		EXTENDED TO AUGUST 17, 20		_	
For		90 Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			OMB No. 1545-0047
FU					
		of the Treasury Do not enter social security numbers on this form as it menue Service			Open to Public
-		a to white a government of the state of the	SEP 30		Inspection
-					
	Check i applical			byer identifica	ation number
<u> </u>	Addr	GOLDEN HARVEST FOOD BANK, INC.			
	Nam			58-14	66516
	Initia		suite E Teleph	none number	
	Final			706-7	36-1199
	term ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross re	ceipts \$	33,628,682.
	Amei	AUGUSIA, GA 30909	H(a) Is th	is a group reti	um
	Appl tion pend	F Name and address of principal officer: AMI DREITMANN	for s	ubordinates?	Yes X No
_		SAME AS C ABOVE			uded? Yes No
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or			st. (see instructions)
-		te: WWW. GOLDENHARVEST.ORG		up exemption	
	orm c	forganization: X Corporation Trust Association Other L	Year of formation	:1982 M	State of legal domicile: GA
1.6	1				717 7370
9	1	Briefly describe the organization's mission or most significant activities: GOLDEN H IS A LOCALLY-SUPPORTED, NON-PROFIT, CHARITABI	ARVEST I	TOOD BAI	NK, INC.
Governance	2	Check this box			
/err	3	Number of section research as a fill in the two states as a		1 1	
G	4	Number of independent voting members of the governing body (Part VI, line 1a)			<u> 18</u> 18
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	•••••••••••••••••••••••••••••••••••••••		67
Activities &	6	Total number of volunteers (estimate if necessary)			9412
stivi		Total unrelated business revenue from Part VIII, column (C), line 12	••••••	6 7a	-1,596.
Ă	Ь	Net unrelated business taxable income from Form 990-T, line 38			-1,596.
	-		Prior Y		Current Year
	8	Contributions and grants (Part VIII, line 1h)	27,42		31,464,134.
Revenue	9	Program service revenue (Part VIII, line 2g)		8,801.	1,821,674.
ave	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,617.	28,054.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33	3,256.	278,357.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,319		33,592,219.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
n	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,453	3,119.	2,360,688.
nses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	155	5,511.	161,431.
Expen	b	Total fundraising expenses (Part IX, column (D), line 25)			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	26,734		29,585,934.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,343	3,044.	32,108,053.
	19	Revenue less expenses. Subtract line 18 from line 12	-23	3,568.	1,484,166.
Net Assets or			Beginning of C		End of Year
sset		Total assets (Part X, line 16)	7,297	7,662.	8,619,836.
St As		Total liabilities (Part X, line 26)		.,912.	1,469,920.
		Net assets or fund balances. Subtract line 21 from line 20	5,665	5,750.	7,149,916.
11111-23	rt II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta			nowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer other than officer) is based on all information of which prep	arer has any know	Vergan	0
~ .		Signature of officer	D	QI II P	v
Sign			Da	ile -	
Here	9	AMY BREITMANN, EXECUTIVE DIRECTOR Type or print name and title			
		·	Date	Obt.	
Paid		Print/Type preparer's name Preparer's signature ELIZABETH MORRISON Suprem Memory 2020.08.1	4 1:43:03 -04'0	Check	PTIN
				serrempioyed	P00231389
Prep: IIso (Firm's name CHERRY BEKAERT LLP	Fir	m's EIN 🕨 🧏	56-0574444
Use (Silly	Firm's address 1029 GREENE STREET AUGUSTA, GA 30901		700	
		TOGODIA, GA JUJUT	Ph	ione no. / U b -	-724-3557

41 11

May the IRS discuss this return with the preparer shown above? (see instructions)							
832001 12-31-18	LHA For Pape	erwo	rk Redu	uction Act Notice, see the	e separate instr	uctions.	
SEI	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION

		466516	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
1	Briefly describe the organization's mission: GOLDEN HARVEST FOOD BANK, INC.'S CORE ACTIVITY IS ITS DISTRIBUTED	JTION	
	NETWORK TO OVER 400 CHURCHES AND OTHER CHARITABLE ORGANIZATION		IN
	ITS SERVICE AREA, WHICH ENCOMPASSES 25 COUNTIES WITHIN GEORGIZ		
	SOUTH CAROLINA. GOLDEN HARVEST ALSO OPERATES FOUR DIRECT SERV		
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	XNo
	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	XNo
	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 tota	l expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$30,680,866. including grants of \$) (Revenue \$)	1,820,	279.)
	SOLICIT, COLLECT AND WAREHOUSE DONATED FOOD AND GROCERY PRODUC	CTS AND	
	DISTRIBUTE THESE PRODUCTS THROUGH LOCAL NON-PROFIT ORGANIZATIO	ONS IN	30
	GEORGIA AND SOUTH CAROLINA COUNTIES.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(code) (Expenses \$ including grants of \$) (nevenue \$))
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 30,680,866.		
		Low Contract (AD1 (0010)

Form	990	(2018)	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
•	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11-	х	
h	Part VI	11a	<u>_</u>	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		x
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018)

Form	990	(2018)
	330	(2010)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		x
~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		<u> </u>
	Part V. line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

(gambling) winnings to prize winners? 832004 12-31-18

Form	990 (2018) GOLDEN HARVEST FOOD BANK, INC. 58-1466	516	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 67			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		_X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a 0h		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a h	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
100	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.	100		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation in Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
.0	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Form	990	(2018)
------	-----	--------

GOLDEN HARVEST FOOD BANK, INC.

58-1466516 Page 6

 Part VI
 Governance, Management, and Disclosure
 For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a18			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright GA , SC			
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) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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			
	AMY BREITMANN - (706) 736-1199			
	3310 COMMERCE DRIVE, AUGUSTA, GA 30909			

Form	990	(2018)
------	-----	--------

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
-	Employees, and Independe	ent Contrac	ctors			

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Andre and finds Average hours per veek (list ary nours for maintee and inteel and inteel veek organizations per veek inteel organizations organization (w.2/1099-MISC) Tep Details and ref organization (w.2/1099-MISC) Tep Details and ref organization (w.2/1099-MISC) (1) BRIAN D, ELLEFSON 2.00 (list ary line) Imp Details and ref organizations (w.2/1099-MISC) 0.0 0.0 0.0 (2) HARRIS WEINSTEIN 2.00 (list ary line) X 0.0 0.0 0.0 (3) JOAN B, PRICE-ROLLED OFF DEC 0.00 (list ary line) X X 0.0 0.0 (3) JOAN B, PRICE-ROLLED OFF DEC 0.00 (list ary line) X X 0.0 0.0 (3) CHRIS A, COSPER 2.00 (list ary line) X X 0.0 0.0 (3) CHRIS A, COSPER 2.00 (list ary line) X 0.0 0.0 0.0 (3) CHRIS A, COSPER 2.00 (list ary line) X 0.0 0.0 0.0 (3) CHRIS A, COSPER 2.00 (list ary line) 0.00 (list ary line) 0.00 (list ary line) 0.0 0.0 0.0 (1) DEGENDA 0.00 (list ary line) 0.00 (list ary line) 0.00 (list ary line)	(A)	(B)				C)			(D)	(E)	(F)
hours per vex. box. uses compensation is one and is one an	Name and Title	Average	Position		Reportable	Reportable	Estimated				
Week (ist ary organization ine) Week (ist ary organization ine) Inon (ist ary but so ine) Inon (ist ary ine) Inon (ist		hours per	box	, unle	ss pei	rson i	s both	ı an	compensation	compensation	amount of
below No. No. Organizations (1) BRIAN D. ELLEFSON 2.00 0.000 X X 0.000 O. 0.000 O. BOAD CHAIR 0.000 X X 0.000 O. 0.000 O. 0.000 O. (2) HARRIS WEINSTEIN 0.000 X X 0.000 O. 0.000 O. 0.000 O. (3) JOIN E., PRICE-ROLLED OFF DEC 0.000 X X 0.000 O. 0.000 O. (4) ANGI BROCK 2.000 O. X X 0.000 O. 0.000 O. (5) CRIFS A. COSPER 0.000 X X 0.000 O. 0.000 O. 0.000 O. SECERTARY 0.000 X X 0.00 O. 0.000 O. 0.000 O. 0.000 O. (6) TODD M. BOUDREAU 0.000 X 0.000 O. 0.000 O. 0.000 O. 0.000 O. 0.000 O. (7) SHAME S., CLAPFEY - RESIG. SEPT 2.000 V. 0.000 O. 0.000 O. 0.000 O. 0.000 O. 0.000 O. (9) ORNES J. FRIEL 2.000 V. 0.000 O.				cer ar T	nd a d I	irecto	r/trus	tee)			
below Teg Teg </td <td></td> <td></td> <td>rector</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td>			rector							-	
below Teg Teg </td <td></td> <td></td> <td>or di</td> <td>ee</td> <td></td> <td></td> <td>ated</td> <td></td> <td></td> <td>(W-2/1099-MISC)</td> <td></td>			or di	ee			ated			(W-2/1099-MISC)	
below No. No. Organizations (1) BRIAN D. ELLEFSON 2.00 0.000 X X 0.000 O. 0.000 O. BOAD CHAIR 0.000 X X 0.000 O. 0.000 O. 0.000 O. (2) HARRIS WEINSTEIN 0.000 X X 0.000 O. 0.000 O. 0.000 O. (3) JOIN E., PRICE-ROLLED OFF DEC 0.000 X X 0.000 O. 0.000 O. (4) ANGI BROCK 2.000 O. X X 0.000 O. 0.000 O. (5) CRIFS A. COSPER 0.000 X X 0.000 O. 0.000 O. 0.000 O. SECERTARY 0.000 X X 0.00 O. 0.000 O. 0.000 O. 0.000 O. (6) TODD M. BOUDREAU 0.000 X 0.000 O. 0.000 O. 0.000 O. 0.000 O. 0.000 O. (7) SHAME S., CLAPFEY - RESIG. SEPT 2.000 V. 0.000 O. 0.000 O. 0.000 O. 0.000 O. 0.000 O. (9) ORNES J. FRIEL 2.000 V. 0.000 O.			ustee	trust		98	suadu		(W-2/1099-MISC)		U U
(1) BRIAN D. ELLEPSON 2.00 x x 0.00 x x 0.00 0.00 BOARD CHAIR 0.00 x x 0.00 0.00 0.00 IMMEDIATE PAST CHAIR 0.000 x x 0.00 0.00 0.00 (3) JOHN E. PRICE-ROLLED OFF DEC 2.00 x 0.00 0.00 0.00 0.00 (4) ANGI BROCK 2.000 x 0.00 0.00 0.00 0.00 0.00 SECRETARY 0.000 x x 0.00			ual tr	tional		n ploye	t com	~			
(1) BRIAN D. ELLEPSON 2.00 x x 0.00 x x 0.00 0.00 BOARD CHAIR 0.00 x x 0.00 0.00 0.00 IMMEDIATE PAST CHAIR 0.000 x x 0.00 0.00 0.00 (3) JOHN E. PRICE-ROLLED OFF DEC 2.00 x 0.00 0.00 0.00 0.00 (4) ANGI BROCK 2.000 x 0.00 0.00 0.00 0.00 0.00 SECRETARY 0.000 x x 0.00			ndivid	nstitut	officer	ey en	mploy	ormei			organizations
(2) HARRIS WEINSTEIN 2.00 X X 0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(1) BRIAN D. ELLEFSON	,				×	Ξæ	4			
IMMEDIATE PAST CHAIR 0.00 X X 0. 0. 0. (3) JOHN E. PRICE ROLLED OFF DEC 2.00 X X 0. 0. 0. 2013 TREASURER 0.00 X X 0. 0. 0. TREASURER 0.00 X X 0. 0. 0. (5) CHRIS A. COSPER 2.00 0. 0. 0. 0. (6) TODD M. BOUDREAU 2.00 0. 0. 0. 0. 2019 BOARD OF DIRECTORS 0.00 X 0. 0. 0. 0. 2019 BOARD OF DIRECTORS 0.00 X 0. 0. 0. 0. 2019 BOARD OF DIRECTORS 0.00 X 0. 0. 0. 0. 2019 BOARD OF DIRECTOR 0.00 X 0. 0. 0. 0. 2019 BOARD OF DIRECTOR 0.00 X 0. 0. 0. 0. 2019 BOARD OF DIRECTOR 0.00 X<	BOARD CHAIR	0.00	х		x				0.	0.	0.
(3) JOHN E. FRICE-ROLLED OFF DEC 2.00 X X 0.00 0.00 2018 TREASURER 0.00 X X 0.00 0.00 (4) ANGL BROCK 2.00 X 0.00 0.00 0.00 TREASURER 0.00 X X 0.00 0.00 SECRETARY 0.00 X X 0.00 0.00 SECRETARY 0.00 X X 0.00 0.00 VINCEOR 0.00 X X 0.00 0.00 SECRETARY 0.00 X 0.00 0.00 0.00 VINCEOR 0.00 X 0.00 0.00 0.00 VINCEOR 0.00 X 0.00 0.00 0.00 (3) ON DAWKINS-RESIG. NOV. 2018 2.00 0.00 0.00 0.00 0.00 DIRECTOR 0.00 X 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	(2) HARRIS WEINSTEIN	2.00									
2018 TREASURER 0.00 X X 0. 0. 0. (4) ANGI EROCK 2.00 <t< td=""><td>IMMEDIATE PAST CHAIR</td><td>0.00</td><td>Х</td><td></td><td>Х</td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>	IMMEDIATE PAST CHAIR	0.00	Х		Х				0.	0.	0.
(4) ANGI EROCK 2.00 X X 0.00 X X 0.00 0.00 X 0.00 0.00 X 0.00 0.00 X 0.00	(3) JOHN E. PRICE-ROLLED OFF DEC										
TREASURER 0.00 X X 0. 0. 0. (5) CHRIS A. COSPER 2.00 X X 0.00 X X 0.00 X 0.00 X 0.00 X 0.00 X 0.00 0.00 X 0.00 0.00 X 0.00 0.00 X 0.00	2018 TREASURER		Х		Х				0.	0.	0.
(5) CHRIS A. COSPER 2.00 X X 0.00 X X 0.00 0.00 0.00 SECEFTARY 0.00 X X 0.00 <td< td=""><td>(4) ANGI BROCK</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	(4) ANGI BROCK										
SECRETARY 0.00 X X 0. 0. 0. (6) TODD M. BOUDREAU 2.00 X 0. 0. 0. 0. 01RECTOR 0.00 X 0. 0. 0. 0. 0. (7) SHANE S. CLAFFEY- RESIG. SEPT 2.00 X 0. 0. 0. 0. (7) SHANE S. CLAFFEY- RESIG. NOV. 2018 2.00 X 0. 0. 0. 0. (8) JON DAWKINS-RESIG. NOV. 2018 2.00 X 0.	TREASURER		Х		Х				0.	0.	0.
(6) TODD M. BOUDREAU 2.00 X 0. 0. 0. DIRECTOR 0.000 X 0.000 X 0. 0. 0. (7) SHANE S. CLAFFEY- RESIG. SEPT 2.000 X 0. 0. 0. 0. 2019 BOARD OF DIRECTORS 0.000 X 0. 0. 0. 0. 0. DIRECTOR 0.000 X 0.<	(5) CHRIS A. COSPER										
DIRECTOR 0.00 X 0.00 X 0.00 0.00 (7) SHANE S. CLAFFEY- RESIG. SEPT 2.00 X 0.00 X 0.00 0.00 2019 BOARD OF DIRECTOR 0.00 X 0.00 0.00 0.00 (8) JON DAWKINS-RESIG. NOV. 2018 2.00 0.00 X 0.00 0.00 DIRECTOR 0.000 X 0.00 0.00 0.00 0.00 DIRECTOR 0.000 X 0.00 0.00 0.00 0.00 DIRECTOR 0.000 X 0.00 0.00 0.00 0.00 (10) THOMAS J. FRIEL 2.00 0	SECRETARY		Х		Х				0.	0.	0.
(7) SHANE S. CLAFFEY- RESIG. SEPT 2.00 0.00 X 0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(6) TODD M. BOUDREAU										
2019 BOARD OF DIRECTORS 0.00 X 0. 0. 0. 0. (8) JON DAWKINS-RESIG. NOV. 2018 2.00 X 0.00 X 0. 0. 0. DIRECTOR 0.000 X 0.00 0. 0. 0. 0. (9) CHRIS COSPER DEFNALL 2.000 V 0. 0. 0. 0. DIRECTOR 0.000 X 0. 0. 0. 0. 0. (10) THOMAS J. FRIEL 2.000 V 0. 0. 0. 0. 0. 0. DIRECTOR 0.000 X 0. <td>DIRECTOR</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>	DIRECTOR		Х						0.	0.	0.
(8) JON DAWKINS-RESIG. NOV. 2018 2.00 X 0.											
DIRECTOR 0.00 X 0.00 X 0.00 0			Х						0.	0.	0.
(9) CHRIS COSPER DEFNALL 2.00 X 0.00 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(8) JON DAWKINS-RESIG. NOV. 2018										
DIRECTOR 0.00 X 0.00 <t< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></t<>			Х						0.	0.	0.
(10) THOMAS J. FRIEL 2.00 X 0.00 0.00 0.00 DIRECTOR 0.000 X 0.00 0.00 0.00 (11) DEE GRIFFIN 2.00 0.00 0.00 0.00 0.00 DIRECTOR 0.000 X 0.00 0.00 0.00 (12) JAMES HEFFNER 2.00 0.00 0.00 0.00 0.00 DIRECTOR 0.000 X 0.00 0.00 0.00 (13) AMY HOLLERAN-RESIG. SEPT. 2019 2.00 0.00 0.00 0.00 0.00 DIRECTOR 0.000 X 0.00 0.00 0.00 0.00 0.00 (14) HOLLY S. HOLLOWAY 2.00 0.00 <td></td>											
DIRECTOR 0.00 X 0.	DIRECTOR		Х						0.	0.	0.
(11) DEE GRIFFIN 2.00 X 0. 0. 0. DIRECTOR 0.000 X 0. 0. 0. 0. (12) JAMES HEFFNER 2.00 0.000 X 0. 0. 0. DIRECTOR 0.000 X 0. 0. 0. 0. 0. (13) AMY HOLLERAN-RESIG. SEPT. 2019 2.00 X 0. 0. 0. 0. DIRECTOR 0.000 X 0. 0. 0. 0. 0. (14) HOLLY S. HOLLOWAY 2.00 X 0. 0. 0. 0. 0. DIRECTOR 0.000 X 0. 0. 0. 0. 0. 0. (15) KEVIN HORTON 2.00 X 0. <	(10) THOMAS J. FRIEL										
DIRECTOR 0.00 X 0.			Х						0.	0.	0.
(12) JAMES HEFFNER 2.00 0.00 X 0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(11) DEE GRIFFIN										
DIRECTOR 0.00 X 0.			Х						0.	0.	0.
(13) AMY HOLLERAN-RESIG. SEPT. 2019 2.00 0.00 X 0.00 0.00 0.00 DIRECTOR 0.000 X 0.00 0.00 0.00 0.00 0.00 (14) HOLLY S. HOLLOWAY 2.00 0.000 X 0.00 0.00 0.00 0.00 DIRECTOR 0.000 X 0.00 0.00 0.00 0.00 0.00 0.00 (15) KEVIN HORTON 2.00 0.000 X 0.00 0.00 0.00 0.00 DIRECTOR 0.000 X 0.00 0.00 0.00 0.00 0.00 01RECTOR 0.000 X 0.00 0.00 0.00 0.00 0.00 DIRECTOR 0.000 X 0.000 0.00 0.00 0.00 0.00 DIRECTOR 0.000 X 0.000 0.00 0.00 0.00 0.00	(12) JAMES HEFFNER										
DIRECTOR 0.00 X 0.00 O. 0.00			Х						0.	0.	0.
(14) HOLLY S. HOLLOWAY 2.00 X 0.00 0.00 0.00 DIRECTOR 0.000 X 0.00 0.00 0.00 (15) KEVIN HORTON 2.00 0.000 X 0.00 0.00 DIRECTOR 0.000 X 0.00 0.00 0.00 016) OMEEKA P. LOGGINS 2.00 0.000 0.00 0.00 0.00 DIRECTOR 0.000 X 0.00 0.00 0.00 DIRECTOR 0.000 X 0.00 0.00 0.00 DIRECTOR 0.000 X 0.00 0.00 0.00	(13) AMY HOLLERAN-RESIG. SEPT. 2019										
DIRECTOR 0.00 X 0.			Х						0.	0.	0.
(15) KEVIN HORTON 2.00 0.00 X 0.00 0.00 0.00 DIRECTOR 0.000 X 0.00	(14) HOLLY S. HOLLOWAY										
DIRECTOR 0.00 X 0. 0. 0.	DIRECTOR		Х						0.	0.	0.
(16) OMEEKA P. LOGGINS 2.00 0.0	(15) KEVIN HORTON										
DIRECTOR 0.00 X 0.	DIRECTOR		Х						0.	0.	0.
(17) DAVID MCDANIEL 2.00 X 0.00	(16) OMEEKA P. LOGGINS										
DIRECTOR 0.00 X 0. 0. 0.	DIRECTOR		Х						0.	0.	0.
	(17) DAVID MCDANIEL										
	DIRECTOR	0.00	Х						0.	0.	0.

Form 990 (2018)

		IARVEST F	<u>700</u>	D	BA	NK	ζ,	II	IC.	58-14	<u>.665</u>	<u>516</u>	Pa	age 8
Part V	Section A. Officers, Directors, Tru	istees, Key Emj	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average			Pos	sitior			Reportable	Reportable		Fs	timate	he
		hours per					than d is both		compensation	compensatior	,		nount	
		week					or/trus		from	from related	·		other	01
		(list any	tor						the	organizations	.		pensa	tion
		hours for	direc				Ð		organization	(W-2/1099-MIS			om the	
		related	se or	stee			nsate		(W-2/1099-MISC)	(-/		anizati	
		organizations	truste	al tru		yee	mpel		(•	d relate	
		below	dual 1	ution	-	nplo	st co	er					anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	(ey er	Highest compensated employee	Former				5		
(18) M	IARK NEWTON	2.00	_	-	-	-	<u> </u>							
DIRECT	OR	0.00	х						0.		0.			0.
	DAGAN SHARPE	2.00					-				~ +			<u> </u>
DIRECT		0.00	х						0.		0.			Δ
			A						0.		<u>••</u>			0.
	IICHAEL SWAIN	2.00												•
DIRECT	OR	0.00	Х						0.		0.			0.
(21) J	EREMY RUEGGEBERG	2.00							A					
DIRECT	OR	0.00	Х						0.		0.			0.
(22) M	IONIQUE J. WYNN	2.00												
DIRECT	OR	0.00	х						0.		0.			Ο.
(23) T	RAVIS MCNEAL (NON VOTING)	39.00									-			
	IVE DIRECTOR	1.00			x				100,288.		0.			Ο.
		1.00					-		100,2001		<u>••</u>			<u> </u>
			-											
							-				\rightarrow			
1b S	ub-total								100,288.		0.			0.
	otal from continuation sheets to Part								0.		0.			0.
	otal (add lines 1b and 1c)								100,288.		0.			0.
	otal number of individuals (including but							o re		00 of reportable				
	ompensation from the organization		000	note	u ui	5010	.,	010						1
				-									Yes	No
• •											ſ		103	
	id the organization list any former office			,					0					37
	ne 1a? If "Yes," complete Schedule J for											3		X
	or any individual listed on line 1a, is the													
a	nd related organizations greater than \$1	50,000? If "Yes,	" со	mple	ete S	Sche	edule	Ji	for such individual			4		_X_
	id any person listed on line 1a receive or													
re	endered to the organization? If "Yes," co	mplete Schedule	e. <i>l f</i>	or su	ıch ı	pers	son .		-			5		Х
	n B. Independent Contractors	<u></u>		0/ 00									· · · ·	
1 C	omplete this table for your five highest o	ompensated inc	lene	nder	nt co	ontr	acto	rs tł	nat received more than \$	100 000 of comp	ensat	ion fro	m	
	ne organization. Report compensation fo	•	•							•	onout			
u	(r the calendar ye		nui	iy w	nur u		um		ai.				
	(A) Name and busines	e address							(B) Description of se	arvices	C	(C omper		n
DITOO									Description of st				1541101	<u> </u>
	REID COMPANY	~~ 011	~ ~	_		_								
<u>P.O.</u>	BOX 90125, PASADENA	., CA 911	09	-5	12	5			FUNDRAISING			16	7,3	56.
_														
2 T	otal number of independent contractors	(including but a	ot lie	nitor	4 + ~ ·	ther		tod	above) who received me	re than				
	otal number of independent contractors		or III	met	. 10		se iis 1	.eu	above, who received mo					
Φ	100,000 of compensation from the orgai	nzaliun 📂					-							

rt VIII							г
	Check if Schedule O cont	ains a response	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 - 514
1 a	Federated campaigns	1a					
b	Membership dues	1b	14,900.				
с	Fundraising events	1c					
	Related organizations		135,230.				
	Government grants (contribut		1,539,729.				
	All other contributions, gifts, gran						
	similar amounts not included above	ve 1f	29,774,275.				
g	Noncash contributions included in lines	1a-1f: \$	26,536,610.				
h	Total. Add lines 1a-1f			31,464,134.			
			Business Code				
2 a	PURCHASED FOOD SALES		900099	1,197,712.	1,197,712.		
b	SHARED MAINT. FEES		900099	592,974.	592,974.		
с							
d							
е							
f	All other program service reve	nue	900099	30,988.	30,988.		
	Total. Add lines 2a-2f			1,821,674.			
3	Investment income (including	dividends, intere	est, and				
	other similar amounts)		►	1,254.			1,2
4	Income from investment of tax	k-exempt bond p	roceeds 🕨 🕨				
5	Royalties	. <u></u>	►				
		(i) Real	(ii) Personal				
6 a	Gross rents	6,800.					
b	Less: rental expenses	9,791.					
с	Rental income or (loss)	-2,991.					
d	Net rental income or (loss)			-2,991.	-1,395.	-1,596.	
7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory		26,800.				
b	Less: cost or other basis						
	and sales expenses		0.				
с	Gain or (loss)		26,800.				
	Net gain or (loss)		>	26,800.			26,8
8 a	Gross income from fundraising	g events (not					
	including \$	of					
	contributions reported on line	1c). See					
	Part IV, line 18	а	308,020.				
b	Less: direct expenses	b	26,672.				
С	Net income or (loss) from func	Iraising events	>	281,348.			281,3
	Gross income from gaming ac						
	Part IV, line 19		I				
	Less: direct expenses						
с	Net income or (loss) from gam	ing activities	►				
10 a	Gross sales of inventory, less						
	and allowances						
b	Less: cost of goods sold	b					
с	Net income or (loss) from sale	s of inventory	····· ► [
	Miscellaneous Revenu	e	Business Code				
11 a							
b							
С							
d	All other revenue						

58-1466516 Page 10

	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 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 \dots				
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,	100,288.	57,164.	21,060.	22,064.
6	trustees, and key employees Compensation not included above, to disqualified	100,200.	57,104.	21,000.	22,004.
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,769,574.	1,010,560.	370,869.	388,145.
8	Pension plan accruals and contributions (include	,			•
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	332,008.	229,790.	49,856.	52,362.
10	Payroll taxes	158,818.	95,236.	30,939.	32,643.
11	Fees for services (non-employees):				
а	Management				
b	Legal		0.660	64.000	
С	Accounting	73,969.	9,660.	64,309.	
d	Lobbying	1 (1 / 2 1			1 (1 /) 1
	Professional fundraising services. See Part IV, line 17	161,431.			161,431.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	106,210.	103,353.		2,857.
12	column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion	170,724.	13,794.		156,930.
13	Office expenses	298,413.	263,741.	14,104.	20,568.
14	Information technology				
15	Royalties				
16	Occupancy	461,037.	455,095.	3,336.	2,606.
17	Travel	31,069.	20,336.	4,161.	6,572.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings	01 1==	10.001		
20	Interest	21,457.	13,291.	8,166.	
21	Payments to affiliates	200 401	200 401		
22	Depreciation, depletion, and amortization	289,491. 132,159.	289,491. 118,093.	12,911.	1,155.
23	Insurance	152,159.	110,095.	12,911.	1,155.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DISTRIBUTED FOOD	25,464,641.	25,464,641.		
b	FOOD PURCHASES	2,446,297.	2,446,297.		
c	AUTO AND DELIVERY	71,617.	71,474.	108.	35.
d	FREIGHT	18,850.	18,850.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	32,108,053.	30,680,866.	579,819.	847,368.
26	$\ensuremath{\textbf{Joint costs}}$. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Faura 990 (0010)

GOLDEN HARVEST FOOD BANK, INC.

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

Form 990 (2018) Part IX Statement of Functional Expenses

832010 12-31-18

GOLDEN	HARVEST	FOOD	BANK,	INC

Par	נא	Balance Sneet					
		Check if Schedule O contains a response or not	e to any	line in this Part X		<u></u>	
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			<u>103,004</u> . 222,920.	2	393,733.
	3	Pledges and grants receivable, net	lges and grants receivable, net				534,688
	4	Accounts receivable, net			51,753.	4	32,536
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ated emp	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	fied pers	ons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect					
s		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			2,459,924.	8	3,421,394
	9				15,302.	9	12,409
	10a	Land, buildings, and equipment: cost or other					· · ·
		basis. Complete Part VI of Schedule D	10a	8,626,784.			
	b			4,401,708.	4,444,759.	10c	4,225,076
	11	Investments - publicly traded securities				11	· · ·
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			7,297,662.	16	8,619,836
	17	Accounts payable and accrued expenses			454,329.	17	234,132
	18	Grants payable				18	
	19	Deferred revenue			78,974.	19	108,601
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
s	22	Loans and other payables to current and former	officers,	directors, trustees,			
litie		key employees, highest compensated employee	s, and d	isqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
Ē	23	Secured mortgages and notes payable to unrela	ated third	parties	846,231.	23	913,538
	24	Unsecured notes and loans payable to unrelated	d third pa	arties		24	
	25	Other liabilities (including federal income tax, pa	yables to	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X of			
		Schedule D			252,378.	25	<u>213,649</u> 1,469,920
	26	Total liabilities. Add lines 17 through 25			1,631,912.	26	1,469,920
		Organizations that follow SFAS 117 (ASC 958), check	here 🕨 🗴 and			
s		complete lines 27 through 29, and lines 33 an	d 34.				
ů –	27	Unrestricted net assets			5,351,810.	27	6,882,261
ala	28	Temporarily restricted net assets			313,940.	28	267,655
d B	29	Permanently restricted net assets				29	
ا <u>۲</u>		Organizations that do not follow SFAS 117 (A	SC 958),	, check here 🕨 🗌			
- -		and complete lines 30 through 34.					
ŝts	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or ec	quipment	fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or	other funds		32	
ź	33	Total net assets or fund balances			5,665,750.	33	7,149,916.
	34	Total liabilities and net assets/fund balances			7,297,662.	34	8,619,836.

Form **990** (2018)

Part X Balance Sheet

Form	1990 (2018) GOLDEN HARVEST FOOD BANK, INC.	58-	146651	6	Page	∍ 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		[
1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,5		-	
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,1			
3	Revenue less expenses. Subtract line 2 from line 1	3	1,4	84	<u>,16</u>	<u>6.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,6	65	<u>, 75</u>	0.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				~ 4	~
Dec	column (B))	10	7,1	49	,91	6.
Pa	rt XII Financial Statements and Reporting				г	
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			L	
_				T	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 1			
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					v
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis					
h				b	x	
b	Were the organization's financial statements audited by an independent accountant?			. a		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	; Dasis,				
	Separate basis X Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit				_
U	review, or compilation of its financial statements and selection of an independent accountant?	-	2	c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				-	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin		+			
	Act and OMB Circular A-133?	-		a	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			b	x	
				rm 9	90 (2	018)
					,	,

SCHEDULE A	١
------------	---

Department of the Treasury Internal Revenue Service

(Form	990	or	990-	·EZ)
-------	-----	----	------	------

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.

oot inf -1 -1 -Int

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the or	rganization
----------------	-------------

Name	Name of the organization Employer identification number								
		GOLD	EN HARVEST	FOOD BANK,	INC.				8-1466516
Par	tl	Reason for Public C	Charity Status 🖟	All organizations must co	omplete thi	s part.) Se	e instructions	ö.	
The o	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1 [A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).		
2 [A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
з [A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4 [A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and state:							
5 [An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6 [A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7 [Х	An organization that normal	lly receives a substar	ntial part of its support fr	rom a gove	ernmental	unit or from th	e general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 [A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9 [An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10 [An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	oort from o	ontributio	ns, membersh	nip fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	t to certain exceptions,	and (2) no	more than	n 33 1/3% of it	s support f	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
_		See section 509(a)(2). (Cor	mplete Part III.)						
11 [An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section	5 09(a)(2) .	See section &	509(a)(3). (Check the box in
		lines 12a through 12d that o	describes the type of	f supporting organization	n and com	olete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga			• • •	-			
		the supported organization			majority o	f the direc	tors or trustee	es of the su	upporting
		organization. You must c							
b		Type II. A supporting orga					-		•
		control or management of			ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus							
С		Type III functionally inte	-					ly integrate	ed with,
اہ		its supported organization		•			-		
d		Type III non-functionally						°,	
		that is not functionally inter-			•		-	an attentiv	/eness
•		requirement (see instructi		•					
е		Check this box if the orga functionally integrated, or					Type I, Type	n, rype m	
f	Ento	r the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0				
		ide the following information	•	d organization(s)					
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
Total									

Schedule A (Form 990 or 990-EZ) 2018 GOLDEN HARVEST FOOD BANK, INC. Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	29800026.	31040403.	29261843.	27425802.	31456820.	148984894
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	29800026.	31040403.	29261843.	27425802.	31456820.	148984894
5	The portion of total contributions		010101000				
5	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)						1 4 0 0 0 4 0 0 4
	Public support. Subtract line 5 from line 4.						148984894
	tion B. Total Support	Т				1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	29800026.	31040403.	29261843.	2/425802.	31456820.	<u>148984894</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	13,670.	13,486.	12,588.	8,787.	8,054.	56,585.
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.)	10,183.	14,400.				24,583.
11	Total support. Add lines 7 through 10						149066062
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12 10	,363,348.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
	organization, check this box and sto	p here					
Sec	tion C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2018 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	99.95 %
15	Public support percentage from 2017	7 Schedule A, Part	II, line 14			15	<u>99.92 %</u>
	33 1/3% support test - 2018. If the					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2017. If the	organization did no	t check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	t - 2018. If the org	anization did not o				
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-				
			,	, , .,	,		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 GOLDEN HARVEST FOOD BANK, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	18 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	18 (f) Total
	Amounts from line 6	(a) 2014	(b) 2013	(0) 2010	(0) 2017	(e) 201	
	Gross income from interest,						
102	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
r	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	tax year as a sectior	n 501(c)(3) o	rganization,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
Se	ction D. Computation of Inves	stment Income	Percentage				
17	Investment income percentage for 20)18 (line 10c, colum	nn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19 a	33 1/3% support tests - 2018. If the	organization did n	ot check the box	on line 14, and lin	ne 15 is more than 3	3 1/3%, and	l line 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	fies as a publicly	supported organiza	ition	
k	33 1/3% support tests - 2017. If the	organization did n	ot check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1	/3%, and
	line 18 is not more than 33 1/3%, che						
20	- • • • • • • • • •						

Schedule A (Form 990 or 990-EZ) 2018 GOLDEN HARVEST FOOD BANK, INC.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes

No

1

2

3a

10b

Schedule A (Form 990 or 990-EZ) 2018 GOLDEN HARVEST FOOD BANK, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
<u> </u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c 2	L The organization supported a governmental entity. <i>Describe in</i> Part VI <i>how you supported a government entity (see instructivities</i> Test. Answer (a) and (b) below.	ructions)	Yes	Ne
2			res	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If</i> " <i>Yes</i> ." <i>then in</i> 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	2a		
h	that these activities constituted substantially all of its activities.	Za		
U	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	25		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in</i> 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.	Зb		

Sche	dule A (Form 990 or 990-EZ) 2018 GOLDEN HARVEST FOOD BANK	, IN	1C.	58-1466516 Page 6
Pa	*t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must com	plete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1		
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 GOLDEN HARVEST FOOD BANK, INC.

Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions		· · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	l de la construcción de la constru	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 GOLDEN HARVEST FOOD BANK, INC. 58-1466516 Pag	e 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.	
	(See instructions.)	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

i la li e e galizati		
	GOLDEN HARVEST FOOD BANK, INC.	58-1466516
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organiza	tion is covered by the General Rule or a Special Rule.	
Note: Only a section 5	01(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

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions $e_{xclusively}$ 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 $e_{xclusively}$ 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 for an $e_{xclusively}$ religious, charitable, etc., $e_{xclusively}$ religious, e_{x

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of o	organization		Employer identification number
GOLDE	N HARVEST FOOD BANK, INC.		58-1466516
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
1	THE U. S. DEPT. OF AGRICULTURE 1400 INDEPENDENCE AVE., SW WASHINGTON, DC 20250	\$ <u>13,604,0</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4 U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES	(c) Total contribution	(d) Type of contribution Person X
	200 INDEPENDENCE AVENUE, S.W. WASHINGTON, DC 20201	\$ 637,1	56. Payroll Solution Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
	 		Person Payroll

\$

Noncash

(Complete Part II for noncash contributions.)

GOLDE	N HARVEST FOOD BANK, INC.	58	-1466516
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if ac	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DONATED FOOD	\$12,766,220.	_09/30/19_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

Employer identification number

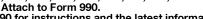
Page **4**

Name of or	ganization		Employer identification number
GOLDEN	N HARVEST FOOD BANK, INC	С.	58-1466516
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in sec) through (e) and the following line entri charitable, etc., contributions of \$1,000 or lo	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(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, a	nd 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, a	nd 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, a	nd 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
ŀ		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D)
------------	---

Department of the Treasury

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.





Employer identification number

Internal Revenue Service Name of the organization

	GOLDEN HARVEST FOOD	D BANK, INC.		58-1466516
Par			or Accour	Its. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.		
	÷	(a) Donor advised funds	(b) Fur	ids 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 advis	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring	
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, I	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	orically impo	tant land area
	Protection of natural habitat	Preservation of a cert	ified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conserva	tion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
с	Number of conservation easements on a certified historic stru-	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	ire	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization	during the tax
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation ease	ements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	tion easemen	ts during the year
~				
8	Does each conservation easement reported on line 2(d) abov			
•				
9	In Part XIII, describe how the organization reports conservation	•	-	
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes f	ine organizati	on's accounting for
Par	t III Organizations Maintaining Collections of	f Art. Historical Treasures, or Ot	her Simila	r Assets
	Complete if the organization answered "Yes" on Form			
10	If the organization elected, as permitted under SFAS 116 (AS		ont and bala	nco shoot works of art
Ia	historical treasures, or other similar assets held for public ext			
	the text of the footnote to its financial statements that descri		ice of public	service, provide, in Part Alli,
h			and balanco	shoot works of art historical
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of put	blic service, p	rovide the following amounts
	relating to these items:		•	¢
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$
~		an was an other similar assets for financial		·
2	If the organization received or held works of art, historical tre		i yain, provide	=
_	the following amounts required to be reported under SFAS 1		►	¢
	Revenue included on Form 990, Part VIII, line 1			\$ ¢
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions		>	<u>⊅</u> Schedule D (Form 990) 2018
	TOT T APO WORK NEGACION ACT NOTICE, SEE THE INSTRUCTIONS			Joneulie D (1 01111 330) 2010

Sche		HARVEST FO						146651		age 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Historic	al Tre	asures, o	r Other	Similar Ase	sets _{(contil}	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the f	ollowing that	t are a sigr	nificant use of	its collection	items	6
	(check all that apply):									
а	Public exhibition	c	l 🗌 Loar	or excl	hange progra	ams				
b	Scholarly research	e	e 🗌 Othe	er						
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they fu	irther th	e organizatio	on's exem	pt purpose in I	Part XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma							Yes		No
Pa	t IV Escrow and Custodial Arran	gements. Comple	ete if the org	anizatior	n answered '	"Yes" on F	orm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	ian or other intermed	liary for contr	ibutions	s or other ass	sets not in	cluded			
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amoun	t	
с	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F						y?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.									
Pa	t V Endowment Funds. Complete	if the organization an	swered "Yes	on Fo	rm 990, Part	IV, line 10).			
		(a) Current year	(b) Prior	year	(c) Two yea	rs back 🛛 🕻	d) Three years b	ack (e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, co	umn (a))) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%	_							
с	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are	held an	nd administer	ed for the	organization			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds							
Pa	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line	e 11a. Se	ee Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or o	other (b) Cost	or other	(c) Ac	cumulated	(d) Boo	k valu	е
		basis (investr	ment)	basis ((other)	depi	reciation			
1a	Land			38	1,857.			38	1,8	57.
b	Buildings				4,599.	2,1	40,581.	3,22	4,0	18.
с	Leasehold improvements									
	Equipment			2,30	2,488.	1,7	89,709.	51	2,7	79.
	Other				7,840.		71,418.		6,4	
	. Add lines 1a through 1e. (Column (d) must e		X. column (R		-			4,22		
							Sche	dule D (Forn		

		- Other Securi	ties.			
Schedule D	(Form 990) 2018	GOLDEN	HARVEST	FOOD	BANK,	INC.

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 (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) Closely-held equity interests (a) (b) (c) (c)

(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 12.)	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
	Form 000 Part X col (P) line 15)	

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)	INTERCOMPANY PAYABLES		213,649.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total	(Column (b) must equal Form 000 Part X col. (P) line 25.)	•	213,649.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
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	
		4c
c Add lines 4a and 4b		40
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12</i> Part XII Reconciliation of Expenses per Audited Financial St. Complete if the organization answered "Yes" on Form 990, Part IV, line) atements With Expen	
 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Part XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements) atements With Expen ne 12a.	ses per Return.
 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12</i> Part XII Reconciliation of Expenses per Audited Financial St. Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 	atements With Expen	ses per Return.
 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12</i> Part XII Reconciliation of Expenses per Audited Financial St. Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 	atements With Expen	ses per Return.
 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12</i> Part XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 	atements With Expen ne 12a. 2a 2b	ses per Return.
 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12</i> Part XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses 	atements With Expen ne 12a. 2a 2b 2c	ses per Return.
 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> Part XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses) atements With Expen ne 12a. 2a 2b 2c 2c 2d	5 ses per Return.
 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12</i> Part XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.)) atements With Expen ne 12a. 2a 2b 2c 2d	5 ses per Return.
 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i> Part XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d) atements With Expen ne 12a. 2a 2b 2c 2d	5 ses per Return.
 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12</i> Part XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1) atements With Expen ne 12a. 2a 2b 2c 2d	5 ses per Return.
 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12</i> Part XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 	atements With Expen ne 12a. 2a 2b 2c 2d 4a	5 ses per Return.
 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12</i> Part XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 1 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 	atements With Expen ne 12a. 22 2b 2c 2d 2d 4a 4b	5 ses per Return.

INC.

GOLDEN HARVEST FOOD BANK,

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 X lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

Schedule D (Form 990) 2018

THE ORGANIZATION HAS EVALUATED THE EFFECT OF U.S. GENERALLY ACCEPTED
ACCOUNTING PRINCIPLES (U.S. GAAP) GUIDANCE ON ACCOUNTING FOR UNCERTAINTY
IN INCOME TAXES. GOLDEN HARVEST FOOD BANK, INC. IS EXEMPT UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT BELIEVES THAT THE
ORGANIZATION CONTINUES TO SATISFY THE REQUIREMENTS OF A TAX-EXEMPT
ORGANIZATION AND THEREFORE HAD NO UNCERTAIN INCOME TAX POSITIONS AT
SEPTEMBER 30, 2019 AND 2018.

58-1466516 Page 4

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						OMB No. 1545-0047		
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1	f the	2018				
Department of the Treasury		Attach to Form 990						Open to Public Inspection
Internal Revenue Service Name of the organization		o to www.irs.gov/Form990 for instr	uction	s and	the latest informati			ntification number
Name of the organization		HARVEST FOOD BANK,	TNO	r			3–1466	
Part I Fundrais		Complete if the organization answe			Form 990 Part IV I			
	complete this par		eleu i	es Ui	Troini 990, Fait IV, I		JIII 990-EZ	niers are not
 a X Mail solicitat b X Internet and c X Phone solicit d X In-person sol 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, P	f X Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p	ition of tion of fundra (includ rofessi	non-g gover ising ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
compensated at le	•	<i>v</i> iduals or entities (fundraisers) pursu organization.	iant to a	agreei	ments under which tr	he fundra	ISET IS TO DE	3
(i) Name and address or entity (fund	s of individual	(ii) Activity	(iii) fundr have ci or con contribu	istody trol of	(iv) Gross receipts from activity	to (or re fund	ount paid tained by) draiser in col. (i)	(vi) Amount paid to (or retained by) organization
RUSS REID COMPANY -	P.O. BOX	DIRECT MAIL FUNDRAISING	Yes	No				
90125, PASADENA, CA	4	BOTH ACQUISITION AND		X	308,020.		161,431.	146,589.
Total	ch the organizatio	n is registered or licensed to solicit o	contrib	I tions	308,020.		161,431.	146,589.
or licensing.	on the organizatio	n is registered of incensed to solicit (CONTRO	ations		it is exer	npt nom re	มอแลแบบ
GA,SC								

Schedule G (Form 990 or 990	EZ) 2018 GOLDEN	HARVEST	FOOD	BANK,	INC
-----------------------------	-----------------	---------	------	-------	-----

58-1466516 Page 2

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 60. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 SPECIAL EVENTS-TASTE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	308,020.			308,020.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	308,020.			308,020.
		Cash prizes				
(0	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ē	-	Fatadaianaad				
	8	Entertainment	26,672.			26,672.
	9 10	Other direct expenses Direct expense summary. Add lines 4 through			<u> </u>	26,672.
	10 11					281,348.
Pa	rt I				(201/0100
		\$15,000 on Form 990-EZ, line 6a.			İ.	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	_					
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	It "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:		rminated during the tax y	rear?	Yes No

832082 10-03-18

Sch	nedule G (Form 990 or 990-EZ) 2018 GOLDEN HARVEST FOOD BANK, INC. 58-1	46653	16 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	es 🗌 No
	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?	Ye	es 🗌 No
13	Indicate the percentage of gaming activity conducted in:		
á	a The organization's facility	13a	%
	a An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address 🕨		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🗌 Ye	es 🗌 No
ł	b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount		
	of gaming revenue retained by the third party > \$		
Ċ	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
16			
	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?	Ye	es 🗌 No
t	• 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 🕨 \$		
Pa	ITT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	t III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	:	
<u></u>	,,,		
(I) NAME OF FUNDRAISER: RUSS REID COMPANY		
(I) ADDRESS OF FUNDRAISER: P.O. BOX 90125, PASADENA, CA 91109-51	25	
(т	I) ACTIVITY: DIRECT MAIL FUNDRAISING BOTH ACQUISITION AND CULTI	VATI	ЛС
<u> </u>			<u></u>

Schedule G	(Form 990 or 990-EZ) GOLDEN	HARVEST	FOOD	BANK,	INC.
Part IV	Supplemental I	nformation (tion of the second s			

Supplemental mornation (continued)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2018

Open to Public

. .

Department of the Treasury
Internal Revenue Service

Part I

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

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

Name of the organization

ation.		Inspection
	Employer	identification number

58-1466516 GOLDEN HARVEST FOOD BANK, INC. **Types of Property** (b) Number (c) (d) (a) ام م مالد م ا . . Non

		applicable	contributions or	amounts reporte		20	ncash contrib			•
		applicable		Form 990, Part VIII		no	ncash contric	JULION A	nount	2
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				4					
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory	X		26,536,	610.	SEE	SCHEDU	LE M	-]	PAR
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 organiz	ation during	g the tax year for co	ontributions						
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	ement	29				1	
									Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines	1 throug	h 28, th	at it			
	must hold for at least three years from the date									
	exempt purposes for the entire holding period?	•						30a		X
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance p	olicy that re	equires the review of	of any nonstandard of	contribut	ions?		31		_X_
32a	Does the organization hire or use third parties of	or related or	ganizations to solic	cit, process, or sell n	oncash					
	contributions?							32a		X
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a	a) is chec	ked,				
	describe in Part II.									
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).			Schedule	M (Forr	n 990)	2018

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

SCHEDULE M, LINE 32B:

DONATED FOOD IS VALUED BASED UPON THE FAIR MARKET VALUE OF THE FOODS,

AS PUBLISHED BY FEEDING AMERICA'S AUDITOR'S REPORT, THE NATION'S FOOD

BANK NETWORK, AT SEPTEMBER 30, 2019. THE APPROXIMATE WHOLESALE VALUE OF

ONE POUND OF DONATED FOOD WAS \$1.52. FOOD PROVIDED BY THE USDA IS ALSO

\$1.52 PER POUND. GOLDEN HARVEST FOOD BANK, INC. RECEIVED APPROXIMATELY

17,458,296 LBS. OF DONATED FOOD/GROCERY PRODUCT.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.

INC.



58-1466516

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

GOLDEN HARVEST FOOD BANK,

CENTER THAT PROVIDES GROCERY PRODUCTS TO THE HUNGRY THROUGH ITS MEMBER

AGENCIES.

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

PROGRAMS THAT FEED THE HUNGRY: THE MASTER'S TABLE SOUP KITCHEN, WHICH

SERVES OVER 280 PEOPLE A FREE NOON-TIME MEAL DAILY; SENIOR FOOD BOX

PROGRAM, WHICH PROVIDES A FREE MONTHLY BAG OF GROCERIES FOR SENIOR

CITIZENS; MOBILE FOOD PANTRY, A MOBILE FOOD DISTRIBUTION PROGRAM THAT

ALLOWS AGENCIES IN NEIGHBORHOOD PARKING LOTS OR COUNTY CROSSROADS TO

DISTRIBUTE AT LEAST 5,000 POUNDS OF FOOD TO THE NEEDY AT ONE TIME; BACK

PACK PROGRAM, WHICH PROVIDES CHILDREN AT RISK OF HUNGER WITH A SUPPLY

OF NUTRITIOUS, EASILY OPENED FOODS FOR THE WEEKEND.

FORM 990, PART VI, SECTION B, LINE 11B:

DIRECTOR OF FINANCE REVIEWS THE FORM 990. THE FORM 990 WAS EMAILED TO THE FULL BOARD BEFORE FILING THE RETURN.

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

IT IS THE POLICY OF GOLDEN HARVEST FOOD BANK TO PROHIBIT ITS EMPLOYEES AND BOARD MEMBERS FROM ENGAGING IN ANY ACTIVITY, PRACTICE, OR ACT WHICH

CONFLICTS WITH OR APPEARS TO CONFLICT WITH THE INTEREST OF THE FOOD BANK,

ITS DONORS OR ITS CUSTOMER ORGANIZATIONS. EMPLOYEES HAVE AN OBLIGATION TO

AVOID CONFLICT OF INTEREST AND THE APPEARANCE OF CONFLICT OF INTEREST AND

TO REFER QUESTIONS OR CONCERNS ABOUT POTENTIAL CONFLICTS OF INTEREST TO

THEIR SUPERVISOR.

Schedule O (Form 990 or 990-EZ) (2018)						Page 2
Name of the organization						Employer identification number
GOLDEN	I HARVEST	FOOD	BANK,	INC.		58-1466516

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

THE EXECUTIVE DIRECTOR'S COMPENSATION SHALL BE REVIEWED AND SET ANNUALLY BY

THE BOARD AFTER THE AUGUST EVALUATION IN EXECUTIVE SESSION. EMPLOYEES ARE

REVIEWED BY MANAGEMENT. SALARY CHANGES ARE APPROVED BY THE BOARD AS PART OF THE TOTAL BUDGET.

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

GOLDEN HARVEST FOOD BANK, INC.'S 990 IS POSTED ON THE GOLDEN HARVEST FOOD

BANK'S WEBSITE. FORMS 1023 AND 990 ARE ALSO AVAILABLE UPON REQUEST.

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

GOLDEN HARVEST FOOD BANK, INC.'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHE	DU	LE	R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018 Open to Public Inspection

Employer identification number 58 - 1466516

Department of the Treasury Internal Revenue Service Name of the organization

GOLDEN HARVEST FOOD BANK, INC.

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
		G			

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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
FOOD FOREVER FUND INC - 58-2624293	RECEIVE AND INVEST FUNDS						
3310 COMMERCE DRIVE	FOR GOLDEN HARVEST FOOD,				GOLDEN HARVEST		
AUGUSTA, GA 30309	INC	GEORGIA	501(C)(3)	LINE 12A, I	FOOD BANK, INC.	X	
	=						

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

Schedule R (Form 990) 2018

GOLDEN HARVEST FOOD BANK, INC. Schedule R (Form 990) 2018

58-1466516 Page 2

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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ng ? ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	

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. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	lling Type of entity (C corp, S corp, or trust) (f) Share of to income		(g) Share of end-of-year assets	(h) Percentage ownership	ent	(i) b)(13) rolled tity?
GOLDEN SERVICE PROVIDERS - 45-4509365		country)						Yes	No
3310 COMMERCE DRIVE									
AUGUSTA, GA 30909	JANITORIAL SERVICE	GA	YES	C CORP	180,584.	67,392.	100%	X	
	-								

GOLDEN HARVEST FOOD BANK, INC. Schedule R (Form 990) 2018

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

Not	e: 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	n one or more rel	lated organizations listed in	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1;	a		X
	Gift, grant, or capital contribution to related organization(s)				_	Х	
	Gift, grant, or capital contribution from related organization(s)				c	Х	
d	Loans or loan guarantees to or for related organization(s)			1	d		X
	Loans or loan guarantees by related organization(s)				e	X	
							77
f	Dividends from related organization(s)			<u>1</u>	f		<u> </u>
g Sale of assets to related organization(s)							<u>X</u>
h	Purchase of assets from related organization(s)						X
i	Exchange of assets with related organization(s)				<u>i </u>		X
j	Lease of facilities, equipment, or other assets to related organization(s)				i	_	X
k	Lasso of facilities, equipment, or other assots from related organization(s)			11	r		Х
 k Lease of facilities, equipment, or other assets from related organization(s) I Performance of services or membership or fundraising solicitations for related organization(s) 							X
-					<u> </u>		X
	Performance of services or membership or fundraising solicitations by related organization						X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			-			X
0	Sharing of paid employees with related organization(s)			<u>1</u>	•		
n	Reimbursement paid to related organization(s) for expenses			1	p		Х
	Reimbursement paid by related organization(s) for expenses					x	
ч					4		
r	Other transfer of cash or property to related organization(s)			1	r		х
s	Other transfer of cash or property from related organization(s)			1	s	Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who me	ust complete thi	is line, including covered re	elationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involve	d		
(4)	FOOD FOREVER FILMD INC	ъ	226 378		m		

(1) FOOD FOREVER FUND, INC.	<u> </u>	226,378. AUDITED FINANCIAL STATEMENT
(2) FOOD FOREVER FUND, INC.	С	87,230.AUDITED FINANCIAL STATEMENT
(3)		
(4)		
_(5)		
(6)		

Schedule R (Form 990) 2018 GOLDEN HARVEST FOOD BANK, INC.

58-1466516 Page 4

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)		n)	(i)	(j)	(k)		
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	(e Are a	all s sec.	Share of			opor-	Code V-UBI	General o	Percentage		
of entity	· · · · · · · · · · · · · · · · · · ·	(state or foreign	(related, unrelated,	partners 501(c orgs)(3)	total	end-of-year	Dispr tion alloca	nate tions?	amount in box 20	managin partner?	ownership		
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes		income			No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes No			
				+										
				+										
	_													
			1	1					I I	1		1		

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 GOLDEN HARVEST FOOD BANK, INC.	58-1466516 Page 5
Part VII Supplemental Information. Provide additional information for responses to questions on Schedule R. See instructions.	
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS C	CORP OR TRUST:
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:	
GOLDEN SERVICE PROVIDERS	
EIN: 45-4509365	
3310 COMMERCE DRIVE	
AUGUSTA, GA 30909	

(Rev. January 2019)

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

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

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

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

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

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

		Enter filer's identifying number					
Type or print	Name of exempt organization or other filer, see instru	uctions.		Employe	r identificatio	n number (EIN) or	
	GOLDEN HARVEST FOOD BANK,	INC.			58-1466516		
File by the due date fo filing your	Number, street, and room or suite no. If a P.O. box, s		ions.	Social se	ecurity numbe	er (SSN)	
return. See instructions		foreign add	ress, see instructions.				
Enter the	e Return Code for the return that this application is for (fi	le a separa	te application for each return)			01	
Applica	tion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	0-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11	
Form 990-T (trust other than above) 06 Form 8870						12	
• If this box 1 I r th	organization does not have an office or place of business is for a Group Return, enter the organization's four digit 	Group Exe and atta AUGUs ganization's , an	mption Number (GEN), I ch a list with the names and EINs of ST 15, 2020 , to file return for: d ending SEP 30, 2019	f this is fo all memb	r the whole g ers the exten npt organizat 		
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.), or 6069, e	enter the tentative tax, less	3a	\$	0.	
b If	this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter any	refundable credits and				
es	timated tax payments made. Include any prior year over	payment all	owed as a credit.	3b	\$	0.	
с Ва	alance due. Subtract line 3b from line 3a. Include your p	ayment witl	h this form, if required, by			-	
us	ing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3c	\$	0.	
Caution instruction	: If you are going to make an electronic funds withdrawa ons.	II (direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879	-EO for payment	
		_					

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

Form 8868 (Rev. 1-2019)

		ED TO AUG							
Form 990-T	Exempt Organiza				ax Return	(DMB No. 1545-0687		
	• •	roxy tax unde		• • •			0040		
	For calendar year 2018 or other tax year begin					<u>)</u> .	2018		
Department of the Treasury	· · ·			ns and the latest informa		One	n to Public Inspection for		
Internal Revenue Service	Do not enter SSN numbers on t	-				501	(c)(3) Organizations Only		
A Check box if address changed	Name of organization (heck box if name cha	anged a	and see instructions.)	ľ	(Employe	identification number es' trust, see		
			77	TNO		instructio			
B Exempt under section $\mathbf{\overline{SC}} = 501(\pi)(\mathbf{\overline{SC}})$	Print GOLDEN HARVEST						-1466516 business activity code		
X 501(c)(3) 408(e) 220(e)	Type	ľ	(See instr						
408(e) 220(e)									
Back value of all aposts	53119								
at end of year 8,619,8	trust	Other trust							
H Enter the number of the o	G Check organization type ►	sses. 🕨 1	-	501(c) trust Describe t	he only (or first) unr				
trade or business here	► RENTAL				complete Parts I-V. If		an one,		
describe the first in the b	ank space at the end of the previous sen	tence, complete Part	ts I and	II, complete a Schedule	M for each additional	l trade or			
business, then complete	Parts III-V.				A				
	he corporation a subsidiary in an affiliate		-subsid	liary controlled group?	► [Yes	X No		
	nd identifying number of the parent corp	oration. 🕨							
	► AMY BREITMANN			Telepho	ne number 🕨 🕻 🕻	<u>706)</u>	736-1199		
	I Trade or Business Income	•		(A) Income	(B) Expenses	_	(C) Net		
1a Gross receipts or sale									
b Less returns and allow		alance 🕨 📘	10						
	chedule A, line 7)		2						
3 Gross profit. Subtract			3						
	e (attach Schedule D)		4a						
	4797, Part II, line 17) (attach Form 4797		4b						
	for trusts		4c 5						
	partnership or an S corporation (attach s		5 6						
6 Rent income (Schedu7 Unrelated debt-financ	e C) ed income (Schedule E)		7	3,630.	5,22	26	-1,596.		
	alties, and rents from a controlled organiz		8	5,050.	5,22		1,550.		
· · · · ·	a section 501(c)(7), (9), or (17) organiza	_	9						
	rity income (Schedule I)		10						
	chedule J)		11						
12 Other income (See ins	tructions; attach schedule)	F	12						
				3,630.	5,22	26.	-1,596.		
Part II Deductio	3 through 12 ns Not Taken Elsewhere (Se	ee instructions for	limitat	ions on deductions.)	-				
(Except for d	ontributions, deductions must be di	rectly connected v	with th	e unrelated business i	ncome.)				
14 Compensation of off	cers, directors, and trustees (Schedule K					14			
15 Salaries and wages						15			
16 Repairs and mainten	ance					16			
						17			
	dule) (see instructions)					18			
19 Taxes and licenses						19			
	ons (See instructions for limitation rules)				·····	20			
	Form 4562)								
	imed on Schedule A and elsewhere on re					22b			
						23			
	rred compensation plans					24			
	grams					25			
	ises (Schedule I)					26 27			
	sts (Schedule J)					27			
	ach schedule) Id lines 14 through 28					20	0.		
	axable income before net operating loss (30	-1,596.		
	erating loss arising in tax years beginning				ŀ	31	_,		
	axable income. Subtract line 31 from line			. ,		32	-1,596.		
						v -			

Form 990-T	,		466516	Page 2
Part I		otal Unrelated Business Taxable Income		
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-1,596.
34	Amou	nts paid for disallowed fringes	34	
35	Deduc	tion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 1	35	0.
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
		33 and 34		-1,596.
37	Speci	ic deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38		ated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
		the smaller of zero or line 36	38	-1,596.
		ax Computation		
39			► <u>39</u>	0.
40		Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
41		tax. See instructions	► <u>41</u>	
42 43	Tax a	ative minimum tax (trusts only) 1 Noncompliant Facility Income. See instructions	42	
43	Total	Add lines 41, 42, and 43 to line 39 or 40, whichever applies	43	0.
		ax and Payments		0.
		n tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b		credits (see instructions)	_	
c		al business credit. Attach Form 3800 45c		
d		for prior year minimum tax (attach Form 8801 or 8827) 45d 45d		
e		credits. Add lines 45a through 45d	45e	
46		act line 45e from line 44		0.
47	Other	taxes. Check if from: 🔄 Form 4255 🔄 Form 8611 🔄 Form 8697 🦲 Form 8866 💭 Other (attach schedu		
48	Total	tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50 a	Paym	ents: A 2017 overpayment credited to 2018 50a		
b	2018	estimated tax payments 50b		
C	Tax d	posited with Form 8868 50c		
		n organizations: Tax paid or withheld at source (see instructions) 50d		
		p withholding (see instructions) 50e		
		for small employer health insurance premiums (attach Form 8941) 50f		
g		credits, adjustments, and payments: Form 2439		
		Form 4136 Other Total > 50g		
51	Totim	payments. Add lines 50a through 50g ated tax penalty (see instructions). Check if Form 2220 is attached ▶ □		
52 53		ated tax penalty (see instructions). Check if Form 2220 is attached ▶	► <u>52</u>	
53 54		ayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	► <u>53</u>	
55	-	the amount of line 54 you want: Credited to 2019 estimated tax	► 55	
Part V		statements Regarding Certain Activities and Other Information (see instructions)		
56	At any	time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here	•		X
57	Durin	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
		," see instructions for other forms the organization may have to file.		
58		the amount of tax-exempt interest received or accrued during the tax year \blacktriangleright		
Sign		der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kn rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	owledge and belie	f, it is true,
Here				scuss this return with
		Signature of officer Date EXECUTIVE DIRECTOR	the preparer sh instructions)?	own below (see
				X Yes No
D		Print/Type preparer's name Preparer's signature Date Check self- emplo	_ if PTIN	
Paid		ELIZABETH MORRISON		231389
Prepa		Firm's name ► CHERRY BEKAERT LLP Firm's EIN		0574444
Use C	niy	1029 GREENE STREET		
		Firm's address ► AUGUSTA, GA 30901 Phone no.	706-72	4-3557
-				000 T

1 Inventory at beginning of year 1 6 2 Purchases 2 7 Cost of back Subtract line 6 7 4a Additional section 28A costs 3 7 Cost of back Subtract line 6 7 4a Additional section 28A costs 4a 6 7 Cost of back Subtract line 6 7 4a Additional section 28A costs 4a 6 10 7 7 6 Dotter rule of section 28A (with respect to property produced or accord and the part, line or againation of property costs (additional section 28A (with respect to property) produced or accord and the part, line or againation of property (additional section 28A (with respect to property) produced or accord and the part (section 28A (with respect to property) (additional section 28A (with respect to property) (addition respect to property) (additional section 28A (with r	Schedule A - Cost of Goods	Sold. Enter	method of invente	ory va	luation 🕨 N/A					
2 2 7 Cost of spocks sold. Subtract line 6 3 Cost of labor. 7 Cost of pooks sold. Subtract line 6 4 Additional section 203A costs (attach schedule) 4 bother rotes catches here and in Part 1, line 2 cost of pooks sold. Subtract line 6 time organization? Yes No 5 Total. Add lines 1 through 4b 5 Import produced or acquired for resale) apply to import scale. Yes No Cost of pooks sold. Subtract line 6 4b Import produced or acquired for resale) apply to import scale. Yes No Schedule C - Hent Income (From Real Property and Personal Property Leased With Real Property) Gel betractions directly connected with the income in counters of the personal property if the personal proper	1 Inventory at beginning of year	1		6	Inventory at end of year	r		6		
4a Additional section 283A costs (attach schedule) 7 5 Do the rules of section 283A (with respect to property produced or acquired for resale) apply to the organization? Yes No 5 Total. Add lines 1 through 4b 5 Total. Add lines 1 through 4b Yes No 5 Total. Add lines 1 through 4b 5 Total. Add lines 1 through 4b Yes No 5 Total. Add lines 1 through 4b 5 Total. Add lines 1 through 4b Yes No (1) C Rein received or accued (3) (3) (3) (3) (2) (3) (3) (3) (3) (3) (3) (3) (4)				7	Cost of goods sold. Su	btract I	ine 6			
4a 4a a Do the rules of scalan (with respect to property produced or acquired for respect to the organization? Yes No 5 Total. Additions through by to the strong hy to the organization? 5 Total. Addition of property No	3 Cost of labor	3			from line 5. Enter here a	and in F	Part I,			
4a 4a 8 Do the rules of section 253A (with respect to the organization? Yes No 5 Total. Add lines 1through 4b 5 Total. Add lines 1through 4b 5 Total. Add lines 1through 4b 1 Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (add lines 1through 4b (add lines 1throu	4a Additional section 263A costs				line 2			7		
b Other costs (attach schedule) 40 property produced or acquired for resile) apply to the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (a) (a) (b) (c) (c) (c) (c) (d) (c) (c) (e) (c) (c) (d) (c) (c) (e) (c) (c) (d) (c) (c) (e) (c) (c) (f) (c) (c) (c) (f) (c) (c) (c) (f) (c) (c) (c) (c) (f) (c) (c) (c) (c) (c) (f) (c) (c)	(attach schedule)	4a							Yes	No
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (i) (c)	b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
(see instructions) 1. Description of property (1) (2) (3) (4) (a) (b) (c)	5 Total. Add lines 1 through 4b	5								
1. Description of property (1) (2) (3) (4) (a) From densenti property is more than inform for personal property is more than 50% (1) (2) (3) (4) (2) (3) (4) (2) (3) (4) (4) (5) (6) (7) (6) (7) (7) (8) (9) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (10) (11) (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (1) (1)	Schedule C - Rent Income (From Real	Property and	Pers	onal Property Lo	ease	d With Real Prope	erty)		
Image: state of the product or part of the product of the	(see instructions)									
(2) (3) (4) (a) (b) From restends property (if the percentage of intermed percentage of intermed property (if the percentage of intermed percentage	1. Description of property									
(3) (4) 2. Pentreceived or accrued (a) From personal property (if the percentage of the percent	(1)									
(4) (a) Form personal property (if the percentage of rent for personal property (if the percentage of rent for personal property (if the percentage of of rent for personal property exceeds 50% of rent is based on profit or income) 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) (1) (2) (3) (4) (4) (2) (3) (4) (4) (4) (5) (a) (b) Total (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	(2)									
2. First received or accrued 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) (a) From personal property (if the percentage of rent for percentage of	(3)									
(a) From personal property (if the server-tange of refit or read or protein all property (if the personal property is more than 50%) 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) (1) (a) (b) Form all and personal property exceeds 50% of if all body of the rent is based on profit or income) 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) (2) (a) (b) (c) (c) (3) (c) (c) (c) (c) (4) (c) (c) (c) (c) (c) (c) Total (c) (c) (c) (c) (c) Schedule E - Unrelated Debt-Financed Income (see instructions) (c)	(4)						4			
(a) Profit for and production and property in the production and property in the production and property in the profit or income) (b) Profit or income) (c) Production and property in the production and property in the profit or income) (1) (c) (c) (c) (c) (a) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (d) (c) Total (c) (c) (c) (c) (e) Total income. Add totals of columns 2(a) and 2(b). Enter (c)										
(2) (3) (4) (4) (5) Total (6) (7) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part 1, line 6, column (A) (b) Total deductions. Enter here and on page 1, Part 1, line 6, column (A) (b) Total deductions. Enter here and on page 1, Part 1, line 6, column (A) (b) Total deductions. Enter here and on page 1, Part 1, line 6, column (A) (b) Total deductions. Enter here and on page 1, Part 1, line 6, column (B) (c) (c) Total deductions. Enter here and on page 1, Part 1, line 6, column (B) (c) (c) (c) (c) Total deductions. Enter here and on page 1, Part 1, line 6, column (B) (c) (c) <td>` rent for personal property is more</td> <td>entage of than</td> <td>of rent for pe</td> <td>ersonal p</td> <td>property exceeds 50% or if</td> <td>le</td> <td>3(a) Deductions directly columns 2(a) and</td> <td>connec d 2(b) (i</td> <td>attach schedule)</td> <td>1</td>	` rent for personal property is more	entage of than	of rent for pe	ersonal p	property exceeds 50% or if	le	3(a) Deductions directly columns 2(a) and	connec d 2(b) (i	attach schedule)	1
(2) (3) (4) (4) (5) Total (6) (7) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part 1, line 6, column (A) (b) Total deductions. Enter here and on page 1, Part 1, line 6, column (A) (b) Total deductions. Enter here and on page 1, Part 1, line 6, column (A) (b) Total deductions. Enter here and on page 1, Part 1, line 6, column (A) (b) Total deductions. Enter here and on page 1, Part 1, line 6, column (B) (c) (c) Total deductions. Enter here and on page 1, Part 1, line 6, column (B) (c) (c) (c) (c) Total deductions. Enter here and on page 1, Part 1, line 6, column (B) (c) (c) <td>(1)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(1)									
(3) (4) Total 0. Total 0. (c) Total income. Add totals of columns 2(a) and 2(b). Enter 0. here and on page 1, Part 1, line 6, column (A) 0. Schedule E - Unrelated Debt-Financed Income (see instructions) 0. 2. Gross income from or allocable to debt-financed property 3. Deductions directly connected with or allocable to debt-financed property 1. Description of debt-financed property 2. Gross income from or allocable to debt-financed property (a) Straight line depreciation (b) Other deductions (catch schedule) (1) RENTAL 6,800. 68. 9,723. (2) (3) (4) (4) (b) Column 4 divided basis debt-framed property (attach schedule) 5. Average adjustion basis debits basis debt-framed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) 8. Allocable deductions (column 3 x colar) of columns 3(a) and 3(b). (1) 156, 642. 293, 422. 53.38 % 3, 630. 5, 226. (3) 9% (4) % (column 4, line 7, column (b). Enter here and on page 1, Part 1, line 7, column (b). (4) % (4) % (column 4, line 7, column (b). (column 4, line 7, column (b).										
(4) Total 0. Total 0. (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (A) 0. Schedule E - Unrelated Debt-Financed Income (see instructions) 2. Gross income from or allocable to debt. financed property 3. Deductions directly connected with or allocable to debt. Transced locome (see instructions) (a) Straight line depociation (attach schedule) (b) Other deductions (attach schedule) (1) RENTAL 6, 800. 68. 9, 723. (2) (a) STATEMENT 2 STATEMENT 3 (a) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2, x column 6) (4) (a) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2, x column 6) (1) 156, 642. 293, 422. 53.38 % 3, 630. 5, 2266. (2) % Fart I, line 7, column (b). (a) 156, 642. 293, 422. 53.38 % 3, 630. 5, 2266. (2) %										
Total O. Total (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part 1, line 6, column (A) (b) Total deductions. Enter here and on page 1, Part 1, line 6, column (B) (c) Total deductions. Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) 1. Description of debt-financed property 2. Gross income from or allocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (1) RENTAL 6, 800. 68. 9, 723. (2) (a) (a) Straight line depreciation (column between connected with or allocable to debt-financed property (attach schedule) (b) Other deductions (attach schedule) (a) (b) Connected property (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c)							Y			
(a) Fundamental (b) (a) fundational (b)		0.	Total			0.				
Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to debt-financed property 1. Description of debt-financed property 2. Gross income from or allocable to debt-financed property 3. Deductions directly connected with or allocable to debt-financed property (1) RENTAL 6,800. 68. 9,723. (2) (3) (4) (4) (4) 4. Amount of average acquisition debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column g. x total of columns 3(g) and 3(b)) (1) 156,642. 293,422. 53.388 % 3,630. 5,226. (3) % (4) (4) (4) (4) (1) 156,642. 293,422. 53.388 % 3,630. 5,226. (4) % (4) (4) (5,226. (2) % (4) (5,226. (5,226. (4) % (6, Column 6, Column 6, Column 6, Column 7, Column 6, Column 7, Column 6, Column 8, Allocable 4, Column 8, Column 8, Column 8, Column 8, Column 8, Column 6, Column 8, Column 6, Column 8, Column 6, C			ter			0	Enter here and on page 1,			٥
1. Description of debt-financed property 2. Gross income from or allocable to debt-financed property 3. Deductions directly connected with or allocable to debt-financed property (1) RENTAL 6,800. (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (2) 6,800. 68. 9,723. (3) (4) (b) column 4 divided by column 5 7. Gross income reportable (column 6) 8. Allocable deductions (column 6) (1) 1 156,642. 293,422. 53.38 % 3,630. 5,226. (2) % (column 6) (column 6) 8. Allocable deductions (column 6) (4) 9 9 7.23. (column 6) (column 6) (1) 1 156,642. 293,422. 53.38 % 3,630. 5,226. (3) % (d) % (d) (d) <t< td=""><td></td><td></td><td></td><td>nstruc</td><td>tions)</td><td>0.</td><td>Part I, line 6, column (B)</td><td></td><td></td><td>0.</td></t<>				nstruc	tions)	0.	Part I, line 6, column (B)			0.
1. Description of debt-financed property or allocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (1) RENTAL 6,800. 68. 9,723. (2) 6. 6. 9. (3) 9. 9. 9. (4) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) 8. Allocable deductions (columns 5 x total of columns 6 by column 5 (1) 1 156,642. 293,422. 53.388 % 3,630. 5,226. (2) % 9. 9. 9. (4) % 9. 9. 9. (1) 1 156,642. 293,422. 53.388 % 3,630. 5,226. (2) % 9. 9. 9. (3) % 9. 9. 9. (4) % 9. 9. 9. 9. (4) % 9. 9. 9. 9. 9. (3) % 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. 9. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>3. Deductions directly conn to debt-finance</td> <td>ected v</td> <td>with or allocable</td> <td></td>							3. Deductions directly conn to debt-finance	ected v	with or allocable	
Internation (attach schedule) (attach schedule) (1) RENTAL 6,800. 68. 9,723. (2) (attach schedule) (attach schedule) (attach schedule) (4) (attach schedule) (attach schedule) (attach schedule) (4) (attach schedule) (attach schedule) (attach schedule) (1) 156,642. 293,422. 53.38 % 3,630. 5,226. (2) % (attach schedule) (attach schedule) (attach schedule) (attach schedule) (1) 156,642. 293,422. 53.38 % 3,630. 5,226. (2) % (attach schedule) (attach schedule) (attach schedule) (3) % (attach schedule) % (attach schedule) (attach schedule) Totals 3,630. 5,226. (attach schedule) (attach schedule)	1. Description of debt-fin	anced property			or allocable to debt-	(a)		1	(b) Other deduction	IS
(1) RENTAL 6,800. 68. 9,723. (2) (3) (4) (4) (4) (4) 4. Amount of average acquisition debt financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) (1) 156,642. 293,422. 53.38 % 3,630. 5,226. (2) % (4) (4) (4) (4) (4) (5,226. (3) % (4) (5,226. (5,226. (6,20000) (7,23. Totals Totals 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) (6, Column 5, 226. (7, Gross income reportable (column 2, 2, 2, 2, 2, 2, 3, 3, 3, 3, 3, 6, 3, 6, 5, 2.26. (7, Gross income reportable (column 3, 2, 2, 3, 3, 6, 3, 6, 5, 2, 3, 6, 5, 2, 3, 6, 5, 2, 3, 6, 5, 2, 3, 6, 5, 2, 3, 6, 5, 2, 3, 6, 5,		anood property			manced property	~			. ,	•
(2) (3) (4) (4) (4) (4) 4. Amount of average acquisition debt financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) (1) 156,642. 293,422. 53.38 % 3,630. 5,226. (2) % (4) (4) (4) (4) (4) Enter here and on page 1, Part 1, line 7, column (A). Totals 3,630. 5,226.					<u> </u>	S		_		3
(3) (4) 4. Amount of average acquisition debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) 8. Allocable deductions (columns 3(a) and 3(b)) (1) 156,642. 293,422. 53.388 % 3,630. 5,226. (2) % (4) % (4) % (4) % (4) % (4) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) % (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (5) (5) (2) (4) (4) (4) (5) (5) (2) (4) (4) (5) (4) (5) (4) (6) (6) (7					6,800.		68.	·	9,7	23.
(4) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) (1) 156,642. 293,422. 53.38 % 3,630. 5,226. (2) % (4) % (4) % (4) % (4) % (5) Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 5 7. Gross income reportable (column 2 x column 6) 8. Allocable deductions (columns 3(a) and 3(b)) (1) 156,642. 293,422. 53.38 % 3,630. 5,226. (2) % (4) % (4) % <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>_</td><td></td><td></td></t<>								_		
4. Amount of average acquisition debt of allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) (1) 156,642. 293,422. 53.38 % 3,630. 5,226. (2) % (3) % Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B). Enter here and on page 1, Part I, line 7, column (B). Enter here and on page 1, Part I, line 7, column (B). Enter here and on page 1, Part I, line 7, column (B). Enter here and on page 1, Part I, line 7, column (B). Enter here and on page 1, Part I, line 7, column (B). Enter here and on page 1, Part I, line 7, column (B). Enter here and on page 1, Part I, line 7, column (B). Enter here and on page 1, Part I, line 7, column (B). Enter here and on page 1, Part I, line 7, column (B). Enter here and on page 1, Part I, line 7, column (B). Enter here and on page 1, Part I, line 7, column (B). Enter here and on page 1, Part I, line 7, column (B). Enter here and on page 1, Part I, line 7, column (B). Enter here and on page 1, Part I,										
property (attach schedule) debt-financed property (attach schedule) 2 x column 6) 3(a) and 3(b)) (1) 156,642. 293,422. 53.38 % 3,630. 5,226. (2) % (3) % (4) % (4) % Enter here and on page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B). Totals										
(2) % (3) % (4) % (4) % Enter here and on page 1, Part 1, line 7, column (A). Enter here and on page 1, Part 1, line 7, column (B). Enter here and on page 1, Part 1, line 7, column (B). Totals 3, 630. 5, 226.	 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	allocable to nced property	6.			reportable (column		(column 6 x total of co	
(2) % (3) % (4) % (4) % Enter here and on page 1, Part 1, line 7, column (A). Enter here and on page 1, Part 1, line 7, column (B). Enter here and on page 1, Part 1, line 7, column (B). Totals 3, 630. 5, 226.	(1) 156,642.		293,422.		53.38%		3,630.		5,2	26.
(3) % (4) % Enter here and on page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B). Totals 3,630. 5,226.			-				•		•	
(4) % Enter here and on page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B). Totals 3,630. 5,226.					%					
Totals Enter here and on page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B).					%					
	Totals						3,630.		5,2	26.
							▶		- , -	

Form **990-T** (2018)

58-1466516

Form 990-T (2018) GOLDEN Schedule F - Interest,	HARVEST F	OOD BANK,	INC.			58-14	16651	Ū.
Schedule F - Interest,	Annuities, Royal					tions (see ir	struction	s)
		Exempt	t Controlled O	rganizati T	ions	1		
1. Name of controlled organization	tion 2. Emidentifinum	ication (loss) (s	nrelated income ee instructions)	4. To pay	tal of specified ments made	5. Part of column included in the cor organization's gross	ntrolling	6. Deductions directly connected with income in column 5
(1)								
_(1) _(2)								
_(3)								
(4)								
Nonexempt Controlled Organi	izations						I	
7. Taxable Income	8 Net unrelated incon	ne (loss) 9. Tot	al of specified pay	ments	10. Part of colu	mn 9 that is included	11. De	ductions directly connected
	(see instruction		made		in the controlli	ng organization's s income	with	n income in column 10
(1)								
(2)								
(3)								
(4)						4		
					Enter here and	nns 5 and 10. on page 1, Part I, column (A).		dd columns 6 and 11. Iere and on page 1, Part I, Iine 8, column (B).
Totals						0.		0.
Schedule G - Investme				17) Oro	anization	-	1	-
	ructions)		(-), (-), (,				
1. Desc	cription of income		2. Amount of	income	3. Deduction directly conner (attach sched	cted 4. Se	t-asides schedule)	 Total deductions and set-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)								
			Enter here and Part I, line 9, cc					Enter here and on page 1, Part I, line 9, column (B).
Totals				Ο.				0.
Schedule I - Exploited (see instru	• •	Income, Othe	r Than Adv	/ertisir	ng Income			
			4. Net incon					
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	from unrelated business (co minus colum gain, comput through	d trade or olumn 2 n 3). If a e cols. 5	 Gross inco from activity t is not unrelat business inco 	hat attributed	xpenses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(1) (2) (3) (4)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).						Enter here and on page 1, Part II, line 26.
Totals 🕒 🕨	0.	0	•					0.
Schedule J - Advertisi								
Part I Income From	Periodicals Rep	orted on a Cor	nsolidated	Basis				
	2. Gross	3 Direct	4. Adver	tising gain	5 Circulat	tion 6 Bea	dership	7. Excess readership

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 	5. Circulation income	6. Readership costs	 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.
						Form 990-T (2018)

823732 01-09-19

Form 990-T (2018) GOLDEN HARVEST FOOD BANK, INC.

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising cos	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Reade cost	ership costs s colum	xcess readership 6 (column 6 minus nn 5, but not more nan column 4).	
(1)								
(2)								
(3)								
(4)								
Totals from Part I	0.		0.				0.	
Enter here and on Enter h page 1, Part I, page line 11, col. (A). line 1							nter here and on page 1, Part II, line 27.	
Totals, Part II (lines 1-5)								
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)								
1. Name						Compensation attributable to unrelated business		
(I)								

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

Form 990-T (2018)

58-1466516

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/13	4,851.	0.	4,851.	4,851.
09/30/14	5,451.	Ο.	5,451.	5,451.
09/30/15	5,277.	Ο.	5,277.	5,277.
09/30/16	4,918.	Ο.	4,918.	4,918.
09/30/17	2,242.	Ο.	2,242.	2,242.
09/30/18	2,810.	0.	2,810.	2,810.
NOL CARRYO	VER AVAILABLE THIS	YEAR	25,549.	25,549.

FORM 990-T S	CHEDULE E - DEPRECIA	ATION DEDUCT	ION	STATEMENT	2
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION EXPENSE	- SUBTOTAL	- 1	68.		68.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	3(A)			68.
FORM 990-T	SCHEDULE E - OTHER	R DEDUCTIONS		STATEMENT	3
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
REPAIR AND MAINTENAN MORTGAGE INTEREST UTILITIES	CE - SUBTOTAL -	- 1	466. 4,572. 4,685.	9,'	723.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	3(B)		9,7	723.

(Rev. January 2019)

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

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

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

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

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

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

Application Return Application R	EIN) or 0 7 0 8 07 08 09 10 11 12
GOLDEN HARVEST FOOD BANK, INC. 58-1466516 File by the did date for file of data for the network of the ne	Code 07 08 09 10 11
Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) 3310 COMMERCE DRIVE Social security number (SSN) City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUGUSTA, GA 30909 Enter the Return Code for the return that this application is for (file a separate application for each return) Image: Code for the return that this application is for (file a separate application for each return) Application Return Application is For Code is Form 990-T (corporation) Form 990-T (corporaticon) Form 990-T (corporation)<	Seturn O7 08 09 10 11
Instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUGUSTA, GA 30909 Return Application for each return) (f) Enter the Return Code for the return that this application is for (file a separate application for each return) (f) Application Return Application R Is For Code Is For (f) Form 990 or Form 990-EZ 01 Form 990-T (corporation) (f) Form 990-BL 02 Form 1041-A (f) (f) Form 990-FF 04 Form 5227 (f) (f) Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 (f) (f) Form 990-T (trust other than above) 06 Form 8870 (f) (f) AMY BREITMANN • • AUGUSTA, GA 30909 • Telephone No. ▶ (706) 736-1199 Fax No. ▶	Seturn O7 08 09 10 11
Application Return Application R Is For Code Is For (Code Is For (Code (Code Is For (Code (Code Is For (Code (Code <td>Seturn O7 08 09 10 11</td>	Seturn O7 08 09 10 11
Is For Code Is For (c) Form 990 or Form 990 EZ 01 Form 990.T (corporation) (c) Form 990-BL 02 Form 1041-A (c) Form 990-BL 03 Form 4720 (other than individual) (c) Form 990-PF 04 Form 5227 (c) Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 (c) Form 990-T (trust other than above) 06 Form 8870 (c) AMY BREITMANN • • AMY BREITMANN • • The books are in the care of ▶ 3310 COMMERCE DRIVE - AUGUSTA, GA 30909 • • • The books are in the care of ▶ 3310 COMMERCE DRIVE - AUGUSTA, GA 30909 • • • The books are in the care of ▶ 3310 COMMERCE DRIVE - AUGUSTA, GA 30909 • • • The books are in the care of ▶ 3310 COMMERCE DRIVE - AUGUSTA, GA 30909 • • • If the organization does not have an office or place of business in the United States, check this box • • • • If this is for part of the group, check this box • • and attach a list with the names and EINs of all members the extension is for. 1 <td>Code 07 08 09 10 11</td>	Code 07 08 09 10 11
Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 MY BREITMANN • AMY BREITMANN • The books are in the care of ▶ 3310 COMMERCE DRIVE - AUGUSTA, GA 30909 Telephone No. ▶ (706) 736-1199 Fax No. ▶	07 08 09 10 11
Form 990-BL 02 Form 1041-A Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 AMY BREITMANN 05 Form 8870 • The books are in the care of ▶ 3310 COMMERCE DRIVE - AUGUSTA, GA 30909 Telephone No. ▶ (706) 736-1199 • If the organization does not have an office or place of business in the United States, check this box ▶ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. 1 I request an automatic 6-month extension of time until AUGUST 15, 2020, to file the exempt organization return for: ▶ calendar year or	08 09 10 11
Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 AMY BREITMANN • Augusta • • The books are in the care of ▶ 3310 COMMERCE DRIVE - AUGUSTA, GA 30909 Telephone No. ▶ (706) 736-1199 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box ▶ • • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ▶ • If this is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. 1 I request an automatic 6-month extension of time until the organization's return for: AUGUST 15, 2020 , to file the exempt organization return for: ▶ □ calendar year	09 10 11
Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 AMY BREITMANN 05 Form 8870 • The books are in the care of ▶ 3310 COMMERCE DRIVE - AUGUSTA, GA 30909 Telephone No. ▶ (706) 736-1199 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box ▶ . • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . If this is for the whole group, check this box • If the organization does not have an office or place of business in the United States, check this box . . • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . • If it is for part of the group, check this box ■ and attach a list with the names and EINs of all members the extension is for. 1 I request an automatic 6-month extension of time until AUGUST 15, 2020 , to file the exempt organization return for: ▶ □ calendar year	10 11
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 AMY BREITMANN AMY BREITMANN • The books are in the care of ▶ 3310 COMMERCE DRIVE - AUGUSTA, GA 30909 Telephone No. ▶ (706) 736-1199 Fax No. ▶ • If the organization does not have an office or place of business in the United States, check this box ▶ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box • If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. 1 I request an automatic 6-month extension of time until AUGUST 15, 2020 , to file the exempt organization return for: ▶ □ calendar year or or	11
Form 990-T (trust other than above) 06 Form 8870 AMY BREITMANN AMY BREITMANN • The books are in the care of ▶ 3310 COMMERCE DRIVE - AUGUSTA, GA 30909 Telephone No. ▶ (706) 736-1199 • If the organization does not have an office or place of business in the United States, check this box ▶ • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box • If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for. 1 I request an automatic 6-month extension of time until the organization's return for: AUGUST 15, 2020 , to file the exempt organization return for: ▶ □ calendar year or or	
 AMY BREITMANN The books are in the care of ► <u>3310 COMMERCE DRIVE - AUGUSTA, GA 30909</u> Telephone No. ► (706) 736-1199 Fax No. ► If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box If request an automatic 6-month extension of time untilAUGUST 15, 2020, to file the exempt organization return for: ► calendar year or 	12
 The books are in the care of ▶ <u>3310 COMMERCE DRIVE - AUGUSTA, GA 30909</u> Telephone No. ▶ (706) 736-1199 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ If this is for part of the group, check this box ▶ If this is for all members the extension is for. 1 I request an automatic 6-month extension of time untilAUGUST 15, 2020, to file the exempt organization return for: ▶ calendar year or 	
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period	
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	_
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by	-
using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$	0.
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for pay instructions.	/ment

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

Form 8868 (Rev. 1-2019)

TAX RETURN FILING INSTRUCTIONS

GEORGIA FORM 600-T

FOR THE YEAR ENDING

SEPTEMBER 30, 2019

PREPARED FOR:

GOLDEN HARVEST FOOD BANK, INC. 3310 COMMERCE DRIVE AUGUSTA, GA 30909

PREPARED BY:

CHERRY BEKAERT LLP 1029 GREENE STREET AUGUSTA, GA 30901 706-724-3557

TO BE SIGNED AND DATED BY:

THE AUTHORIZED INDIVIDUAL(S).

AMOUNT OF TAX:

TOTAL TAX	\$ 0
LESS: PAYMENTS AND CREDITS	\$ 0
PLUS: OTHER AMOUNT	0
PLUS: NTEREST AND PENALTIES	\$ 0
NO PAYMENT REQUIRED	\$

OVERPAYMENT:

CREDITED TO YOUR ESTIMATED TAX	\$ 0
OTHER AMOUNT	\$ 0
REFUNDED TO YOU	\$ 0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

GEORGIA DEPARTMENT OF REVENUE P.O. BOX 740397 ATLANTA, GA 30374-0397

RETURN MUST BE MAILED ON OR BEFORE:

AUGUST 17, 2020

SPECIAL INSTRUCTIONS:

Exempt Organizat	DO-T (Rev. 06/25/18) ion is Income Tax Return		1901605012		Ge Pr P(ailing Address eorgia Departme ocessing Center D Box 740397 lanta, Georgia 3	nt of Revenue
Page 1	S Income Tax neturn		190 10030 12		AL	ianta, Georgia S	J374-U397
Amended	Amended due to IRS Audit	Address	Change 🔲 UET Annualizatior	Exception atta	ched		
For the toyohle w			10/01/2018 and end	ing 09/3	30/2	019	
For the taxable ye Name of Organiza		Name of Fidu					se of employees'
Name of Organiza			Cidiy		cribed in	yer ID No. (in ca section 401 (a) ar	d exempt under entification number.)
OLDEN HA	RVEST FOOD BANK,			00010110	, o i (u), ii		
Number and Stre	et ,	Number and	Street				
				58-1	1466	516	
310 COMM	ERCE DRIVE			NAICS	Code	Date of	IRS code
City or Town		City or Town				current exemption	section for which you
UGUSTA						letter.	are exempt.
State	ZIP Code	State	ZIP Code				
A	30909			5311	190		
					-	SCHEDUL	.E 1
I. Unrelated bus	iness taxable income from Fede	eral Form 990-T	(attach copy)	1.			-159
2. Additions							
	e 1 and Line 2)						-159
							-159
5. Georgia unreia	ated business taxable income (L	ine 3 less Line 4	4)	5.			
COMPUTATION	OF GEORGIA UNRELATED B	JSINESS INCO	OME TAX			SCHEDUL	<u>E 2</u>
I. Line 5, above,	multiplied by 6%			1.			
2. Less: Credits	used from Schedule 3, do not e	nter more than	Line 1 of Schedule 2	2.			
3. Less: Paymen	ts			3.			
1. Withholding C	redits (G2-A, G2-LP and/or G2-F	RP)		4.			
5. Balance of tax	due OR overpayment			5.			
6. Interest due (S	See Instructions)			6.			
7. Underestimate	ed tax penalty			7.			
3. Other penaltie	s due (See Instructions)			8.			
). Balance of tax	, interest and penalties due witl	n return		9.			
	overpayment, amount to be cro						
Estimated T	ax 🕨	Refunde	d 🕨				
COPY OF THE ECLARATION: I/	FEDERAL 990-T AND SUPPOR We declare under penalty of per pour knowledge and belief, it is tr	TING SCHED	ULES (AND ANY EXTENSION ave examined this return (inclu	iding accomp	anying	schedules and s	tatements) and

.

on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Signature of Officer EXECUTIVE DIRECTO

P00231389 845981 08-16-18

Employee ID or Social Security Number

Signature of Individual or Firm Preparing Return