food Bank forms partnerships with health care organizations to reduce the negative impact of food insecurity on health outcomes. Through this program, the Food Bank provides training and technical assistance for health care providers implementing food insecurity screening and referral protocols and supports projects that distribute food directly in clinical settings for patients in need. In fiscal year 2025, the Food Bank worked with 150 partners to provide over 1.3 million meals to people who screened positive for food insecurity.

In accordance with IRS Instructions, the total amount of program service expenses, grants, and revenues reported on this Form 990, Part III, Line 4d, and on this Schedule O footnote, are therefore inclusive of all the above-detailed program service accomplishments for the period covered by this Form 990 tax return.
Expenses \$ 2,084,558. including grants of \$ 15,257. Revenue \$ 859,475.

Form 990, Part VI, Section B, line 11b:

The Form 990 is prepared by an outside independent accounting firm, then reviewed by the President, the Chief Financial Officer, and the Finance Committee. It is then circulated to the full Board before filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

All Board members are required to complete a conflict-of-interest form annually and disclose any conflicts that exist.

Form 990, Part VI, Section B, Line 15:

Good Shepherd Food Bank aims to match compensation in comparable job markets for all positions, including the Organization's President,

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

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

LHA 432211 01-15-25

Name of the organization Good Shepherd Food Bank	Employer identification number 22-2986809
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appropriately rewarding performance and tenure with the Food Bank while maintaining equity across comparable positions. In times of limited or abundant resources, consistent with the Food Bank's mission, priority will be given to maintaining competitive and livable wages across the lowest pay grades.

The compensation practice reflects both changes in the cost of living and accomplishments of team and individual goals, with greater emphasis on cost of living. We believe this approach, which depends less on supervisor discretion, is more fair and equitable than past practices. In an effort to prioritize staff in the lower pay grades, cost of living adjustments will be made based on a hybrid of percent of employee salary and a flat rate available to all employees.

The budget for annual salary increases is drafted by Finance and Human Resources staff in the spring of each year for approval by the Board of Directors prior to the start of the fiscal year. With this in mind, a baseline for cost-of-living increases will be determined by the annual change in Consumer Price Index from February of the preceding year to February of the current year. To better estimate local costs, Finance and Human Resources staff will consider CPI factors from the United States, Northeast Region, and New England.

In addition to the annual COLA adjustment, all employees who have been in their current position for at least six months will be eligible for a Merit Adjustment of up to 1% of their base salary, contingent upon delivery of results consistent with expectations of their role.

In some years, this approach to compensation may result in a total cost that is higher than past practices. Should senior leadership and the Board of Directors determine that such increases are not financially viable, it is the intention of the working group that the core tenets of this plan be adhered to.

Compensation and benefits paid to the President are subject to board review and approval.

Form 990, Part VI, Section C, Line 19:
The Organization's most recent audited financial statements and Form 990 are available on the website. The Organization will also provide organizational documents available electronically or by mail to any person or organization requesting them within one week of receiving the request.

Form 990, Part XII, Line 2c:
The audit process has not changed from the prior year.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **Good Shepherd Food Bank** Employer identification number **22-2986809**

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

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

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

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

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

Schedule R (Form 990) (Rev. 1-2025)

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Harvesting Good - 85-0930349 494 US Route 1 Yarmouth, ME 04096	Food Processing and Packaging	ME	Good Shepherd Food Bank	C CORP	-1,591,728.	5,706,702.	86.10%	X	

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Harvesting Good	L	175,305.	Amount per books
(2) Harvesting Good	M	175,305.	Amount per books
(3) Harvesting Good	D	3,344,919.	Amount per books
(4)			
(5)			
(6)			

