

CHERRY BEKAERT ADVISORY LLC  
1029 GREENE STREET  
AUGUSTA, GA 30901

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



Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning **OCT 1, 2020** and ending **SEP 30, 2021**

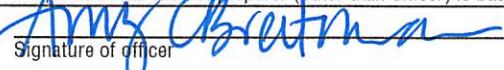
|  |  |  |
|--|--|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>GOLDEN HARVEST FOOD BANK, INC.</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>3310 COMMERCE DRIVE</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>AUGUSTA, GA 30909</b><br><b>F</b> Name and address of principal officer: <b>AMY BREITMANN</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>58-1466516</b><br><b>E</b> Telephone number<br><b>706-736-1199</b><br><b>G</b> Gross receipts \$ <b>43,253,698.</b><br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |  |
| <b>J</b> Website: ▶ <b>WWW.GOLDENHARVEST.ORG</b>   |  |  |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  | <b>L</b> Year of formation: <b>1982</b>  |
|  |  | <b>M</b> State of legal domicile: <b>GA</b>  |

**Part I Summary**

|            |  |                                  |                     |
|------------|--|----------------------------------|---------------------|
| <b>1</b>   | Briefly describe the organization's mission or most significant activities: <b>GOLDEN HARVEST FOOD BANK, INC. IS A LOCALLY-SUPPORTED, NON-PROFIT, CHARITABLE FOOD DISTRIBUTION</b> |                                  |                     |
| <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |                                  |                     |
| <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                         | <b>16</b>           |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                         | <b>16</b>           |
| <b>5</b>   | Total number of individuals employed in calendar year 2020 (Part V, line 2a)   | <b>5</b>                         | <b>57</b>           |
| <b>6</b>   | Total number of volunteers (estimate if necessary)   | <b>6</b>                         | <b>1637</b>         |
| <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                        | <b>68.</b>          |
| <b>b</b>   | Net unrelated business taxable income from Form 990-T, Part I, line 11   | <b>7b</b>                        | <b>0.</b>           |
| <b>8</b>   | Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>                | <b>Current Year</b> |
| <b>9</b>   | Program service revenue (Part VIII, line 2g)   | <b>33,130,702.</b>               | <b>40,911,163.</b>  |
| <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>1,210,520.</b>                | <b>1,369,520.</b>   |
| <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>12,238.</b>                   | <b>96,596.</b>      |
| <b>12</b>  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>365,767.</b>                  | <b>226,034.</b>     |
| <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | <b>34,719,227.</b>               | <b>42,603,313.</b>  |
| <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)  | <b>23,908,406.</b>               | <b>24,988,411.</b>  |
| <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>0.</b>                        | <b>0.</b>           |
| <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e)  | <b>2,712,832.</b>                | <b>2,985,093.</b>   |
| <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>968,896.</b>  | <b>166,281.</b>                  | <b>213,088.</b>     |
| <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>3,809,759.</b>                | <b>4,561,708.</b>   |
| <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | <b>30,597,278.</b>               | <b>32,748,300.</b>  |
| <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12   | <b>4,121,949.</b>                | <b>9,855,013.</b>   |
| <b>20</b>  | Total assets (Part X, line 16)   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
| <b>21</b>  | Total liabilities (Part X, line 26)  | <b>13,190,732.</b>               | <b>21,730,028.</b>  |
| <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20   | <b>1,918,867.</b>                | <b>603,150.</b>     |
|            |  | <b>11,271,865.</b>               | <b>21,126,878.</b>  |

**Part II Signature Block**

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

|                               |   |                      |
|-------------------------------|---|----------------------|
| <b>Sign Here</b>              | Signature of officer: <br><b>AMY BREITMANN, EXECUTIVE DIRECTOR</b><br>Type or print name and title   | Date: <b>2/14/23</b> |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name: <b>ELIZABETH MORRISON</b><br>Preparer: <i>Elizabeth Morrison</i> Date: 2023.02.10 11:18:41 -06'00'<br>Check if self-employed: <input type="checkbox"/> PTIN: <b>P00231389</b><br>Firm's name: <b>CHERRY BEKAERT ADVISORY LLC</b> Firm's EIN: <b>88-2730877</b><br>Firm's address: <b>1029 GREENE STREET</b><br><b>AUGUSTA, GA 30901</b> Phone no. <b>706-724-3557</b> |                      |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: GOLDEN HARVEST FOOD BANK, INC.'S MISSION IS "FEEDING LIVES TOGETHER."

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 31,067,020. including grants of \$ 24,988,411. ) (Revenue \$ 1,369,520. ) SOLICIT, COLLECT, AND WAREHOUSE DONATED FOOD AND GROCERY PRODUCTS AND DISTRIBUTE THESE PRODUCTS THROUGH LOCAL NON-PROFIT ORGANIZATIONS IN 30 GEORGIA AND SOUTH CAROLINA COUNTIES. GOLDEN HARVEST FOOD BANK, INC.'S CORE ACTIVITY IS ITS DISTRIBUTION NETWORK TO OVER 400 CHURCHES AND OTHER CHARITABLE ORGANIZATIONS WITHIN ITS SERVICE AREA, WHICH ENCOMPASSES 25 COUNTIES WITHIN GEORGIA AND SOUTH CAROLINA. GOLDEN HARVEST ALSO OPERATES FOUR DIRECT SERVICE 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

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

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

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

4e Total program service expenses 31,067,020.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....   |     | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....  |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....   |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> 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):  |     |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   | X   |    |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....   | X   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  |     | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....  | X   |    |

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|   | Yes | No |
|---|-----|----|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....  |     |    |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....  |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | X   |    |

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
|           | <b>1a</b> 16   |     |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
|           | <b>1b</b> 16   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>10b</b> |  |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | X   |    |
| <b>12c</b> |  | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</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? |     |    |
| <b>16b</b> |  |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **AMY BREITMANN - (706) 736-1199**  
**3310 COMMERCE DRIVE, AUGUSTA, GA 30909**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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. See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                                   | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|   |   | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| (1) AMY C. BREITMANN (NON-VOTING)<br>EXECUTIVE DIRECTOR | 39.00<br>1.00   |  |                       | X       |              |                              | 96,196. | 0.   | 0.  |   |
| (2) BRIAN D. ELLEFSON<br>BOARD CHAIR                    | 2.00<br>0.00  | X  |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| (3) ANGI BROCK<br>TREASURER                             | 2.00<br>0.00  | X  |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| (4) HARRIS WEINSTEIN<br>SECRETARY                       | 2.00<br>0.00  | X  |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| (5) TODD M. BOUDREAU<br>DIRECTOR                        | 2.00<br>0.00  | X  |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (6) DEE GRIFFIN<br>DIRECTOR                             | 2.00<br>0.00  | X  |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (7) JAMES HEFFNER<br>DIRECTOR                           | 2.00<br>0.00  | X  |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (8) KATHLEEN HERSEY<br>DIRECTOR                         | 2.00<br>0.00  | X  |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (9) KEVIN HORTON<br>DIRECTOR                            | 2.00<br>0.00  | X  |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (10) OMEEKA P. LOGGINS<br>DIRECTOR                      | 2.00<br>0.00  | X  |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (11) ED MENDOZA<br>DIRECTOR                             | 2.00<br>0.00  | X  |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (12) MARK NEWTON<br>DIRECTOR                            | 2.00<br>0.00  | X  |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (13) JEREMY RUEGGERBERG<br>DIRECTOR                     | 2.00<br>0.00  | X  |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (14) THOMAS SAUNDERS<br>DIRECTOR                        | 2.00<br>0.00  | X  |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (15) DAGAN SHARPE<br>DIRECTOR                           | 2.00<br>0.00  | X  |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (16) MICHAEL SWAIN<br>DIRECTOR                          | 2.00<br>0.00  | X  |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (17) MONIQUE J. WYNN<br>DIRECTOR                        | 2.00<br>0.00  | X  |                       |         |              |                              | 0.      | 0.   | 0.  |   |





**Part VIII Statement of Revenue**

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

|   |   |                      | (A)            | (B)                                | (C)                        | (D)  |  |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
|   |   |                      | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>   | <b>1 a</b> Federated campaigns .....  | <b>1a</b>            |                |                                    |                            |  |  |
|   | <b>b</b> Membership dues .....  | <b>1b</b>            | 73,174.        |                                    |                            |  |  |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>            |                |                                    |                            |  |  |
|   | <b>d</b> Related organizations .....  | <b>1d</b>            |                |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>            | 2,550,188.     |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>            | 38,287,801.    |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                      | <b>1g</b>            | \$ 24,711,395. |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f .....   |                      | 40,911,163.    |                                    |                            |  |  |
| <b>Program Service Revenue</b>  | <b>2 a</b> PURCHASED FOOD SALES   | <b>Business Code</b> |                |                                    |                            |  |  |
|   |   | 900099               | 1,366,488.     | 1,366,488.                         |                            |  |  |
|   | <b>b</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>c</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>d</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>e</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>f</b> All other program service revenue .....  | 900099               | 3,032.         | 3,032.                             |                            |  |  |
| <b>g Total.</b> Add lines 2a-2f .....   |   | 1,369,520.           |                |                                    |                            |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) ..... |                      | 5,270.         |                                    |                            | 5,270.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....                           |                      |                |                                    |                            |  |  |
|   | <b>5</b> Royalties .....  |                      |                |                                    |                            |  |  |
|   | <b>6 a</b> Gross rents .....  | <b>6a</b>            | (i) Real       | 35,500.                            |                            |  |  |
|   |   |                      | (ii) Personal  |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: rental expenses ...  | <b>6b</b>            | 26,418.        |                                    |                            |  |  |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>            | 9,082.         |                                    |                            |  |  |
|   | <b>d</b> Net rental income or (loss) .....  |                      | 9,082.         |                                    | 68.                        | 9,014.   |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory                           | <b>7a</b>            | (i) Securities |                                    |                            |  |  |
|   |   |                      | (ii) Other     | 690,000.                           |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses .....                                 | <b>7b</b>            | 598,674.       |                                    |                            |  |  |
|   | <b>c</b> Gain or (loss) .....   | <b>7c</b>            | 91,326.        |                                    |                            |  |  |
| <b>d</b> Net gain or (loss) .....   |   | 91,326.              |                |                                    | 91,326.                    |  |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>   |                      | 242,245.       |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....  | <b>8b</b>   | 25,293.              |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....   |   | 216,952.             |                |                                    | 216,952.                   |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....  | <b>9a</b>   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....  | <b>9b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities .....  |   |                      |                |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....   | <b>10a</b>  |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold .....   | <b>10b</b>  |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory .....   |   |                      |                |                                    |                            |  |  |
| <b>Miscellaneous Revenue</b>  | <b>11 a</b> _____   | <b>Business Code</b> |                |                                    |                            |  |  |
|   | <b>b</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>c</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>d</b> All other revenue .....  |                      |                |                                    |                            |  |  |
|   | <b>e Total.</b> Add lines 11a-11d .....   |                      |                |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions .....   |   |                      | 42,603,313.    | 1,369,520.                         | 68.                        | 322,562.   |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   | 24,988,411.           | 24,988,411.                     |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   | 96,195.               | 54,769.                         | 21,711.                                | 19,715.                     |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   | 2,244,677.            | 1,278,011.                      | 506,618.                               | 460,048.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| <b>9</b> Other employee benefits .....  | 447,474.              | 353,021.                        | 36,087.                                | 58,366.                     |
| <b>10</b> Payroll taxes .....   | 196,747.              | 122,225.                        | 39,114.                                | 35,408.                     |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   |                       |                                 |  |                             |
| <b>b</b> Legal .....  |                       |                                 |  |                             |
| <b>c</b> Accounting .....   | 236,685.              | 78,846.                         | 72,690.                                | 85,149.                     |
| <b>d</b> Lobbying .....   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  | 213,088.              |                                 |  | 213,088.                    |
| <b>f</b> Investment management fees .....   |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)   | 163,025.              | 149,818.                        | 1,934.                                 | 11,273.                     |
| <b>12</b> Advertising and promotion .....   | 67,487.               | 67,487.                         |  |                             |
| <b>13</b> Office expenses .....   | 421,822.              | 356,986.                        | 12,943.                                | 51,893.                     |
| <b>14</b> Information technology .....  |                       |                                 |  |                             |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   | 699,840.              | 687,859.                        |  | 11,981.                     |
| <b>17</b> Travel .....  | 42,367.               | 31,389.                         | 2,854.                                 | 8,124.                      |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  |                       |                                 |  |                             |
| <b>20</b> Interest .....  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   | 287,044.              | 285,404.                        |  | 1,640.                      |
| <b>23</b> Insurance .....   | 154,249.              | 129,212.                        | 18,433.                                | 6,604.                      |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a</b> <b>FOOD PURCHASES</b>  | 2,385,463.            | 2,385,463.                      |  |                             |
| <b>b</b> <b>AUTO AND DELIVERY</b>   | 59,021.               | 57,076.                         |  | 1,945.                      |
| <b>c</b> <b>FREIGHT</b>   | 10,262.               | 10,262.                         |  |                             |
| <b>d</b> _____  |                       |                                 |  |                             |
| <b>e</b> All other expenses _____   | 34,443.               | 30,781.                         |  | 3,662.                      |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 32,748,300.           | 31,067,020.                     | 712,384.                               | 968,896.                    |
| <b>26</b> <b>Joint costs.</b> 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)

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 1,243,822.               | <b>1</b>    | 479,215.           |
|   | <b>2</b> Savings and temporary cash investments .....  | 3,204,920.               | <b>2</b>    | 11,200,207.        |
|   | <b>3</b> Pledges and grants receivable, net .....  | 602,620.                 | <b>3</b>    | 401,186.           |
|   | <b>4</b> Accounts receivable, net .....  | 13,175.                  | <b>4</b>    | 69,378.            |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>    |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>    |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                    |
|   | <b>8</b> Inventories for sale or use .....   | 3,890,698.               | <b>8</b>    | 5,023,005.         |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 31,608.                  | <b>9</b>    | 51,889.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 9,262,830.    |             |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 4,757,682.    | <b>10c</b>  | 4,505,148.         |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>   |                    |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>   |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   |                          | <b>15</b>   |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 13,190,732.  | <b>16</b>                | 21,730,028. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 304,264.                 | <b>17</b>   | 449,390.           |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                    |
|   | <b>19</b> Deferred revenue .....   | 101,287.                 | <b>19</b>   | 128,760.           |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>   |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                    |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>   |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 831,406.                 | <b>23</b>   |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   | 488,482.                 | <b>24</b>   |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 193,428.                 | <b>25</b>   | 25,000.            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 1,918,867.               | <b>26</b>   | 603,150.           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                    |
|   | <b>27</b> Net assets without donor restrictions .....  | 11,038,575.              | <b>27</b>   | 20,917,388.        |
|   | <b>28</b> Net assets with donor restrictions .....   | 233,290.                 | <b>28</b>   | 209,490.           |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                    |
|   | <b>32</b> Total net assets or fund balances .....  | 11,271,865.              | <b>32</b>   | 21,126,878.        |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 13,190,732.              | <b>33</b>   | 21,730,028.        |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 42,603,313. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 32,748,300. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 9,855,013.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 11,271,865. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |             |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 21,126,878. |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | X   |    |
| <b>c</b>  | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   | X   |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____  | X   |    |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____  | X   |    |



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2016  | (b) 2017  | (c) 2018  | (d) 2019  | (e) 2020  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 29261843. | 27425802. | 31456820. | 33130702. | 40911163. | 162186330 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |           |           |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |           |           |           |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 29261843. | 27425802. | 31456820. | 33130702. | 40911163. | 162186330 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |           |           |           |           |           |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |           |           |           |           |           | 162186330 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2016  | (b) 2017  | (c) 2018  | (d) 2019  | (e) 2020  | (f) Total                |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 29261843. | 27425802. | 31456820. | 33130702. | 40911163. | 162186330                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 12,588.   | 8,787.    | 8,054.    | 79,038.   | 40,770.   | 149,237.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |           |           |           | 1,392.    | 68.       | 1,460.                   |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |           |           |           |           |           |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |           |           |           |           |           | 162337027                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |           |           |           |           | 12        | 9,828,274.               |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |           |           |           |           |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                       |       |   |
|---|---------------------------------------|-------|---|
| <b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b>                             | 99.91 | % |
| <b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....  | <b>15</b>                             | 99.91 | % |
| <b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | ► <input checked="" type="checkbox"/> |       |   |
| <b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | ► <input type="checkbox"/>            |       |   |
| <b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    | ► <input type="checkbox"/>            |       |   |
| <b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... | ► <input type="checkbox"/>            |       |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | ► <input type="checkbox"/>            |       |   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>11a</b>   |     |    |
| <b>b</b> A family member of a person described in line 11a above?  |     |    |
| <b>11b</b>   |     |    |
| <b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> |     |    |
| <b>1</b>  |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>1</b>  |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>2</b>  |     |    |
| <b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

| <b>Section A - Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

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

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

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

| <b>Section D - Distributions</b> |  | <b>Current Year</b> |
|----------------------------------|--|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes  | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets  | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | <b>5</b>            |
| <b>6</b>                         | Other distributions (describe in Part VI). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2020 from Section C, line 6   | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount   | <b>10</b>           |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2020</b> | <b>(iii)<br/>Distributable<br/>Amount for 2020</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2020 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2020   |                                     |   |  |
| <b>a</b> From 2015   |                                     |   |  |
| <b>b</b> From 2016   |                                     |   |  |
| <b>c</b> From 2017   |                                     |   |  |
| <b>d</b> From 2018   |                                     |   |  |
| <b>e</b> From 2019   |                                     |   |  |
| <b>f</b> Total of lines 3a through 3e  |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2020 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2015 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2020 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2020 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                                     |   |  |
| <b>7</b> Excess distributions carryover to 2021. Add lines 3j and 4c.  |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2016  |                                     |   |  |
| <b>b</b> Excess from 2017  |                                     |   |  |
| <b>c</b> Excess from 2018  |                                     |   |  |
| <b>d</b> Excess from 2019  |                                     |   |  |
| <b>e</b> Excess from 2020  |                                     |   |  |



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

GOLDEN HARVEST FOOD BANK, INC.

Employer identification number

58-1466516

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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 *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

|   |   |
|---|---|
| Name of organization<br><br><b>GOLDEN HARVEST FOOD BANK, INC.</b> | Employer identification number<br><br><b>58-1466516</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|---|----------------------------|--|
| 1          | THE U. S. DEPT. OF AGRICULTURE<br><br>1400 INDEPENDENCE AVE., SW<br><br>WASHINGTON, DC 20250                | \$ 17,202,469.             | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES<br><br>200 INDEPENDENCE AVENUE, S.W.<br><br>WASHINGTON, DC 20201 | \$ 1,275,611.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| 3          | FIDELITY CHARITABLE GIFT FUND<br><br>P.O. BOX 770001<br><br>CINCINNATI, OH 45277                            | \$ 9,000,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)                       |

|   |   |
|---|---|
| Name of organization<br><br><b>GOLDEN HARVEST FOOD BANK, INC.</b> | Employer identification number<br><br><b>58-1466516</b> |
|---|---|

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
| 1                            | DONATED FOOD<br>_____<br>_____<br>_____      | \$ 16,502,011.                                  | 09/30/21             |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |
| _____                        | _____<br>_____<br>_____                      | \$ _____  | _____                |



|   |   |
|---|---|
| Name of organization<br><b>GOLDEN HARVEST FOOD BANK, INC.</b> | Employer identification number<br><b>58-1466516</b> |
|---|---|

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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**  
**Open to Public Inspection**

**Name of the organization** GOLDEN HARVEST FOOD BANK, INC. **Employer identification number** 58-1466516

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d                              |

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

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

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

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

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value    |
|--|--------------------------------------|---------------------------------|------------------------------|-------------------|
| 1a Land  |                                      | 381,857.                        |                              | 381,857.          |
| b Buildings  |                                      | 5,531,453.                      | 2,347,889.                   | 3,183,564.        |
| c Leasehold improvements   |                                      |                                 |                              |                   |
| d Equipment  |                                      | 2,621,776.                      | 1,990,472.                   | 631,304.          |
| e Other  |                                      | 727,744.                        | 419,321.                     | 308,423.          |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>4,505,148.</b> |

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (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)   |                |   |
| <b>Total.</b> (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)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) 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   | 25,000.        |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 25,000.        |

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

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

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

|          |  |           |           |
|----------|--|-----------|-----------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |           | <b>1</b>  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |           |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> |           |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |           |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  |           | <b>2e</b> |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |           | <b>3</b>  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  |           | <b>4c</b> |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |           | <b>5</b>  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

|          |   |           |           |
|----------|---|-----------|-----------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b>  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |           |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |           |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |           |
| <b>c</b> | Other losses  | <b>2c</b> |           |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |           |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   |           | <b>2e</b> |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b>  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |           |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |           |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |           |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   |           | <b>4c</b> |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |           | <b>5</b>  |

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

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, 2021 AND 2020.



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

|                 |  | (a) Event #1                         | (b) Event #2 | (c) Other events       | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|--|--------------------------------------|--------------|------------------------|--|
|                 |  | TASTE OF THE HARVEST<br>(event type) | (event type) | NONE<br>(total number) |  |
| Revenue         | <b>1</b> Gross receipts .....  | 242,245.                             |              |                        | 242,245.   |
|                 | <b>2</b> Less: Contributions .....   |                                      |              |                        |  |
|                 | <b>3</b> Gross income (line 1 minus line 2) .....                            | 242,245.                             |              |                        | 242,245.   |
| Direct Expenses | <b>4</b> Cash prizes .....   |                                      |              |                        |  |
|                 | <b>5</b> Noncash prizes .....  |                                      |              |                        |  |
|                 | <b>6</b> Rent/facility costs .....   |                                      |              |                        |  |
|                 | <b>7</b> Food and beverages .....  |                                      |              |                        |  |
|                 | <b>8</b> Entertainment .....   |                                      |              |                        |  |
|                 | <b>9</b> Other direct expenses .....   | 25,293.                              |              |                        | 25,293.  |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....  |                                      |              |                        | 25,293.  |
|                 | <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |                                      |              |                        | 216,952.   |

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: RUSS REID COMPANY

(I) ADDRESS OF FUNDRAISER: P.O. BOX 90125, PASADENA, CA 91109-5125

(II) ACTIVITY: DIRECT MAIL FUNDRAISING BOTH ACQUISITION AND CULTIVATION





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **GOLDEN HARVEST FOOD BANK, INC.** Employer identification number **58-1466516**

**Part I General Information on Grants and Assistance**

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

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

| <b>1 (a)</b> Name and address of organization or government                             | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance        |
|---|----------------|--|---------------------------------|--|--|--|--|
| 143 MINISTRIES INTERNATIONAL/<br>FISHES & LOAVES - 2815 WYLDs RD -<br>AUGUSTA, GA 30909 | 82-4082130     | 501(C)(3)                              | 0.                              | 26,710.                                  | AVERAGE<br>WHOLESALE<br>VALUE                                | FOOD   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| ACTS<br>340 PARK AVENUE, SW<br>AIKEN, SC 29801  | 57-0826271     | 501(C)(3)                              | 0.                              | 224,242.                                 | AVERAGE<br>WHOLESALE<br>VALUE                                | FOOD   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| AGAPE OUTREACH MINISTRIES<br>317 WEST HILL STREET<br>THOMSON, GA 30824                  |                | 501(C)(3)                              | 0.                              | 48,784.                                  | AVERAGE<br>WHOLESALE<br>VALUE                                | FOOD   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| AIKEN COUNTY FAMILY YMCA<br>621 TROLLEY LANE<br>AIKEN, SC 29829                         | 58-0566254     | 501(C)(3)                              | 0.                              | 5,332.                                   | AVERAGE<br>WHOLESALE<br>VALUE                                | FOOD   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| AIKEN SEVENTH-DAY ADVENTIST CHURCH<br>1714 COLUMBIA HWY N<br>AIKEN, SC 29801            | 57-0931821     | 501(C)(3)                              | 0.                              | 86,326.                                  | AVERAGE<br>WHOLESALE<br>VALUE                                | FOOD   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| AIM- AUGUSTA<br>107 LANEY WALKER BLVD. EXT.<br>AUGUSTA, GA 30901                        | 58-2621714     | 501(C)(3)                              | 0.                              | 20,442.                                  | AVERAGE<br>WHOLESALE<br>VALUE                                | FOOD   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **172.**

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

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

Schedule I (Form 990) 2020

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

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance               |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ALLELUIA CHRISTIAN SERVICE<br>2461 LUMPKIN RD.<br>AUGUSTA, GA 30906                                | 58-1184461 | 501(C)(3)                     | 0.                       | 17,409.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| AMAZING GRACE MINISTRIES<br>202 BEECH AVE<br>DENMARK, SC 29042                                     |            | 501(C)(3)                     | 0.                       | 74,502.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| APOSTOLIC FAITH KINGDOM LIFE<br>FELLOWSHIP MINISTRIES - 77 EAST<br>ADAMS STREET - SPARTA, GA 31087 |            | 501(C)(3)                     | 0.                       | 20,146.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| ASBURY UMC<br>1305 TROUPE STREET<br>AUGUSTA, GA 30904  |            | 501(C)(3)                     | 0.                       | 14,411.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| ASSEMBLY OF PRAYER<br>2952 OLD TOBACCO RD.<br>HEPHZIBAH, GA 30815                                  | 27-0023914 | 501(C)(3)                     | 0.                       | 8,542.                            | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| AUGUSTA DELIVERANCE<br>2028 ROOSEVELT DRIVE<br>AUGUSTA, GA 30904                                   | 58-1510220 | 501(C)(3)                     | 0.                       | 13,914.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| AUGUSTA DREAM CENTER<br>3364 PEACH ORCHARD ROAD<br>AUGUSTA, GA 30906                               | 82-1762691 | 501(C)(3)                     | 0.                       | 111,956.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| BAMBERG CHURCH OF GOD<br>420 CALHOUN STREET<br>BAMBERG, SC 29003                                   |            | 501(C)(3)                     | 0.                       | 15,292.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| BARNWELL BAMBERG BAPTIST<br>ASSOCIATION - 3678 CAROLINA HWY -<br>DENMARK, SC 29042                 | 57-0360087 | 501(C)(3)                     | 0.                       | 60,949.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |

Schedule I (Form 990)

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

| (a) Name and address of organization or government                                    | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance               |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| BARNWELL COUNTY FAMILY YMCA<br>660 JOEY ZORN BLVD<br>BARNWELL, SC 29812               | 58-0566254 | 501(C)(3)                     | 0.                       | 5,368.                            | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| BELLE TERRACE PRESBYTERIAN<br>2473 GOLDEN CAMP ROAD<br>AUGUSTA, GA 30906              |            | 501(C)(3)                     | 0.                       | 46,366.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| BETHEL AME CHURCH<br>1816 WALKER STREET<br>AUGUSTA, GA 30904                          | 58-1961206 | 501(C)(3)                     | 0.                       | 15,760.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| BETHEL COMMUNITY APOSTOLIC CHURCH<br>INC. - 2399 BOYKIN ROAD -<br>HEPHZIBAH, GA 30815 |            | 501(C)(3)                     | 0.                       | 36,645.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| BETHLEHEM BAPTIST CHURCH<br>927 COLUMBIA RD<br>EDGEFIELD, SC 29824                    |            | 501(C)(3)                     | 0.                       | 86,568.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| BEULAH GROVE COMMUNITY RESOURCE<br>CENTER - 1446 LEE BEARD WAY -<br>AUGUSTA, GA 30901 | 58-2159621 | 501(C)(3)                     | 0.                       | 9,276.                            | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| BIBLE DELIVERANCE TEMPLE<br>1901 FENWICK STREET<br>AUGUSTA, GA 30904                  | 58-6044764 | 501(C)(3)                     | 0.                       | 91,539.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| BLAIR CROSBY WELLNESS CENTER<br>2523 MAIN HIGHWAY<br>BAMBERG, SC 29003                | 20-5936699 | 501(C)(3)                     | 0.                       | 30,968.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| BOWMAN UNITED METHODIST CHURCH<br>10 WEST CHURCH ST<br>BOWMAN, GA 30624               |            | 501(C)(3)                     | 0.                       | 11,537.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |

Schedule I (Form 990)

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

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance               |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| BREAKFREE AUGUSTA INC.<br>1714 NORTH LEG COURT<br>AUGUSTA, GA 30909                                       | 81-5058626 | 501(C)(3)                     | 0.                       | 29,109.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| BRIDGE MINISTRY OF CSRA @ NEW HOPE<br>WORSHIP CENTER - 715 SOUTH OLD<br>BELAIR ROAD - GROVETOWN, GA 30813 | 47-4922398 | 501(C)(3)                     | 0.                       | 55,242.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| BRIDGES OF HOPE<br>2845 JACKIE SNIDER TRAIL<br>STAPLETON, GA 30823  | 58-1917635 | 501(C)(3)                     | 0.                       | 16,365.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| BROAD STREET MINISTRY CENTER<br>20 BROAD STREET<br>AUGUSTA, GA 30901                                      | 26-2087052 | 501(C)(3)                     | 0.                       | 29,407.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| BROKEN SHACKLE RANCH<br>1542 FRANCIS BRIDGE ROAD<br>DAVISBORO, GA 31018                                   | 58-1684656 | 501(C)(3)                     | 0.                       | 88,583.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| CALVARY BAPTIST CHURCH<br>2510 RICHMOND HILL ROAD<br>AUGUSTA, GA 30906                                    |            | 501(C)(3)                     | 0.                       | 12,529.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| CALVARY TEMPLE ASSEMBLY OF GOD<br>3633 PEACH ORCHARD ROAD<br>AUGUSTA, GA 30906                            |            | 501(C)(3)                     | 0.                       | 89,939.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| CATHOLIC CHARITIES OF SC<br>2443 AUGUSTA RD<br>GLOVERVILLE, SC 29828                                      | 53-0196617 | 501(C)(3)                     | 0.                       | 61,520.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| CATHOLIC SOCIAL SERVICES<br>811 12TH STREET<br>AUGUSTA, GA 30901  | 58-1368093 | 501(C)(3)                     | 0.                       | 133,717.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |

Schedule I (Form 990)

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

| (a) Name and address of organization or government                      | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance            |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CENTRAL BAPTIST CHURCH - PASS THE SALT - 1652 WIRE RD - AIKEN, SC 29805 | 57-0360087 | 501(C)(3)                     | 0.                       | 14,218.                           | AVERAGE WHOLESALE VALUE                               | FOOD                                   | TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY. |
| CENTRAL CHURCH OF CHRIST 3650 RIVERWATCH PARKWAY MARTINEZ, GA 30907     | 58-1767541 | 501(C)(3)                     | 0.                       | 13,142.                           | AVERAGE WHOLESALE VALUE                               | FOOD                                   | TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY. |
| CHRIST CENTRAL MINISTRIES 3605 RICHLAND AVENUE WEST AIKEN, SC 29801     | 58-2313533 | 501(C)(3)                     | 0.                       | 182,430.                          | AVERAGE WHOLESALE VALUE                               | FOOD                                   | TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY. |
| CHRIST TEMPLE APOSTOLIC 3113 OLD MCDUFFIE RD AUGUSTA, GA 30906          |            | 501(C)(3)                     | 0.                       | 15,472.                           | AVERAGE WHOLESALE VALUE                               | FOOD                                   | TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY. |
| CHRISTIAN HERITAGE CHURCH 285 ASCAUGA LAKE RD GRANITEVILLE, SC 29829    | 58-6048157 | 501(C)(3)                     | 0.                       | 165,582.                          | AVERAGE WHOLESALE VALUE                               | FOOD                                   | TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY. |
| CHRISTWAY CHRISTIAN 4004 PRESCOTT DRIVE MARTINEZ, GA 30907              |            | 501(C)(3)                     | 0.                       | 119,245.                          | AVERAGE WHOLESALE VALUE                               | FOOD                                   | TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY. |
| COLUMBIA COUNTY CARES 1959 APPLING-HARLEM ROAD APPLING, GA 30802        | 58-2262607 | 501(C)(3)                     | 0.                       | 34,119.                           | AVERAGE WHOLESALE VALUE                               | FOOD                                   | TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY. |
| COMPASS FOR HOPE INC. 110 HARDY DRIVE GROVETOWN, GA 30813               | 84-2064727 | 501(C)(3)                     | 0.                       | 5,971.                            | AVERAGE WHOLESALE VALUE                               | FOOD                                   | TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY. |
| CONCERNED WOMEN, INC. 104 JOHNS STREET GROVETOWN, GA 30813              | 61-1474441 | 501(C)(3)                     | 0.                       | 165,523.                          | AVERAGE WHOLESALE VALUE                               | FOOD                                   | TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY. |

Schedule I (Form 990)

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

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance               |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| D'ANTIGNAC STREET COC<br>1002 D'ANTIGNAC STREET<br>AUGUSTA, GA 30901                           |            | 501(C)(3)                     | 0.                       | 5,784.                            | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| DCCM<br>430 8TH STREET<br>AUGUSTA, GA 30901  | 58-1352351 | 501(C)(3)                     | 0.                       | 60,459.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| DEEP CREEK BAPTIST CHURCH<br>2335 NICKVILLE ROAD<br>DEWY ROSE, GA 30634                        | 58-0566245 | 501(C)(3)                     | 0.                       | 17,258.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| EAST AUGUSTA COMMUNITY DEV. CORP<br>710 CEDAR ST.<br>AUGUSTA, GA 30901                         | 58-2500112 | 501(C)(3)                     | 0.                       | 12,716.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| EBENEZER 7TH DAY ADVENTIST-<br>EBENEZER COMM. SERVICE - 1699<br>OLIVE ROAD - AUGUSTA, GA 30904 | 58-1534350 | 501(C)(3)                     | 0.                       | 34,460.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| EDWARD SENIOR MEMORIAL RESTORATION<br>CTR - 3315 HWY 19 - TRENTON, SC<br>29847                 | 57-1053395 | 501(C)(3)                     | 0.                       | 152,938.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| ELBERT COUNTY UMC FOOD MINISTRY<br>2503 HARMONY ROAD<br>ELBERTON, GA 30635                     | 87-2529517 | 501(C)(3)                     | 0.                       | 138,451.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| FAITH OUTREACH CHRISTIAN<br>2664 WILLIS FOREMAN ROAD<br>HEPHZIBAH, GA 30815                    | 58-2178686 | 501(C)(3)                     | 0.                       | 23,183.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| FAITH TABERNACLE<br>249 FAITH LANE<br>LINCOLNTON, GA 30817                                     | 27-1738660 | 501(C)(3)                     | 0.                       | 9,543.                            | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |

Schedule I (Form 990)

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

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| FAMILY CONNECTIONS/C.I.S.-GLAS<br>370 WEST MAIN STREET<br>GIBSON, GA 30810                              | 80-0030071 | 501(C)(3)                     | 0.                       | 83,798.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| FIRST DAYSPRING BAPTIST CHURCH<br>2170 GREENE STREET<br>AUGUSTA, GA 30904                               |            | 501(C)(3)                     | 0.                       | 11,691.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| FIRST EBENEZER BAPTIST<br>2040 EBENEZER DRIVE<br>HEPHZIBAH, GA 30815                                    |            | 501(C)(3)                     | 0.                       | 78,040.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| FIRST LOVE KIDS<br>618 HINES STREET<br>SANDERSVILLE, GA 31082   | 20-0534132 | 501(C)(3)                     | 0.                       | 273,797.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| FIRST MOUNT CARMEL<br>6269 COBBHAM ROAD<br>APPLING, GA 30802  |            | 501(C)(3)                     | 0.                       | 6,567.                            | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| FLCM-FAIRVIEW MISSIONARY<br>2266 WHEELLESS RD.<br>AUGUSTA, GA 30904                                     | 02-0702451 | 501(C)(3)                     | 0.                       | 11,913.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| FOOD SECURITY FOR AMERICA - WALTON<br>OAKS LEGACY - 601 FAIRHOPE STREET<br>APT 1102 - AUGUSTA, GA 30901 | 30-0720156 | 501(C)(3)                     | 0.                       | 21,397.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| FORT CREEK BAPTIST<br>1497 FORT CREEK ROAD<br>DEARING, GA 30808   |            | 501(C)(3)                     | 0.                       | 20,007.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| FULL GOSPEL REDEMPTION CENTER<br>365 PINEY HEIGHTS RD<br>WARRENVILLE, SC 29851                          |            | 501(C)(3)                     | 0.                       | 185,550.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |

Schedule I (Form 990)



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| GAP MINISTRIES OF AUGUSTA INC.<br>1235 GREENE ST<br>AUGUSTA, GA 30901      | 27-1485039 | 501(C)(3)                     | 0.                       | 57,973.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| GATEWAY CHURCH<br>8678 MALBORO AVE<br>BARNWELL, SC 29812                   |            | 501(C)(3)                     | 0.                       | 40,894.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| GLOVERS CHAPEL BAPTIST CHURCH<br>1460 HWY 28 S<br>ABBEVILLE, SC 29620      |            | 501(C)(3)                     | 0.                       | 15,107.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| GOOD SHEPHERD BAPTIST CHURCH<br>1714 OLIVE ROAD<br>AUGUSTA, GA 30904       |            | 501(C)(3)                     | 0.                       | 20,677.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| GORDON GROVE BAPTIST CHURCH<br>4950 E. OLD SAVANNAH RD<br>MILLEN, GA 30442 |            | 501(C)(3)                     | 0.                       | 12,138.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| GRACE STREET CHURCH OF CHRIST<br>120 GRACE STREET<br>AUGUSTA, GA 30904     |            | 501(C)(3)                     | 0.                       | 18,552.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| GRACEWOOD UNITED METHODIST<br>2117 TOBACCO ROAD<br>AUGUSTA, GA 30906       | 58-1541299 | 501(C)(3)                     | 0.                       | 6,182.                            | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| GREATER MT. CANAAN BAPTIST CHURCH<br>2573 WHEELER RD.<br>AUGUSTA, GA 30904 |            | 501(C)(3)                     | 0.                       | 19,936.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| GREATER ST JOHN BAPTIST<br>1948 ELLIS STREET<br>AUGUSTA, GA 30904          |            | 501(C)(3)                     | 0.                       | 12,112.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |

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| GREENE COUNTY FOOD PANTRY<br>519 MORNINGSIDE APTS<br>GREENSBORO, GA 30642                          | 26-2135416 | 501(C)(3)                     | 0.                       | 199,816.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| HANCOCK HELPING HANDS<br>75 LS INGRAM RD.<br>SPARTA, GA 31087                                      | 58-2192078 | 501(C)(3)                     | 0.                       | 156,970.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| HAVEN-MUNNERLYN UMC<br>305 PARK DRIVE/DELIVER TO 518 STE<br>B COLLEGE ST - WAYNESBORO, GA<br>30830 | 47-3440901 | 501(C)(3)                     | 0.                       | 9,568.                            | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| HIGHER GROUNDS - ANGEL WING<br>150 CHARLES ST<br>BARNWELL, SC 29812                                | 31-1710750 | 501(C)(3)                     | 0.                       | 55,085.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| HOLDING FORTH THE WORD OF LIFE<br>112 BROAD ST<br>WRENS, GA 30833                                  | 20-1869878 | 501(C)(3)                     | 0.                       | 13,937.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| HOPE HOUSE FOR WOMEN<br>2205 HIGHLAND AVENUE<br>AUGUSTA, GA 30904                                  | 58-2074040 | 501(C)(3)                     | 0.                       | 5,869.                            | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| HOPE MINISTRIES OF THE VALLEY<br>2331 AUGUSTA RD<br>GLOVERVILLE, SC 29828                          | 56-2586273 | 501(C)(3)                     | 0.                       | 45,284.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| JENKINS CO. FAMILY ENRICHMENT<br>725 WINTHROPE AVE<br>MILLEN, GA 30442                             | 58-2509085 | 501(C)(3)                     | 0.                       | 11,868.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| JENKINS MEMORIAL CME CHURCH<br>4218 WINDSOR SPRING ROAD<br>HEPHZIBAH, GA 30815                     |            | 501(C)(3)                     | 0.                       | 13,539.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |

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| JESUS CHRIST TODAY MINISTRIES<br>2263 OLD EATONTON RD<br>SPARTA, GA 31087        | 30-0837985 | 501(C)(3)                     | 0.                       | 10,826.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| JESUS REIGN<br>1510 JOHNS RD.<br>AUGUSTA, GA 30904                               | 45-4522563 | 501(C)(3)                     | 0.                       | 18,834.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| JOHNSON CO. MINISTERIAL ASSOC<br>928 US HWY 319 SOUTH<br>WRIGHTSVILLE, GA 31096  |            | 501(C)(3)                     | 0.                       | 118,378.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| JOHNSTON FOOD BANK<br>505 ACADEMY ST<br>JOHNSTON, SC 29832                       | 57-1003935 | 501(C)(3)                     | 0.                       | 62,386.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| JOURNEY COMMUNITY CHURCH<br>4798 HARDY MCMANUS ROAD<br>EVANS, GA 30809           |            | 501(C)(3)                     | 0.                       | 68,267.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| JWC HELPING HANDS INC<br>2050 BOLT DRIVE<br>AUGUSTA, GA 30901                    | 58-2193199 | 501(C)(3)                     | 0.                       | 342,704.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| KINGDOM ADVANCEMENT MINISTRIES<br>806 JORDAN MILL RD.<br>SANDERSVILLE, GA 31082  |            | 501(C)(3)                     | 0.                       | 27,377.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| KINGDOM LIFE - AUGUSTA<br>802 METCALF ST.<br>AUGUSTA, GA 30904                   | 58-2645117 | 501(C)(3)                     | 0.                       | 7,117.                            | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| KINGDOM LIFE FELLOWSHIP- HARRISON<br>2045 NEW TENNILLE RD.<br>HARRISON, GA 31035 | 55-0817287 | 501(C)(3)                     | 0.                       | 23,428.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |

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| KOINONIA COMMUNITY OF HOPE<br>455 BROAD STREET<br>AUGUSTA, GA 30901                    | 68-0107215 | 501(C)(3)                     | 0.                       | 11,824.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| LIGHT OF THE WORLD<br>2340 MILLEDGEVILLE ROAD<br>AUGUSTA, GA 30904                     |            | 501(C)(3)                     | 0.                       | 100,536.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| LINCOLN COUNTY FOOD PANTRY<br>1066 FIRETOWER ROAD<br>LINCOLNTON, GA 30817              |            | 501(C)(3)                     | 0.                       | 87,231.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| LIVING WORD CHRISTIAN CNTR<br>3018 OLD MCDUFFIE ROAD<br>AUGUSTA, GA 30906              | 58-1523119 | 501(C)(3)                     | 0.                       | 69,660.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| LIVING WORD FELLOWSHIP<br>2402 OLD SAVANNAH ROAD<br>AUGUSTA, GA 30906                  |            | 501(C)(3)                     | 0.                       | 28,360.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| LORD & SAVIOR MINISTRY<br>2507 MEADOWBROOK DRIVE<br>AUGUSTA, GA 30906                  | 58-2365650 | 501(C)(3)                     | 0.                       | 43,166.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| LOUISVILLE COMMUNITY FOOD PANTRY<br>718 NELMS STREET<br>LOUISVILLE, GA 30434           | 83-4557058 | 501(C)(3)                     | 0.                       | 51,365.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| MAYS GROVE BAPTIST CHURCH<br>1310 MAYS GROVE ROAD<br>WRENS, GA 30833                   |            | 501(C)(3)                     | 0.                       | 36,835.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| MCCORMICK HELPING HANDS UNITED<br>FOOD PANTRY - 211 S MAIN ST -<br>MCCORMICK, SC 29835 | 56-2111496 | 501(C)(3)                     | 0.                       | 71,069.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |

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| MCDUFFIE PARTNER- MANNA<br>451 EAST HILL STREET<br>THOMSON, GA 30824              | 58-1867047 | 501(C)(3)                     | 0.                       | 245,412.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| MERCY MINISTRIES, INC.<br>2034 BROAD STREET<br>AUGUSTA, GA 30904                  | 03-0391131 | 501(C)(3)                     | 0.                       | 895,278.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| MFP PUTNAM LIFE SOURCE<br>864 HARMONY ROAD<br>EATONTON, GA 31024                  | 27-1419799 | 501(C)(3)                     | 0.                       | 58,865.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| MIRACLE TEMPLE<br>640 MILLEN BYPASS<br>MILLEN, GA 30442                           |            | 501(C)(3)                     | 0.                       | 69,360.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| MOSAIC UNITED METHODIST CHURCH<br>478 COLUMBIA INDUSTRIAL BLVD<br>EVANS, GA 30809 | 82-3554889 | 501(C)(3)                     | 0.                       | 7,628.                            | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| MT BEULAH BAPTIST<br>856 MT BEULAH RD<br>WINDSOR, SC 29856                        |            | 501(C)(3)                     | 0.                       | 34,842.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| MT LEBANON BAPTIST CHURCH<br>134 MT. LEBANON CHURCH RD<br>PARKSVILLE, SC 29844    | 80-0914857 | 501(C)(3)                     | 0.                       | 116,499.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| MT MORIAH BAPTIST<br>2946 KEY RD<br>PLUM BRANCH, SC 29845                         |            | 501(C)(3)                     | 0.                       | 43,421.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| MT ZION BAPTIST CHURCH<br>17519 ATOMIC RD<br>AIKEN, SC 29803                      |            | 501(C)(3)                     | 0.                       | 88,080.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |

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| MT. ALDRED CME CHURCH<br>1797 N. MT. ALDRED CHURCH ROAD<br>STAPLETON, GA 30823         |            | 501(C)(3)                     | 0.                       | 169,054.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| MT. OLIVE CHURCH OF THE NAZARENE<br>591 MT. OLIVE CHURCH RD.<br>WRIGHTSVILLE, GA 31096 | 44-0552034 | 501(C)(3)                     | 0.                       | 55,551.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| MUSLIM COMMUNITY SERVICE<br>120 DAVANT STREET<br>AUGUSTA, GA 30907                     | 47-4958445 | 501(C)(3)                     | 0.                       | 53,053.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| NEW BEGINNINGS IN CHRIST<br>113 AUGUSTA ROAD<br>GARFIELD, GA 30425                     | 26-0898275 | 501(C)(3)                     | 0.                       | 20,309.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| NEW BETHLEHEM COMMUNITY CENTER<br>INC. - 1336 CONKLIN AVE - AUGUSTA,<br>GA 30901       | 20-0479897 | 501(C)(3)                     | 0.                       | 23,071.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| NEW HEIGHTS COMMUNITY CHURCH<br>5050 HIGH MEADOWS DR.<br>GROVETOWN, GA 30813           |            | 501(C)(3)                     | 0.                       | 33,243.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| NEW HOLT BAPTIST CHURCH<br>180 OLD MILLEDGEVILLE ROAD<br>HARLEM, GA 30814              |            | 501(C)(3)                     | 0.                       | 25,779.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| NOAH'S ARK NBC<br>4466 HWY 80 WEST<br>KEYSVILLE, GA 30816                              |            | 501(C)(3)                     | 0.                       | 44,134.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| OAK GROVE BAPTIST CHURCH<br>2020 STONEY BLUFF ROAD<br>GIRARD, GA 30426                 |            | 501(C)(3)                     | 0.                       | 39,192.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |

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| OAKEY GROVE COMMUNITY RESOURCE CENTER - 911 NORTH BELAIR ROAD - EVANS, GA 30809 | 03-0536201 | 501(C)(3)                     | 0.                       | 73,674.                           | AVERAGE WHOLESALE VALUE                               | FOOD                                   | TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY. |
| OLD TIME WAY COGIC<br>3450 OLD MCDUFFIE RD.<br>AUGUSTA, GA 30906                |            | 501(C)(3)                     | 0.                       | 11,875.                           | AVERAGE WHOLESALE VALUE                               | FOOD                                   | TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY. |
| PENFIELD ADDICTION MINISTRIES<br>1061 MERCER CIRCLE<br>UNION POINT, GA 30669    | 58-1368663 | 501(C)(3)                     | 0.                       | 14,165.                           | AVERAGE WHOLESALE VALUE                               | FOOD                                   | TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY. |
| PLEASANT GROVE BAPTIST CHURCH<br>2537 PLEASANT GROVE RD<br>BOWMAN, GA 30624     | 58-0566245 | 501(C)(3)                     | 0.                       | 17,898.                           | AVERAGE WHOLESALE VALUE                               | FOOD                                   | TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY. |
| PLEASANT GROVE CME<br>2245 AUGUSTA HWY<br>LINCOLNTON, GA 30817                  |            | 501(C)(3)                     | 0.                       | 27,621.                           | AVERAGE WHOLESALE VALUE                               | FOOD                                   | TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY. |
| PROGRESSIVE CHURCH OF OUR LORD<br>282 PROGRESSIVE WAY<br>DENMARK, SC 29042      | 57-0719920 | 501(C)(3)                     | 0.                       | 80,916.                           | AVERAGE WHOLESALE VALUE                               | FOOD                                   | TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY. |
| PROJECT LIFE AUGUSTA, INC.<br>1758 GORDON HIGHWAY<br>AUGUSTA, GA 30904          | 58-2527360 | 501(C)(3)                     | 0.                       | 143,338.                          | AVERAGE WHOLESALE VALUE                               | FOOD                                   | TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY. |
| PUTNAM CHRISTIAN OUTREACH INC.<br>151 INDUSTRIAL BLVD.<br>EATONTON, GA 31024    | 58-1763525 | 501(C)(3)                     | 0.                       | 49,294.                           | AVERAGE WHOLESALE VALUE                               | FOOD                                   | TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY. |
| PUTNAM LIFE SOURCE<br>314 S WASHINGTON AVE.<br>EATONTON, GA 31024               | 27-1419799 | 501(C)(3)                     | 0.                       | 52,575.                           | AVERAGE WHOLESALE VALUE                               | FOOD                                   | TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY. |

Schedule I (Form 990)

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

| (a) Name and address of organization or government                     | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance               |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| RICHMOND COUNTY SUCCESS CENTER<br>1740 WALTON WAY<br>AUGUSTA, GA 30904 | 58-1466516 | 501(C)(3)                     | 0.                       | 21,032.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| ROBERSON GROVE BAPTIST<br>985 GA HWY 24 W<br>WAYNESBORO, GA 30830      |            | 501(C)(3)                     | 0.                       | 95,268.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| S.M.I.L.E. INC<br>1316 STATESBORO HIGHWAY<br>SYLVANIA, GA 30467        | 61-1653469 | 501(C)(3)                     | 0.                       | 31,061.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| SAFE HOUSE MINISTRIES<br>435 ELBERT ST<br>ELBERTON, GA 30635           | 58-2189581 | 501(C)(3)                     | 0.                       | 43,461.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| SALVATION ARMY SHELTER-AIKEN<br>604 PARK AVE SE<br>AIKEN, SC 29801     | 58-0660607 | 501(C)(3)                     | 0.                       | 8,740.                            | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| SALVATION ARMY-AUGUSTA<br>1384 GREENE ST.<br>AUGUSTA, GA 30901         | 58-0660607 | 501(C)(3)                     | 0.                       | 34,100.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| SANCTUARY OF AUGUSTA<br>4584 COX RD<br>EVANS, GA 30809                 |            | 501(C)(3)                     | 0.                       | 8,056.                            | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| SARDIS BAPTIST CHURCH<br>1205 ELLISON BRIDGE RD.<br>SARDIS, GA 30456   | 58-0566245 | 501(C)(3)                     | 0.                       | 76,835.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| SECOND BAPTIST AIKEN<br>425 HAMPTON AVE NW<br>AIKEN, SC 29801          |            | 501(C)(3)                     | 0.                       | 100,188.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |

Schedule I (Form 990)



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

| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance               |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| SECOND HARVEST INC. FOOD PAN.<br>202 WEST BROAD ST<br>GREENSBORO, GA 30642                       | 26-3955958 | 501(C)(3)                     | 0.                       | 91,012.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| SECOND MT. CARMEL BAPTIST CHURCH<br>3425 ROSEMONT RD.<br>APPLING, GA 30802                       | 82-4082130 | 501(C)(3)                     | 0.                       | 16,657.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| SHARING AND CARING OUTREACH<br>MINISTRIES - 86 ADAMS CIRCLE -<br>BOWMAN, GA 30624                | 47-1635285 | 501(C)(3)                     | 0.                       | 7,734.                            | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| SHECHINAH WORSHIP CENTER<br>2830 BURTONS FERRY HWY<br>SYLVANIA, GA 30467                         |            | 501(C)(3)                     | 0.                       | 80,353.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| SHOP HER CLOSET OUTREACH<br>MINISTRIES - 3722 MAIN HWY -<br>BAMBERG, SC 29003                    | 82-4362672 | 501(C)(3)                     | 0.                       | 68,613.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| SOUTH AUGUSTA COC<br>4149 DAISEY LANE<br>AUGUSTA, GA 30906                                       |            | 501(C)(3)                     | 0.                       | 49,953.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| SPRINGFIELD BAPTIST<br>2411 HWY 25 N<br>EDGEFIELD, SC 29824                                      |            | 501(C)(3)                     | 0.                       | 43,526.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| SPRINGFIELD BAPTIST CHURCH<br>1320 SPRINGFIELD ROAD<br>CRAWFORDVILLE, GA 30669                   |            | 501(C)(3)                     | 0.                       | 22,300.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| ST MARY'S / ST VINCENT DEPAUL<br>SOCIETY OF AIKEN - 138 FAIRFIELD<br>STREET SE - AIKEN, SC 29801 |            | 501(C)(3)                     | 0.                       | 261,772.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |

Schedule I (Form 990)

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

| (a) Name and address of organization or government                            | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance               |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ST NOAH COGIC<br>261 CHARLESTON ST SE<br>AIKEN, SC 29801                      | 23-7002419 | 501(C)(3)                     | 0.                       | 42,173.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| ST. ANDREWS UMC<br>310 MARTIN LUTHER KING DR.<br>SYLVANIA, GA 30467           |            | 501(C)(3)                     | 0.                       | 17,589.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| ST. PAULS EPISCOPAL CHURCH<br>605 REYNOLDS STREET<br>AUGUSTA, GA 30901        |            | 501(C)(3)                     | 0.                       | 5,190.                            | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| ST. PHILLIP CENTER OF HOPE<br>220 S. RACETRACK STREET<br>SWAINSBORO, GA 30401 | 58-1312906 | 501(C)(3)                     | 0.                       | 57,348.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| STAMP BRANCH BAPTIST CHURCH<br>6588 QUAKER RD<br>WARRENTON, GA 30828          |            | 501(C)(3)                     | 0.                       | 54,698.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| STRONG TOWER CHRISTIAN FELLOWS<br>2805 WYLDs ROAD<br>AUGUSTA, GA 30909        | 58-2191957 | 501(C)(3)                     | 0.                       | 42,532.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| SUMMERSTAND OUTREACH CHURCH<br>1038 DAVIS-BENNETT ROAD<br>MILLEN, GA 30442    |            | 501(C)(3)                     | 0.                       | 32,987.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| SUMMERTOWN BAPTIST CHURCH<br>51 SUMMERTOWN SMITH STREET<br>MIDVILLE, GA 30441 |            | 501(C)(3)                     | 0.                       | 114,461.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| SWEETWATER BAPTIST<br>198 SWEETWATER RD<br>NORTH AUGUSTA, SC 29860            | 62-0535345 | 501(C)(3)                     | 0.                       | 11,297.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |

Schedule I (Form 990)

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

| (a) Name and address of organization or government                                    | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance               |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| THE MASTER'S TABLE<br>702 FENWICK ST.<br>AUGUSTA, GA 30901                            | 58-1466516 | 501(C)(3)                     | 0.                       | 66,047.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| THE SALVATION ARMY AIKEN<br>322 GAYLE ST<br>AIKEN, SC 29801                           | 58-0660607 | 501(C)(3)                     | 0.                       | 83,105.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| THE SMART BOX/MEATS<br>246 HAMPTON AVE<br>FAIRFAX, SC 29827                           | 81-3212507 | 501(C)(3)                     | 0.                       | 284,403.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| THE WORD CHURCH<br>2306 LUMPKIN ROAD<br>AUGUSTA, GA 30906                             |            | 501(C)(3)                     | 0.                       | 5,232.                            | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| THREE NAILS GOSPEL CHURCH<br>4569 COX ROAD<br>EVANS, GA 30809                         | 47-3521674 | 501(C)(3)                     | 0.                       | 8,044.                            | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| TRI-DEVELOPMENT CENTER OF AIKEN,<br>INC - 1016 VAUCLUSE ROAD - AIKEN,<br>SC 29802     | 57-0669586 | 501(C)(3)                     | 0.                       | 6,363.                            | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| TRINITY C.M.E. CHURCH<br>2930 GLENN HILLS DRIVE<br>AUGUSTA, GA 30906                  | 58-1381196 | 501(C)(3)                     | 0.                       | 34,566.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| TRINITY CHURCH OF GOD<br>1490 BAY ST<br>ALLENDALE, SC 29810                           | 46-0920665 | 501(C)(3)                     | 0.                       | 77,139.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| TRUE VINE MISSIONARY BAPTIST<br>1780 MARTIN LUTHER KING JR. BLVD<br>AUGUSTA, GA 30901 |            | 501(C)(3)                     | 0.                       | 10,683.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |

Schedule I (Form 990)

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

| (a) Name and address of organization or government                            | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance               |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| UNITY OUTREACH CHURCH<br>P.O. BOX 337<br>GLOVERVILLE, SC 29828                | 58-0904463 | 501(C)(3)                     | 0.                       | 743,368.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| VINEYARD CHURCH OF AUGUSTA<br>3126 PARRISH ROAD<br>AUGUSTA, GA 30907          | 58-1760723 | 501(C)(3)                     | 0.                       | 41,632.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| WAGENER FP - CHRIST CENTRAL<br>115 RAILROAD AVENUE W<br>WAGENER, SC 29164     | 58-2313533 | 501(C)(3)                     | 0.                       | 156,138.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| WARRENVILLE COG<br>115 CEMENTARY RD<br>WARRENVILLE, SC 29851                  |            | 501(C)(3)                     | 0.                       | 8,438.                            | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| WILLIE R DICKERSON FOOD PANTRY<br>2510 RIVER BRIDGE RD<br>EHRHARDT, SC 29081  |            | 501(C)(3)                     | 0.                       | 38,067.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| WILLISTON CHURCH OF CHRIST<br>11065 MAIN ST.<br>WILLISTON, SC 29853           | 57-0948808 | 501(C)(3)                     | 0.                       | 105,271.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| WINFIELD HEIGHTS BAPTIST<br>315 CHESTER ST<br>WILLISTON, SC 29853             |            | 501(C)(3)                     | 0.                       | 54,979.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| WOMEN IN UNITY<br>3 PECAN PARK<br>EDGEFIELD, SC 29824                         | 54-2063955 | 501(C)(3)                     | 0.                       | 153,423.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |
| WRENS CHAPEL AME OUTREACH MINISTRY<br>110 E. HOWARD STREET<br>WRENS, GA 30833 | 58-2220016 | 501(C)(3)                     | 0.                       | 19,273.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY. |

Schedule I (Form 990)

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

| (a) Name and address of organization or government                      | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance                      |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| WRENS CHURCH OF GOD<br>576 NW FREDRICK STREET<br>WRENS, GA 30833        |            | 501(C)(3)                     | 0.                       | 57,483.                           | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY.        |
| YMCA - GREATER AUGUSTA THQ<br>1058 CLAUSSEN RD<br>AUGUSTA, GA 30907     | 58-0566254 | 501(C)(3)                     | 0.                       | 346,101.                          | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY.        |
| YMCA - WILKES CO. - MFP<br>103 REESE BOOKER AVE<br>WASHINGTON, GA 30673 | 58-0566254 | 501(C)(3)                     | 0.                       | 7,245.                            | AVERAGE<br>WHOLESALE<br>VALUE                         | FOOD                                   | TO GRANT ACCESS TO FOOD<br>ACROSS THE COMMUNITY.        |
| FOOD FOREVER FUND, INC.<br>3310 COMMERCE DRIVE<br>AUGUSTA, GA 30909     | 58-2624293 | 501(C)(3)                     | 1,300,000.               | 0.                                |   |  | TO INVEST FUNDS FOR<br>GOLDEN HARVEST FOOD BANK,<br>INC |
|   |            |                               |                          |                                   |   |  |   |
|   |            |                               |                          |                                   |   |  |   |
|   |            |                               |                          |                                   |   |  |   |
|   |            |                               |                          |                                   |   |  |   |
|   |            |                               |                          |                                   |   |  |   |
|   |            |                               |                          |                                   |   |  |   |

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

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

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

PART I, LINE 2:

TO RECEIVE ASSISTANCE, EACH ORGANIZATION MUST MAINTAIN 501(C)(3) STATUS OR MEET QUALIFICATION STANDARDS WHICH INCLUDE 14 QUESTIONS ESTABLISHED BY FEEDING AMERICA. ONCE ELIGIBILITY HAS BEEN ESTABLISHED, NO ADDITIONAL MONITORING OF THE USE OF THE DONATED FOOD IS CONSIDERED NECESSARY.

IN FISCAL YEAR 2021, GOLDEN HARVEST FOOD BANK, INC. PROVIDED A GRANT TO FOOD FOREVER FUND, INC., A RELATED ENTITY, TO INVEST FUNDS ON BEHALF OF GOLDEN HARVEST FOOD BANK INC. THE BOARD REVIEWS THE MONTHLY STATEMENTS FOR



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **GOLDEN HARVEST FOOD BANK, INC.** Employer identification number **58-1466516**

| Part I | Types of Property   | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--------|---|----------------------------|---|--|---|
| 1      | Art - Works of art  |                            |   |  |   |
| 2      | Art - Historical treasures                                |                            |   |  |   |
| 3      | Art - Fractional interests                                |                            |   |  |   |
| 4      | Books and publications                                    |                            |   |  |   |
| 5      | Clothing and household goods                              |                            |   |  |   |
| 6      | Cars and other vehicles                                   |                            |   |  |   |
| 7      | Boats and planes  |                            |   |  |   |
| 8      | Intellectual property                                     |                            |   |  |   |
| 9      | Securities - Publicly traded                              |                            |   |  |   |
| 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                          |   | 24,711,395.  | SEE SCH M, PART II  |
| 20     | Drugs and medical supplies                                |                            |   |  |   |
| 21     | Taxidermy   |                            |   |  |   |
| 22     | Historical artifacts                                      |                            |   |  |   |
| 23     | Scientific specimens                                      |                            |   |  |   |
| 24     | Archeological artifacts                                   |                            |   |  |   |
| 25     | Other ( )   |                            |   |  |   |
| 26     | Other ( )   |                            |   |  |   |
| 27     | Other ( )   |                            |   |  |   |
| 28     | Other ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 1

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020



**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, 2021. THE APPROXIMATE WHOLESALE VALUE OF ONE POUND OF DONATED FOOD WAS \$1.70. FOOD PROVIDED BY THE USDA IS ALSO \$1.70 PER POUND. GOLDEN HARVEST FOOD BANK, INC. RECEIVED APPROXIMATELY 14,536,115 LBS. OF DONATED FOOD/GROCERY PRODUCT.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

GOLDEN HARVEST FOOD BANK, INC.

Employer identification number

58-1466516

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

CENTER THAT PROVIDES GROCERY PRODUCTS TO THE HUNGRY THROUGH ITS MEMBER  
AGENCIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

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

THE EXECUTIVE DIRECTOR'S COMPENSATION IS 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

|  |  |
|--|--|
| Name of the organization<br>GOLDEN HARVEST FOOD BANK, INC. | Employer identification number<br>58-1466516 |
|--|--|

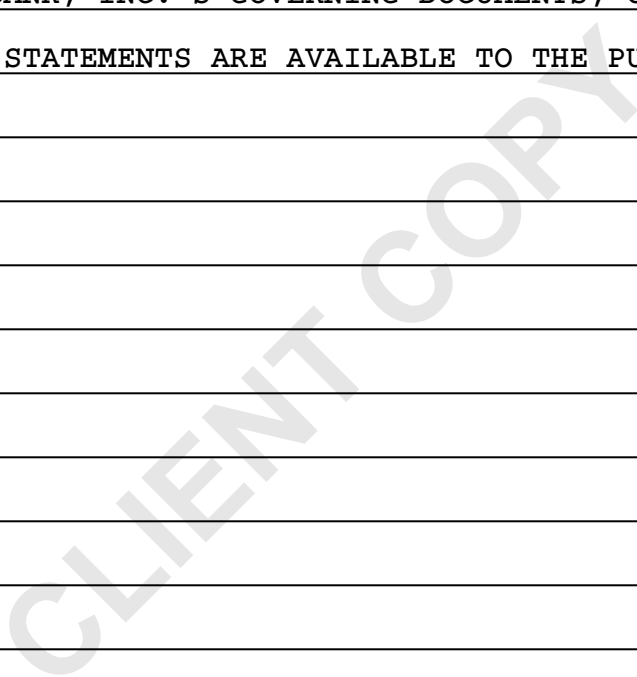
THE TOTAL BUDGET.

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.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**GOLDEN HARVEST FOOD BANK, INC.**

Employer identification number

**58-1466516**

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

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

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

| (a)<br>Name, address, and EIN<br>of related organization                       | (b)<br>Primary activity                                     | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|---|---|-------------------------------|---|-------------------------------------|--|----|
|  |   |   |                               |   |                                     | Yes  | No |
| FOOD FOREVER FUND INC - 58-2624293<br>3310 COMMERCE DRIVE<br>AUGUSTA, GA 30309 | RECEIVE AND INVEST FUNDS<br>FOR GOLDEN HARVEST FOOD,<br>INC | GEORGIA   | 501(C)(3)                     | LINE 12A, I   | GOLDEN HARVEST<br>FOOD BANK, INC.   | X  |    |
|  |   |   |                               |   |                                     |  |    |
|  |   |   |                               |   |                                     |  |    |
|  |   |   |                               |   |                                     |  |    |
|  |   |   |                               |   |                                     |  |    |
|  |   |   |                               |   |                                     |  |    |
|  |   |   |                               |   |                                     |  |    |
|  |   |   |                               |   |                                     |  |    |
|  |   |   |                               |   |                                     |  |    |
|  |   |   |                               |   |                                     |  |    |

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

Schedule R (Form 990) 2020



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

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

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

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

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

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| (1) <b>FOOD FOREVER FUND, INC.</b>  | <b>B</b>                      | <b>1,300,000.</b>      | <b>AUDITED FINANCIAL STATEMENT</b>           |
| (2)                                 |                               |                        |  |
| (3)                                 |                               |                        |  |
| (4)                                 |                               |                        |  |
| (5)                                 |                               |                        |  |
| (6)                                 |                               |                        |  |



**Part VII Supplemental Information**

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

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

GOLDEN SERVICE PROVIDERS

EIN: 45-4509365

3310 COMMERCE DRIVE

AUGUSTA, GA 30909

CLIENT COPY



UNRELATED BUSINESS INCOME

**CARRYOVER DATA TO 2021**

|  |  |
|--|--|
| Name<br>GOLDEN HARVEST FOOD BANK, INC. | Employer Identification Number<br>58-1466516 |
|--|--|

Based on the information provided with this return, the following are possible carryover amounts to next year.

|   |         |
|---|---------|
| FEDERAL POST-2017 NET OPERATING LOSS - RENTAL OF COMMERCIAL | 1,596.  |
| FEDERAL NET POSITIVE ACE ADJUSTMENT                         | 2,796.  |
| FEDERAL PRE-2018 NET OPERATING LOSS                         | 24,089. |

CLIENT COPY

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning OCT 1, 2020, and ending SEP 30, 2021

# 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

**GOLDEN HARVEST FOOD BANK, INC.**

**58-1466516**

Name and title of officer or person subject to tax

**AMY BREITMANN  
EXECUTIVE DIRECTOR**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

|   |   |                           |
|---|---|---------------------------|
| <b>1a</b> Form 990 check here ▶ <input type="checkbox"/>              | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... | <b>1b</b> _____           |
| <b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>           | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....                      | <b>2b</b> _____           |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>         | <b>b</b> Total tax (Form 1120-POL, line 22) .....                               | <b>3b</b> _____           |
| <b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>           | <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....    | <b>4b</b> _____           |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>             | <b>b</b> Balance due (Form 8868, line 3c) .....                                 | <b>5b</b> _____           |
| <b>6a</b> Form 990-T check here ▶ <input checked="" type="checkbox"/> | <b>b</b> Total tax (Form 990-T, Part III, line 4) .....                         | <b>6b</b> _____ <b>0.</b> |
| <b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>             | <b>b</b> Total tax (Form 4720, Part III, line 1) .....                          | <b>7b</b> _____           |

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

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **CHERRY BEKAERT ADVISORY LLC** to enter my PIN **01644**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

### Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**67560800730**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶

Date ▶

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

# 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](http://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](http://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.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>GOLDEN HARVEST FOOD BANK, INC.</b>               | Taxpayer identification number (TIN)<br><b>58-1466516</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>3310 COMMERCE DRIVE</b>                 |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>AUGUSTA, GA 30909</b> |   |

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

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**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 TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **AUGUST 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2020**, and ending **SEP 30, 2021**.

**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

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> 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.                                   | <b>3a</b> | \$ | 0. |
| <b>b</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. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 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 payment instructions.

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

For calendar year 2020 or other tax year beginning OCT 1, 2020, and ending SEP 30, 2021

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

|   |                      |  |  |
|---|----------------------|--|--|
| <p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section<br/> <input checked="" type="checkbox"/> 501(c)(3)<br/> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br/> <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br/> <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p> | <p>Print or Type</p> | <p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br/> <b>GOLDEN HARVEST FOOD BANK, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.<br/> <b>3310 COMMERCE DRIVE</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code<br/> <b>AUGUSTA, GA 30909</b></p> | <p><b>D</b> Employer identification number<br/> <b>58-1466516</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p> |
| <p><b>C</b> Book value of all assets at end of year ..... ▶ <b>277,968.</b></p>   |                      |  |  |

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

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

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

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **AMY BREITMANN** Telephone number ▶ **(706) 736-1199**

**Part I Total Unrelated Business Taxable Income**

|  |    |        |
|--|----|--------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....               | 1  | 68.    |
| 2 Reserved .....   | 2  |        |
| 3 Add lines 1 and 2 .....  | 3  | 68.    |
| 4 Charitable contributions (see instructions for limitation rules) .....   | 4  | 0.     |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....                             | 5  | 68.    |
| 6 Deduction for net operating loss. See instructions ..... <b>STATEMENT 1</b>  | 6  | 68.    |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 ..... | 7  |        |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....  | 8  | 1,000. |
| 9 <b>Trusts.</b> Section 199A deduction. See instructions .....  | 9  |        |
| 10 <b>Total deductions.</b> Add lines 8 and 9 .....  | 10 | 1,000. |
| 11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....       | 11 | 0.     |

**Part II Tax Computation**

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

LHA For Paperwork Reduction Act Notice, see instructions.



FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 1

|   |         |
|---|---------|
| PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR        | 24,157. |
| PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 | 68.     |

| SCHEDULE A PORTION OF PRE-2018 NOL<br>SCHEDULE A ENTITY | SCHEDULE A SHARE |
|---|------------------|
| 1   | 0.               |

|  |         |
|--|---------|
| TOTAL SCHEDULE A SHARE OF PRE-2018 NOL | 0.      |
| NET OPERATING DEDUCTION                | 68.     |
| BALANCE AFTER PRE-2018 NOL DEDUCTION   | 0.      |
| EXPIRING NET OPERATING LOSSES          | 0.      |
| CARRY FORWARD OF NET OPERATING LOSS    | 24,089. |

CLIENT COPY

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY 1

OMB No. 1545-0047

**2020**

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

|  |  |
|--|--|
| <b>A</b> Name of the organization<br><b>GOLDEN HARVEST FOOD BANK, INC.</b>   | <b>B</b> Employer identification number<br><b>58-1466516</b> |
| <b>C</b> Unrelated business activity code (see instructions) ▶ <b>901101</b> | <b>D</b> Sequence: <b>1</b> of <b>1</b>                      |

**E** Describe the unrelated trade or business ▶ **RENTAL OF COMMERCIAL REAL ESTATE TO FOR PROFI**

| <b>Part I</b> Unrelated Trade or Business Income  |                    | (A) Income | (B) Expenses | (C) Net |
|---|--------------------|------------|--------------|---------|
| <b>1 a</b> Gross receipts or sales  |                    |            |              |         |
| <b>b</b> Less returns and allowances  | <b>c</b> Balance ▶ |            |              |         |
| <b>2</b> Cost of goods sold (Part III, line 8)  | <b>1c</b>          |            |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c   | <b>2</b>           |            |              |         |
| <b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) | <b>3</b>           |            |              |         |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)                    | <b>4a</b>          |            |              |         |
| <b>c</b> Capital loss deduction for trusts  | <b>4b</b>          |            |              |         |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)              | <b>4c</b>          |            |              |         |
| <b>6</b> Rent income (Part IV)  | <b>5</b>           |            |              |         |
| <b>7</b> Unrelated debt-financed income (Part V)  | <b>6</b>           | 180.       | 112.         | 68.     |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)   | <b>7</b>           |            |              |         |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)        | <b>8</b>           |            |              |         |
| <b>10</b> Exploited exempt activity income (Part VIII)  | <b>9</b>           |            |              |         |
| <b>11</b> Advertising income (Part IX)  | <b>10</b>          |            |              |         |
| <b>12</b> Other income (see instructions; attach statement)                                   | <b>11</b>          |            |              |         |
| <b>13 Total.</b> Combine lines 3 through 12   | <b>12</b>          | 180.       | 112.         | 68.     |
|   | <b>13</b>          |            |              |         |

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

|  |  |    |  |     |
|--|--|----|--|-----|
| <b>1</b> Compensation of officers, directors, and trustees (Part X)  |  |    |  |     |
| <b>2</b> Salaries and wages  |  |    |  |     |
| <b>3</b> Repairs and maintenance   |  |    |  |     |
| <b>4</b> Bad debts   |  |    |  |     |
| <b>5</b> Interest (attach statement) (see instructions)  |  |    |  |     |
| <b>6</b> Taxes and licenses  |  |    |  |     |
| <b>7</b> Depreciation (attach Form 4562) (see instructions)  |  | 7  |  |     |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return   |  | 8a |  | 8b  |
| <b>9</b> Depletion   |  |    |  |     |
| <b>10</b> Contributions to deferred compensation plans   |  |    |  |     |
| <b>11</b> Employee benefit programs  |  |    |  |     |
| <b>12</b> Excess exempt expenses (Part VIII)   |  |    |  |     |
| <b>13</b> Excess readership costs (Part IX)  |  |    |  |     |
| <b>14</b> Other deductions (attach statement)  |  |    |  |     |
| <b>15 Total deductions.</b> Add lines 1 through 14   |  |    |  | 0.  |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) |  |    |  | 68. |
| <b>17</b> Deduction for net operating loss (see instructions)  |  |    |  | 0.  |
| <b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16   |  |    |  | 68. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold** Enter method of inventory valuation ▶

|  |   |  |
|--|---|--|
| 1 Inventory at beginning of year .....   | 1 |  |
| 2 Purchases .....  | 2 |  |
| 3 Cost of labor .....  | 3 |  |
| 4 Additional section 263A costs (attach statement) .....   | 4 |  |
| 5 Other costs (attach statement) .....   | 5 |  |
| 6 <b>Total.</b> Add lines 1 through 5 .....  | 6 |  |
| 7 Inventory at end of year .....   | 7 |  |
| 8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....   | 8 |  |
| 9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <span style="float: right;">..... <input type="checkbox"/> Yes <input type="checkbox"/> No</span> |   |  |

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

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

|   | A | B | C | D  |
|---|---|---|---|----|
| 2 Rent received or accrued  |   |   |   |    |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....                               |   |   |   |    |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....     |   |   |   |    |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....   |   |   |   |    |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) <span style="float: right;">▶</span> |   |   |   | 0. |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....   |   |   |   |    |
| 5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) <span style="float: right;">▶</span>          |   |   |   | 0. |

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A  **RENTAL** 3301 COMMERCE DRIVE, AUGUSTA, GA 30909

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

|  | A        | B | C | D    |
|--|----------|---|---|------|
| 2 Gross income from or allocable to debt-financed property .....   | 5,000.   |   |   |      |
| 3 Deductions directly connected with or allocable to debt-financed property  |          |   |   |      |
| a Straight line depreciation (attach statement) <b>STMT 5</b> .....  | 1,024.   |   |   |      |
| b Other deductions (attach statement) <b>STMT 6</b> .....  | 2,104.   |   |   |      |
| c Total deductions (add lines 3a and 3b, columns A through D) .....  | 3,128.   |   |   |      |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) <b>STMT 3</b> .....                                    | 10,079.  |   |   |      |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) <b>STMT 4</b> .....  | 280,947. |   |   |      |
| 6 Divide line 4 by line 5 .....  | 3.59%    | % | % | %    |
| 7 Gross income reportable. Multiply line 2 by line 6 .....   | 180.     |   |   |      |
| 8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) <span style="float: right;">▶</span>         |          |   |   | 180. |
| 9 Allocable deductions. Multiply line 3c by line 6   | 112.     |   |   |      |
| 10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) <span style="float: right;">▶</span> |          |   |   | 112. |
| 11 <b>Total dividends-received deductions</b> included in line 10 <span style="float: right;">▶</span>   |          |   |   | 0.   |



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

| 1. Name of controlled organization |   | 2. Employer identification number   | Exempt Controlled Organizations  |  |   | 6. Deductions directly connected with income in column 5 |
|------------------------------------|---|-------------------------------------|--|--|---|--|
|                                    |   |                                     | 3. Net unrelated income (loss) (see instructions)                                    | 4. Total of specified payments made                                | 5. Part of column 4 that is included in the controlling organization's gross income |  |
| (1)                                |   |                                     |  |  |   |  |
| (2)                                |   |                                     |  |  |   |  |
| (3)                                |   |                                     |  |  |   |  |
| (4)                                |   |                                     |  |  |   |  |
| Nonexempt Controlled Organizations |   |                                     |  |  |   |  |
| 7. Taxable Income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10         |   |  |
| (1)                                |   |                                     |  |  |   |  |
| (2)                                |   |                                     |  |  |   |  |
| (3)                                |   |                                     |  |  |   |  |
| (4)                                |   |                                     |  |  |   |  |
|                                    |   |                                     | Add columns 5 and 10. Enter here and on Part I, line 8, column (A)                   | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |   |  |
| <b>Totals</b>                      |   |                                     | 0.   | 0.   |   |  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement)                   | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4)                 |
|--------------------------|---------------------|---|----------------------------------|---|
| (1)                      |                     |   |                                  |   |
| (2)                      |                     |   |                                  |   |
| (3)                      |                     |   |                                  |   |
| (4)                      |                     |   |                                  |   |
|                          |                     | Add amounts in column 2. Enter here and on Part I, line 9, column (A) |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| <b>Totals</b>            |                     | 0.  |                                  | 0.  |

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

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



FORM 990-T DESCRIPTION OF ORGANIZATION'S UNRELATED STATEMENT 2  
 SCHEDULE A BUSINESS ACTIVITY

RENTAL OF COMMERCIAL REAL ESTATE TO FOR PROFIT BUSINESSES

TO FORM 990-T, SCHEDULE A, LINE E

FORM 990-T (A) PART V - UNRELATED DEBT-FINANCED INCOME STATEMENT 3  
 AVERAGE ACQUISITION DEBT

| DESCRIPTION OF DEBT-FINANCED PROPERTY | ACTIVITY NUMBER | AMOUNT OF OUTSTANDING DEBT |
|---------------------------------------|-----------------|----------------------------|
| RENTAL                                | 1               |                            |
| BEGINNING FIRST MONTH                 |                 | 120,952.                   |
| BEGINNING SECOND MONTH                |                 | 0.                         |
| BEGINNING THIRD MONTH                 |                 | 0.                         |
| BEGINNING FOURTH MONTH                |                 | 0.                         |
| BEGINNING FIFTH MONTH                 |                 | 0.                         |
| BEGINNING SIXTH MONTH                 |                 | 0.                         |
| BEGINNING SEVENTH MONTH               |                 | 0.                         |
| BEGINNING EIGHTH MONTH                |                 | 0.                         |
| BEGINNING NINTH MONTH                 |                 | 0.                         |
| BEGINNING TENTH MONTH                 |                 | 0.                         |
| BEGINNING ELEVENTH MONTH              |                 | 0.                         |
| BEGINNING TWELFTH MONTH               |                 | 0.                         |
| TOTAL OF ALL MONTHS                   |                 | 120,952.                   |
| NUMBER OF MONTHS IN YEAR              |                 | 12                         |
| AVERAGE AQUISITION DEBT               |                 | 10,079.                    |

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4



# TAX RETURN FILING INSTRUCTIONS

GEORGIA FORM 600-T

FOR THE YEAR ENDING  
SEPTEMBER 30, 2021

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**PREPARED FOR:**

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

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**PREPARED BY:**

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

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**TO BE SIGNED AND DATED BY:**

THE AUTHORIZED INDIVIDUAL(S).

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**AMOUNT OF TAX:**

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

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**OVERPAYMENT:**

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

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**MAKE CHECK PAYABLE TO:**

NOT APPLICABLE

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**MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:**

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

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**RETURN MUST BE MAILED ON OR BEFORE:**

PLEASE MAIL AS SOON AS POSSIBLE.

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**SPECIAL INSTRUCTIONS:**



**Page 1**

Amended  Amended due to IRS Audit  Address Change  UET Annualization Exception attached

|  |  |          |  |                   |  |            |  |  |  |
|--|--|----------|--|-------------------|--|------------|--|--|--|
| For the taxable year beginning                   |  |          |  | 10/01/2020        |  | and ending |  | 09/30/2021   |  |
| Name of Organization                             |  |          |  | Name of Fiduciary |  |            |  | Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.) |  |
| GOLDEN HARVEST FOOD BANK,                        |  |          |  |                   |  |            |  |  |  |
| Number and Street                                |  |          |  | Number and Street |  |            |  | NAICS Code   |  |
| 3310 COMMERCE DRIVE                              |  |          |  |                   |  |            |  |  |  |
| City or Town                                     |  |          |  | City or Town      |  |            |  | Date of current exemption letter.  |  |
| AUGUSTA  |  |          |  |                   |  |            |  |  |  |
| State  |  | ZIP Code |  | State             |  | ZIP Code   |  | IRS code section for which you are exempt.   |  |
| GA   |  | 30909    |  |                   |  |            |  |  |  |
| <b>Georgia Unrelated Business Taxable Income</b> |  |          |  |                   |  |            |  | <b>SCHEDULE 1</b>  |  |

|   |     |  |          |
|---|-----|--|----------|
| 1. Unrelated business taxable income from Federal Form 990-T (attach copy) .....                              | 1.  |  | 0        |
| 2. Additions .....  | 2.  |  |          |
| 3. Total (add Line 1 and Line 2) .....  | 3.  |  |          |
| 4. Subtractions .....   | 4.  |  |          |
| 5. Adjusted unrelated business taxable income (Line 3 less Line 4) .....                                      | 5.  |  |          |
| 6. Income allocated everywhere .....  | 6.  |  |          |
| 7. Unrelated business taxable income subject to apportionment (Line 5 less Line 6) .....                      | 7.  |  |          |
| 8. Apportionment ratio (Attach Computation Schedule) .....  | 8.  |  | 1.000000 |
| 9. Georgia apportioned unrelated business taxable income (Line 7 x Line 8) .....                              | 9.  |  | 0.       |
| 10. Income allocated to Georgia (Attach Schedule) .....   | 10. |  |          |
| 11. Total of Lines 9 and 10 .....   | 11. |  |          |
| 12. Georgia net operating loss deduction (Attach Schedule) (See IT-611 instructions for 80% limitation) ..... | 12. |  |          |
| 13. Georgia unrelated business taxable income (Line 11 less Line 12) .....                                    | 13. |  |          |



2101615024

| COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX   | SCHEDULE 2 |   |
|--|------------|---|
| 1. Line 13, Schedule 1 multiplied by 5.75% .....   | 1.         |   |
| 2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2 .....         | 2.         |   |
| 3. Less: Payments .....  | 3.         |   |
| 4. Withholding Credits (G2-A, G2-LP and/or G2-RP) .....  | 4.         |   |
| 5. Schedule 3B Refundable tax credits .....  | 5.         |   |
| 6. Balance of tax due OR overpayment .....   | 6.         | 0 |
| 7. Interest due (See Instructions) .....   | 7.         |   |
| 8. Underestimated tax penalty .....  | 8.         |   |
| 9. Other penalties due (See Instructions) .....  | 9.         |   |
| 10. Balance of tax, interest and penalties due with return .....                                 | 10.        |   |
| 11. If Line 6 is an overpayment, amount after any penalties and interest to be credited on _____ |            |   |
| <b>Estimated Tax</b> ▶   |            |   |
| <b>Refunded</b> ▶  |            |   |

**A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN.**  
 DECLARATION: I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based 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.

AMY BREITMANN  
 Signature of Officer

\_\_\_\_\_  
 Signature of Individual or Firm Preparing Return

EXECUTIVE DIRECTO  
 Title Date

P00231389  
 Employee ID or Social Security Number



2101615034

Name **GOLDEN HARVEST FOOD BANK,**

FEIN **58-1466516**

**CREDIT USAGE AND CARRYOVER**

(ROUND TO NEAREST DOLLAR)

**SCHEDULE 3**

1. **Complete a separate schedule for each Credit Code.**
2. Total the amounts on Line 11 of each schedule and enter the total on the credit line of the return.
3. If there is a credit eligible for carryover, please complete a schedule even if the credit is not used for this tax year.
4. Enter credits which are attributable to unrelated trade or business income from Georgia sources. See Form 600 for the credit codes that may apply (note not all credits apply to 600-T).
5. See the relevant forms, statutes, and regulations to determine how the credit is allocated to the owners, to determine when carryovers expire, and to see if the credit is limited to a certain percentage of tax.
6. If the credit for a particular credit code originated with more than one person or company, enter separate information on Lines 3 through 9 below.
7. The credit certificate number is issued by the Department of Revenue for credits that are preapproved. If applicable, please enter the Department of Revenue credit certificate number where indicated.
8. Before the Line 12 carryover is applied to the next year, the amount must be reduced by any carryovers that have expired.

**For the credit generated this year, list the Company Name, ID number, Credit Certificate number, if applicable, and % of credit (purchased credits should also be included). If the credit originated with this taxpayer, enter this taxpayer's name and ID# below and 100% for the percentage.**

|   |             |                                |
|---|-------------|--------------------------------|
| 1. Credit Code  |             |                                |
| 2. Credit remaining from previous years                                 |             |                                |
| 3. Company Name   |             | ID Number                      |
| Credit Certificate #  | % of Credit | Credit Generated this tax year |
| 4. Company Name   |             | ID Number                      |
| Credit Certificate #  | % of Credit | Credit Generated this tax year |
| 5. Company Name   |             | ID Number                      |
| Credit Certificate #  | % of Credit | Credit Generated this tax year |
| 6. Company Name   |             | ID Number                      |
| Credit Certificate #  | % of Credit | Credit Generated this tax year |
| 7. Company Name   |             | ID Number                      |
| Credit Certificate #  | % of Credit | Credit Generated this tax year |
| 8. Company Name   |             | ID Number                      |
| Credit Certificate #  | % of Credit | Credit Generated this tax year |
| 9. Company Name   |             | ID Number                      |
| Credit Certificate #  | % of Credit | Credit Generated this tax year |
| 10. Total available credit for this tax year (sum of Lines 2 through 9) |             | 10.                            |
| 11. Credit Used this tax year   |             | 11.                            |
| 12. Potential carryover to next tax year (Line 10 less Line 11)         |             | 12.                            |