

PUBLIC DISCLOSURE COPY

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

## 2021

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>GOLDEN HARVEST FOOD BANK, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3310 COMMERCE DRIVE</b> City or town, state or province, country, and ZIP or foreign postal code <b>AUGUSTA, GA 30909</b>	<b>D</b> Employer identification number <b>58-1466516</b>  <b>E</b> Telephone number <b>706-736-1199</b>
<b>F</b> Name and address of principal officer: <b>AMY BREITMANN</b> <b>SAME AS C ABOVE</b>		<b>G</b> Gross receipts \$ <b>26,846,151.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <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>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>58</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1180</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 40,911,163.
<b>9</b>		Program service revenue (Part VIII, line 2g)	1,369,520.	1,041,516.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	96,596.	18,143.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	226,034.	390,883.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,603,313.	26,766,328.
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,988,411.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,985,093.	3,178,745.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	213,088.	156,014.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,160,438.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,561,708.	4,511,284.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,748,300.	29,245,517.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	9,855,013.	-2,479,189.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 21,730,028.	<b>End of Year</b> 19,138,465.
	<b>21</b>	Total liabilities (Part X, line 26)	603,150.	984,490.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	21,126,878.	18,153,975.

**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 <b>AMY BREITMANN, EXECUTIVE DIRECTOR</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ELIZABETH MORRISON</b>	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN <b>P00231389</b>
	Firm's name ▶ <b>CHERRY BEKAERT ADVISORY LLC</b> Firm's address ▶ <b>1029 GREENE STREET</b> <b>AUGUSTA, GA 30901</b>	Firm's EIN ▶ <b>88-2730877</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 \$ 27,319,828. including grants of \$ 21,399,474. ) (Revenue \$ 1,041,516. ) 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 27,319,828.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<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 the 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 line 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 on Schedule O for Part VI, lines 11b and 19? .....	X	

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

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

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

	Yes	No
<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 on 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 17 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 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> 18		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 18		
<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>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 on 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 on Schedule O how this was done	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 on 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?		

**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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMY C. BREITMANN (NON-VOTING) EXECUTIVE DIRECTOR	39.00 1.00			X				111,602.	0.	0.
(2) BRIAN D. ELLEFSON BOARD CHAIR	2.00 0.00	X		X				0.	0.	0.
(3) DAGAN SHARPE TREASURER	2.00 0.00	X		X				0.	0.	0.
(4) HARRIS WEINSTEIN SECRETARY	2.00 1.00	X		X				0.	0.	0.
(5) TODD M. BOUDREAU DIRECTOR	2.00 0.00	X						0.	0.	0.
(6) ANGI BROCK DIRECTOR	2.00 0.00	X						0.	0.	0.
(7) SCOTT FITZGERALD DIRECTOR	2.00 0.00	X						0.	0.	0.
(8) DEE GRIFFIN DIRECTOR	2.00 0.00	X						0.	0.	0.
(9) AMANDA HEATH DIRECTOR	2.00 0.00	X						0.	0.	0.
(10) JAMES HEFFNER DIRECTOR	2.00 0.00	X						0.	0.	0.
(11) KATHLEEN HERSEY DIRECTOR	2.00 0.00	X						0.	0.	0.
(12) KEVIN HORTON DIRECTOR	2.00 0.00	X						0.	0.	0.
(13) OMEEKA P. LOGGINS DIRECTOR	2.00 0.00	X						0.	0.	0.
(14) KEITH MCDONALD DIRECTOR	2.00 0.00	X						0.	0.	0.
(15) ED MENDOZA DIRECTOR	2.00 0.00	X						0.	0.	0.
(16) DAVID POPE DIRECTOR	2.00 0.00	X						0.	0.	0.
(17) MARK NEWTON DIRECTOR	2.00 0.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL SWAIN DIRECTOR	2.00 0.00	X						0.	0.	0.
(19) MONIQUE J. WYNN DIRECTOR	2.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								111,602.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								111,602.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
RUSS REID COMPANY P.O. BOX 90125, PASADENA, CA 91109-5125	FUNDRAISING	156,014.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

**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>	76,608.				
	<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>	1,772,722.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	23,466,456.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 18,793,784.				
	<b>h Total.</b> Add lines 1a-1f			25,315,786.			
<b>Program Service Revenue</b>	<b>2 a</b> PURCHASED FOOD SALES	<b>Business Code</b>	624210	1,002,876.	1,002,876.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue		624210	38,640.	38,640.		
	<b>g Total.</b> Add lines 2a-2f			1,041,516.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			18,143.		18,143.	
	<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				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>					
<b>c</b> Gain or (loss)	<b>7c</b>						
<b>d</b> Net gain or (loss)							
<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>		470,706.				
<b>b</b> Less: direct expenses	<b>8b</b>		79,823.				
<b>c</b> Net income or (loss) from fundraising events			390,883.		390,883.		
<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			26,766,328.	1,041,516.	0.	409,026.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	21,399,474.	21,399,474.		
<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	111,602.	60,822.	27,717.	23,063.
<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	2,350,290.	1,280,890.	583,701.	485,699.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	518,647.	382,673.	53,974.	82,000.
<b>10</b> Payroll taxes	198,206.	115,137.	45,357.	37,712.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	148,815.	80,241.	23,231.	45,343.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	156,014.			156,014.
<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.)	146,675.	145,396.		1,279.
<b>12</b> Advertising and promotion	269,594.	32,881.		236,713.
<b>13</b> Office expenses	279,537.	255,335.	3,370.	20,832.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	571,061.	553,715.		17,346.
<b>17</b> Travel	67,401.	57,040.	465.	9,896.
<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	394,435.	394,435.		
<b>23</b> Insurance	193,533.	163,047.	20,460.	10,026.
<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>	2,120,286.	2,120,286.		
<b>b</b> <b>SUPPLIES</b>	117,931.	110,683.		7,248.
<b>c</b> <b>AUTO AND DELIVERY</b>	104,110.	104,110.		
<b>d</b> <b>DUES AND SUBSCRIPTIONS</b>	48,656.	37,154.	1,727.	9,775.
<b>e</b> All other expenses	49,250.	26,509.	5,249.	17,492.
<b>25</b> Total functional expenses. Add lines 1 through 24e	29,245,517.	27,319,828.	765,251.	1,160,438.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	479,215.	<b>1</b>	1,795,356.
	<b>2</b> Savings and temporary cash investments .....	11,200,207.	<b>2</b>	7,954,935.
	<b>3</b> Pledges and grants receivable, net .....	401,186.	<b>3</b>	586,961.
	<b>4</b> Accounts receivable, net .....	69,378.	<b>4</b>	103,949.
	<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 .....	5,023,005.	<b>8</b>	2,206,503.
	<b>9</b> Prepaid expenses and deferred charges .....	51,889.	<b>9</b>	145,200.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 11,497,678.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,152,117.	<b>10c</b>	6,345,561.
	<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) .....	21,730,028.	<b>16</b>	19,138,465.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	449,390.	<b>17</b>	864,090.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	128,760.	<b>19</b>	95,400.
	<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 .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<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 .....	25,000.	<b>25</b>	25,000.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	603,150.	<b>26</b>	984,490.
<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 .....	20,917,388.	<b>27</b>	17,597,872.
	<b>28</b> Net assets with donor restrictions .....	209,490.	<b>28</b>	556,103.
	<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 .....	21,126,878.	<b>32</b>	18,153,975.
	<b>33</b> Total liabilities and net assets/fund balances .....	21,730,028.	<b>33</b>	19,138,465.

**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>	26,766,328.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	29,245,517.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,479,189.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	21,126,878.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-493,714.
<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>	18,153,975.

**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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<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? _____ 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	27425802.	31456820.	33130702.	40911163.	25315786.	158240273
<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 .....	27425802.	31456820.	33130702.	40911163.	25315786.	158240273
<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) .....						5832071.
<b>6 Public support.</b> Subtract line 5 from line 4.						152408202

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	27425802.	31456820.	33130702.	40911163.	25315786.	158240273
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	8,787.	8,054.	79,038.	40,770.	18,135.	154,784.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....			1,392.			1,392.
<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						158396449
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	8,762,537.
<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 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	96.22 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	96.36 %
<b>16a 33 1/3% support test - 2021.</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 - 2020.</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 - 2021.</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 - 2020.</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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<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>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>1</b>		
<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>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>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<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>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<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>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>2a</b>		
<b>2b</b>		
<b>3a</b>		
<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.

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<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)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization  <b>GOLDEN HARVEST FOOD BANK, INC.</b>	Employer identification number  <b>58-1466516</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 537,503.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 9,886,557.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 614,463.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GOLDEN HARVEST FOOD BANK, INC.</b>	Employer identification number  <b>58-1466516</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	DONATED FOOD _____ _____ _____	\$ 9,136,633.	09/30/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____



Name of organization  <b>GOLDEN HARVEST FOOD BANK, INC.</b>	Employer identification number  <b>58-1466516</b>
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**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>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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? (Yes/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? (Yes/No)

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure. 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. 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No). 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No). 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 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. 1b 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		588,272.		588,272.
b Buildings		5,531,453.	2,518,978.	3,012,475.
c Leasehold improvements				
d Equipment		3,008,100.	2,133,119.	874,981.
e Other		2,369,853.	500,020.	1,869,833.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>6,345,561.</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, 2022 AND 2021.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		TASTE OF THE HARVEST (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	470,706.			470,706.
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	470,706.			470,706.
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 .....	79,823.			79,823.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				79,823.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				390,883.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
	<b>2</b> Cash prizes .....				
Direct Expenses	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
Revenue	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<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

**2021**

**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 noncash 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
ACTS 340 PARK AVENUE, SW AIKEN, SC 29801	57-0826271	501(C)(3)	0.	319,564.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
AIKEN COUNTY FAMILY YMCA 621 TROLLEY LANE AIKEN, SC 29829	58-0566254	501(C)(3)	0.	9,986.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
AIKEN SEVENTH-DAY ADVENTIST CHURCH 1714 COLUMBIA HWY N AIKEN, SC 29801	57-0931821	501(C)(3)	0.	79,020.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
AIKEN UNITARIAN UNIVERSALIST CHURCH - 115 GREGG AVE - AIKEN, SC 29801	83-0498240	501(C)(3)	0.	6,166.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
AIM- AUGUSTA 107 LANEY WALKER BLVD. EXT. AUGUSTA, GA 30901	58-2621714	501(C)(3)	0.	15,539.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
ALLELUIA CHRISTIAN SERVICE 2461 LUMPKIN RD. AUGUSTA, GA 30906	58-1184461	501(C)(3)	0.	23,103.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **177.**

**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) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMAZING GRACE MINISTRIES 202 BEECH AVE DENMARK, SC 29042		501(C)(3)	0.	206,513.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
APOSTOLIC FAITH KINGDOM LIFE FELLOWSHIP MINISTRIES - 77 EAST ADAMS STREET - SPARTA, GA 31087		501(C)(3)	0.	6,816.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
ASBURY UMC 1305 TROUPE STREET AUGUSTA, GA 30904		501(C)(3)	0.	13,035.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
ASSEMBLY OF PRAYER 2952 OLD TOBACCO RD. HEPHZIBAH, GA 30815	27-0023914	501(C)(3)	0.	7,564.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
AUGUSTA DELIVERANCE 2028 ROOSEVELT DRIVE AUGUSTA, GA 30904	58-1510220	501(C)(3)	0.	20,932.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
AUGUSTA DREAM CENTER 3364 PEACH ORCHARD ROAD AUGUSTA, GA 30906	82-1762691	501(C)(3)	0.	152,015.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
AXIS 1 CENTER 1644 JACKSON ST BARNWELL, SC 29812		501(C)(3)	0.	35,100.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
BAMBERG CHURCH OF GOD 420 CALHOUN STREET BAMBERG, SC 29003		501(C)(3)	0.	12,293.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
BARNWELL BAMBERG BAPTIST ASSOCIATION - 3678 CAROLINA HWY - DENMARK, SC 29042	57-0360087	501(C)(3)	0.	48,911.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEECH ISLAND CHURCH OF CHRIST 1681 SAND BAR FERRY ROAD BEECH ISLAND, SC 29842	75-3058551	501(C)(3)	0.	19,584.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
BELLE TERRACE PRESBYTERIAN 2473 GOLDEN CAMP ROAD AUGUSTA, GA 30906		501(C)(3)	0.	34,662.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
BETHEL AME CHURCH 1816 WALKER STREET AUGUSTA, GA 30904	58-1961206	501(C)(3)	0.	17,938.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
BETHEL COMMUNITY APOSTOLIC CHURCH INC. - 2399 BOYKIN ROAD - HEPHZIBAH, GA 30815		501(C)(3)	0.	27,197.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
BETHLEHEM BAPTIST CHURCH 927 COLUMBIA RD EDGEFIELD, SC 29824		501(C)(3)	0.	267,642.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
BEULAH GROVE COMMUNITY RESOURCE CENTER - 1446 LEE BEARD WAY - AUGUSTA, GA 30901	58-2159621	501(C)(3)	0.	9,702.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
BIBLE DELIVERANCE TEMPLE 1857 FENWICK STREET AUGUSTA, GA 30904	58-6044764	501(C)(3)	0.	161,614.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
BOWMAN UNITED METHODIST CHURCH 10 WEST CHURCH ST BOWMAN, GA 30624		501(C)(3)	0.	7,749.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
BREAKFREE AUGUSTA INC. 1714 NORTH LEG COURT AUGUSTA, GA 30909	81-5058626	501(C)(3)	0.	29,816.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGE MINISTRY OF CSRA @ NEW HOPE WORSHIP CENTER - 715 SOUTH OLD BELAIR ROAD - GROVETOWN, GA 30813	47-4922398	501(C)(3)	0.	56,878.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
BRIDGES OF HOPE 2845 JACKIE SNIDER TRAIL STAPLETON, GA 30823	58-1917635	501(C)(3)	0.	24,014.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
BROAD STREET MINISTRY CENTER 20 BROAD STREET AUGUSTA, GA 30901	26-2087052	501(C)(3)	0.	31,039.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
BROKEN SHACKLE RANCH 1542 FRANCIS BRIDGE ROAD DAVISBORO, GA 31018	58-1684656	501(C)(3)	0.	78,988.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
BRUSHY CREEK CHRISTIAN CHURCH 430 ST CLAIRE RD KEYSVILLE, GA 30816		501(C)(3)	0.	5,496.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
CALVARY BAPTIST CHURCH 2510 RICHMOND HILL ROAD AUGUSTA, GA 30906		501(C)(3)	0.	11,655.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
CALVARY TEMPLE ASSEMBLY OF GOD 3633 PEACH ORCHARD ROAD AUGUSTA, GA 30906		501(C)(3)	0.	90,733.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
CATHOLIC CHARITIES OF SC 2443 AUGUSTA RD GLOVERVILLE, SC 29828	53-0196617	501(C)(3)	0.	133,029.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
CATHOLIC SOCIAL SERVICES 811 12TH STREET AUGUSTA, GA 30901	58-1368093	501(C)(3)	0.	121,985.	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 noncash 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.	15,166.	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.	7,737.	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.	170,432.	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.	12,653.	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.	55,430.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
CHRISTWAY CHRISTIAN 4004 PRESCOTT DRIVE MARTINEZ, GA 30907		501(C)(3)	0.	129,163.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
CLIFFORD GROVE BAPTIST CHURCH 2741 CALLAWAY ROAD RAYLE, GA 30660	85-1921172	501(C)(3)	0.	20,106.	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.	44,151.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
COMMUNITY OF HOPE MINISTRY 1077 HIGHWAY 39 WILLISTON, SC 29853	87-1249109	501(C)(3)	0.	43,362.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPASS FOR HOPE 110 HARDY DRIVE GROVETOWN, GA 30813		501(C)(3)	0.	31,701.	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.	130,923.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
CORNERSTONE OF FAITH MINISTRIES, INC. - 2112 EASTLAND DRIVE - AUGUSTA, GA 30904	22-3929208	501(C)(3)	0.	5,557.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
DCCM 430 8TH STREET AUGUSTA, GA 30901	58-1352351	501(C)(3)	0.	189,719.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
EAST AUGUSTA COMMUNITY DEV. CORP 710 CEDAR ST. AUGUSTA, GA 30901	58-2500112	501(C)(3)	0.	8,860.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
EBENEZER 7TH DAY ADVENTIST- EBENEZER COMM. SERVICE - 1699 OLIVE ROAD - AUGUSTA, GA 30904	58-1534350	501(C)(3)	0.	14,821.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
EDWARD SENIOR MEMORIAL RESTORATION CTR - 3315 HWY 19 - TRENTON, SC 29847	57-1053395	501(C)(3)	0.	156,689.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
ELBERT COUNTY UMC FOOD MINISTRY 2503 HARMONY ROAD ELBERTON, GA 30635	87-2529517	501(C)(3)	0.	220,318.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
FAITH OUTREACH CHRISTIAN 2664 WILLIS FOREMAN ROAD HEPHZIBAH, GA 30815	58-2178686	501(C)(3)	0.	16,534.	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.)

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FAITH TABERNACLE 249 FAITH LANE LINCOLNTON, GA 30817	27-1738660	501(C)(3)	0.	6,593.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
FAMILY CONNECTIONS/C.I.S.-GLAS 370 WEST MAIN STREET GIBSON, GA 30810	80-0030071	501(C)(3)	0.	69,470.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
FIRST BAPTIST AUGUSTA 3500 WALTON WAY AUGUSTA, GA 30909	58-0566245	501(C)(3)	0.	18,057.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
FIRST DAYSPRING BAPTIST CHURCH 2170 GREENE STREET AUGUSTA, GA 30904		501(C)(3)	0.	9,191.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
FIRST EBENEZER BAPTIST 2040 EBENEZER DRIVE HEPHZIBAH, GA 30815		501(C)(3)	0.	99,609.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
FIRST LOVE KIDS 618 HINES STREET SANDERSVILLE, GA 31082	20-0534132	501(C)(3)	0.	100,359.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
FIRST MOUNT CARMEL 6269 COBBHAM ROAD APPLING, GA 30802		501(C)(3)	0.	5,010.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
FISHES AND LOAVES FOOD PANTRY 387 WEST CHURCH ST. HARLEM, GA 30814	27-3443867	501(C)(3)	0.	25,901.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
FLCM-FAIRVIEW MISSIONARY 2266 WHEELLESS RD. AUGUSTA, GA 30904	02-0702451	501(C)(3)	0.	14,889.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.

Schedule I (Form 990)



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FOOD SECURITY FOR AMERICA - WALTON OAKS LEGACY - 601 FAIRHOPE STREET APT 1102 - AUGUSTA, GA 30901	30-0720156	501(C)(3)	0.	17,009.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
FORT CREEK BAPTIST 1497 FORT CREEK ROAD DEARING, GA 30808		501(C)(3)	0.	24,419.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
GAP MINISTRIES OF AUGUSTA INC. 1235 GREENE ST AUGUSTA, GA 30901	27-1485039	501(C)(3)	0.	55,383.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
GATEWAY CHURCH 8678 MALBORO AVE BARNWELL, SC 29812		501(C)(3)	0.	63,777.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
GOOD SHEPHERD BAPTIST CHURCH 1714 OLIVE ROAD AUGUSTA, GA 30904		501(C)(3)	0.	76,838.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
GRACE STREET CHURCH OF CHRIST 120 GRACE STREET AUGUSTA, GA 30904		501(C)(3)	0.	20,493.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
GRACEWOOD UNITED METHODIST 2117 TOBACCO ROAD AUGUSTA, GA 30906	58-1541299	501(C)(3)	0.	7,171.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
GREATER MT. CANAAN BAPTIST CHURCH 2573 WHEELER RD. AUGUSTA, GA 30904		501(C)(3)	0.	29,383.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
GREATER ST JOHN BAPTIST 1948 ELLIS STREET AUGUSTA, GA 30904		501(C)(3)	0.	10,103.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.

Schedule I (Form 990)

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GREENE COUNTY FOOD PANTRY 519 MARTIN LUTHER KING JR BLVD, APT GREENSBORO, GA 30642	26-2135416	501(C)(3)	0.	245,778.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
HANCOCK HELPING HANDS 75 LS INGRAM RD. SPARTA, GA 31087	58-2192078	501(C)(3)	0.	162,838.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
HAVEN-MUNNERLYN UMC 305 PARK DRIVE/DELIVER TO 518 STE B COLLEGE ST - WAYNESBORO, GA 30830	47-3440901	501(C)(3)	0.	15,839.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
HIGHER GROUNDS - ANGEL WING 150 CHARLES ST BARNWELL, SC 29812	31-1710750	501(C)(3)	0.	52,412.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
HILLCREST BAPTIST-AUGUSTA 2457 RIDGE ROAD AUGUSTA, GA 30906	58-0566245	501(C)(3)	0.	16,389.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
HIS TRUTH FOOD PANTRY 509 5TH AVENUE TWIN CITY, GA 30471	82-4833406	501(C)(3)	0.	15,560.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
HOLDING FORTH THE WORD OF LIFE 112 BROAD ST WRENS, GA 30833	20-1869878	501(C)(3)	0.	37,409.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
HOPE HOUSE FOR WOMEN 2205 HIGHLAND AVENUE AUGUSTA, GA 30904	58-2074040	501(C)(3)	0.	8,776.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
HOPE MINISTRIES OF THE VALLEY 2331 AUGUSTA RD GLOVERVILLE, SC 29828	56-2586273	501(C)(3)	0.	37,273.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.

Schedule I (Form 990)

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JENKINS CO. FAMILY ENRICHMENT 725 WINTHROPE AVE MILLEN, GA 30442	58-2509085	501(C)(3)	0.	14,658.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
JENKINS MEMORIAL CME CHURCH 4218 WINDSOR SPRING ROAD HEPHZIBAH, GA 30815		501(C)(3)	0.	16,627.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
JESUS REIGN 1510 JOHNS RD. AUGUSTA, GA 30904	45-4522563	501(C)(3)	0.	13,419.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
JOHNSON CO. MINISTERIAL ASSOC 928 US HWY 319 SOUTH WRIGHTSVILLE, GA 31096		501(C)(3)	0.	134,339.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
JOHNSTON FOOD BANK 505 ACADEMY ST JOHNSTON, SC 29832	57-1003935	501(C)(3)	0.	62,546.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
JOURNEY COMM-SHERWOOD CAMPUS 3131 OLD LOUISVILLE RD AUGUSTA, GA 30906		501(C)(3)	0.	11,767.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
JOURNEY COMMUNITY CHURCH 4798 HARDY MCMANUS ROAD EVANS, GA 30809		501(C)(3)	0.	86,295.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
JWC HELPING HANDS INC 2050 BOLT DRIVE AUGUSTA, GA 30901	58-2193199	501(C)(3)	0.	319,391.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
KINGDOM ADVANCEMENT MINISTRIES 806 JORDAN MILL RD. SANDERSVILLE, GA 31082		501(C)(3)	0.	16,620.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.

Schedule I (Form 990)

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KINGDOM LIFE FELLOWSHIP- HARRISON 2045 NEW TENNILLE RD. HARRISON, GA 31035	55-0817287	501(C)(3)	0.	22,609.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
KOINONIA COMMUNITY OF HOPE 455 BROAD STREET AUGUSTA, GA 30901	68-0107215	501(C)(3)	0.	7,506.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
LIGHT OF THE WORLD 2340 MILLEDGEVILLE ROAD AUGUSTA, GA 30904		501(C)(3)	0.	81,299.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
LINCOLN COUNTY FOOD PANTRY 1066 FIRETOWER ROAD LINCOLNTON, GA 30817		501(C)(3)	0.	73,534.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
LIVING WORD CHRISTIAN CNTR 3018 OLD MCDUFFIE ROAD AUGUSTA, GA 30906	58-1523119	501(C)(3)	0.	72,688.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
LIVING WORD FELLOWSHIP 2402 OLD SAVANNAH ROAD AUGUSTA, GA 30906		501(C)(3)	0.	25,537.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
LORD & SAVIOR MINISTRY 2507 MEADOWBROOK DRIVE AUGUSTA, GA 30906	58-2365650	501(C)(3)	0.	32,391.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
LOUISVILLE COMMUNITY FOOD PANTRY 718 NELMS STREET LOUISVILLE, GA 30434	83-4557058	501(C)(3)	0.	33,075.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
MACEDONIA CHURCH OF GROVETOWN 304 UN COURT GROVETOWN, GA 30813		501(C)(3)	0.	65,716.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.

Schedule I (Form 990)

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MAYS GROVE BAPTIST CHURCH 1310 MAYS GROVE ROAD WRENS, GA 30833		501(C)(3)	0.	21,399.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
MCCA FOOD PANTRY 1821 SLAYTON STREET AUGUSTA, GA 30904	58-1692564	501(C)(3)	0.	7,910.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
MCCORMICK HELPING HANDS UNITED FOOD PANTRY - 211 S MAIN ST - MCCORMICK, SC 29835	56-2111496	501(C)(3)	0.	62,788.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
MCDUFFIE PARTNER- MANNA 451 EAST HILL STREET THOMSON, GA 30824	58-1867047	501(C)(3)	0.	277,379.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
MERCY CHURCH 2700 WHISKEY ROAD AIKEN, SC 29803	62-0484177	501(C)(3)	0.	11,451.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
MERCY MINISTRIES, INC. 2034 BROAD STREET AUGUSTA, GA 30904	03-0391131	501(C)(3)	0.	1,032,619.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
MFP PUTNAM LIFE SOURCE 864 HARMONY ROAD EATONTON, GA 31024	27-1419799	501(C)(3)	0.	28,472.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
MIRACLE TEMPLE 640 MILLEN BYPASS MILLEN, GA 30442		501(C)(3)	0.	68,259.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
MOSAIC UNITED METHODIST CHURCH 478 COLUMBIA INDUSTRIAL BLVD EVANS, GA 30809	82-3554889	501(C)(3)	0.	11,811.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.

Schedule I (Form 990)

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MT BEULAH BAPTIST 856 MT BEULAH RD WINDSOR, SC 29856		501(C)(3)	0.	31,833.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
MT LEBANON BAPTIST CHURCH 134 MT. LEBANON CHURCH RD PARKSVILLE, SC 29844	80-0914857	501(C)(3)	0.	84,393.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
MT MORIAH BAPTIST 2946 KEY RD PLUM BRANCH, SC 29845		501(C)(3)	0.	44,888.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
MT ZION BAPTIST CHURCH 17519 ATOMIC RD AIKEN, SC 29803		501(C)(3)	0.	75,932.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
MT. ALDRED CME CHURCH 1797 N. MT. ALDRED CHURCH ROAD STAPLETON, GA 30823		501(C)(3)	0.	114,732.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
MT. OLIVE CHURCH OF THE NAZARENE 591 MT. OLIVE CHURCH RD. WRIGHTSVILLE, GA 31096	44-0552034	501(C)(3)	0.	56,559.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
MUSLIM COMMUNITY SERVICE 120 DAVANT STREET AUGUSTA, GA 30907	47-4958445	501(C)(3)	0.	33,687.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
NATIONS CHRISTIAN FELLOWSHIP 4230 BELAIR FRONTAGE RD. AUGUSTA, GA 30909	26-2669324	501(C)(3)	0.	10,818.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
NEW BEGINNINGS IN CHRIST 113 AUGUSTA ROAD GARFIELD, GA 30425	26-0898275	501(C)(3)	0.	6,035.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.

Schedule I (Form 990)

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NEW BETHLEHEM COMMUNITY CENTER INC. - 1336 CONKLIN AVE - AUGUSTA, GA 30901	20-0479897	501(C)(3)	0.	14,514.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
NEW HOLT BAPTIST CHURCH 180 OLD MILLEDGEVILLE ROAD HARLEM, GA 30814		501(C)(3)	0.	19,146.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
NOAH'S ARK NBC 4466 HWY 80 WEST KEYSVILLE, GA 30816		501(C)(3)	0.	41,300.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
OAK GROVE BAPTIST CHURCH 2020 STONEY BLUFF ROAD GIRARD, GA 30426		501(C)(3)	0.	29,269.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
OAKEY GROVE COMMUNITY RESOURCE CENTER - 911 NORTH BELAIR ROAD - EVANS, GA 30809	03-0536201	501(C)(3)	0.	41,458.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
OLD TIME WAY COGIC 3450 OLD MCDUFFIE RD. AUGUSTA, GA 30906		501(C)(3)	0.	23,839.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
PENFIELD ADDICTION MINISTRIES 1061 MERCER CIRCLE UNION POINT, GA 30669	58-1368663	501(C)(3)	0.	13,807.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
PLEASANT GROVE BAPTIST CHURCH 2537 PLEASANT GROVE RD BOWMAN, GA 30624	58-0566245	501(C)(3)	0.	19,787.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
PLEASANT GROVE CME 2245 AUGUSTA HWY LINCOLNTON, GA 30817		501(C)(3)	0.	23,447.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.

Schedule I (Form 990)

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PROGRESSIVE CHURCH OF OUR LORD 282 PROGRESSIVE WAY DENMARK, SC 29042	57-0719920	501(C)(3)	0.	64,341.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
PROJECT LIFE AUGUSTA, INC. 1758 GORDON HIGHWAY AUGUSTA, GA 30904	58-2527360	501(C)(3)	0.	145,231.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
PUTNAM CHRISTIAN OUTREACH INC. 151 INDUSTRIAL BLVD. EATONTON, GA 31024	58-1763525	501(C)(3)	0.	42,387.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
PUTNAM LIFE SOURCE 314 S WASHINGTON AVE. EATONTON, GA 31024	27-1419799	501(C)(3)	0.	107,424.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
RICHMOND COUNTY SUCCESS CENTER 1740 WALTON WAY AUGUSTA, GA 30904	58-1466516	501(C)(3)	0.	34,346.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
ROBERSON GROVE BAPTIST 985 GA HWY 24 W WAYNESBORO, GA 30830		501(C)(3)	0.	79,942.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
S.M.I.L.E. INC 1316 STATESBORO HIGHWAY SYLVANIA, GA 30467	61-1653469	501(C)(3)	0.	66,585.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
SAFE HOUSE MINISTRIES 435 ELBERT ST ELBERTON, GA 30635	58-2189581	501(C)(3)	0.	71,326.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
SALVATION ARMY SHELTER-AIKEN 604 PARK AVE SE AIKEN, SC 29801	58-0660607	501(C)(3)	0.	11,940.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.

Schedule I (Form 990)



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SALVATION ARMY-AUGUSTA 1384 GREENE ST. AUGUSTA, GA 30901	58-0660607	501(C)(3)	0.	21,056.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
SECOND BAPTIST AIKEN 425 HAMPTON AVE NW AIKEN, SC 29801		501(C)(3)	0.	87,915.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
SECOND HARVEST INC. FOOD PAN. 202 WEST BROAD ST GREENSBORO, GA 30642	26-3955958	501(C)(3)	0.	75,826.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
SECOND MT. CARMEL BAPTIST CHURCH 3425 ROSEMONT RD. APPLING, GA 30802	82-4082130	501(C)(3)	0.	18,130.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
SHARING AND CARING OUTREACH MINISTRIES - 86 ADAMS CIRCLE - BOWMAN, GA 30624	47-1635285	501(C)(3)	0.	15,790.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
SHECHINAH WORSHIP CENTER 2830 BURTONS FERRY HWY SYLVANIA, GA 30467		501(C)(3)	0.	50,616.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
SHOP HER CLOSET OUTREACH MINISTRIES - 3722 MAIN HWY - BAMBERG, SC 29003	82-4362672	501(C)(3)	0.	81,692.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
SOS J. HEBBARD CLUB (BAGC) 2241 WHEELLESS ROAD AUGUSTA, GA 30904	58-1466516	501(C)(3)	0.	5,308.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
SOUTH AUGUSTA COC 4149 DAISEY LANE AUGUSTA, GA 30906		501(C)(3)	0.	49,601.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPRINGFIELD BAPTIST 2411 HWY 25 N EDGEFIELD, SC 29824		501(C)(3)	0.	37,842.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
SPRINGFIELD BAPTIST CHURCH 1320 SPRINGFIELD ROAD CRAWFORDVILLE, GA 30669		501(C)(3)	0.	17,014.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
ST MARY'S / ST VINCENT DEPAUL SOCIETY OF AIKEN - 138 FAIRFIELD STREET SE - AIKEN, SC 29801		501(C)(3)	0.	226,914.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
ST NOAH COGIC 261 CHARLESTON ST SE AIKEN, SC 29801	23-7002419	501(C)(3)	0.	18,427.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
ST. ANDREWS UMC 310 MARTIN LUTHER KING DR. SYLVANIA, GA 30467		501(C)(3)	0.	17,022.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
ST. PHILLIP CENTER OF HOPE 220 S. RACETRACK STREET SWAINSBORO, GA 30401	58-1312906	501(C)(3)	0.	80,656.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
STAMP BRANCH BAPTIST CHURCH 6588 QUAKER RD WARRENTON, GA 30828		501(C)(3)	0.	61,757.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
STRONG TOWER CHRISTIAN FELLOWS 2805 WYLDs ROAD AUGUSTA, GA 30909	58-2191957	501(C)(3)	0.	22,592.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
SUMMERSTAND OUTREACH CHURCH 1038 DAVIS-BENNETT ROAD MILLEN, GA 30442		501(C)(3)	0.	25,766.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUMMERTOWN BAPTIST CHURCH 51 SUMMERTOWN SMITH STREET MIDVILLE, GA 30441		501(C)(3)	0.	351,409.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
SWEETWATER BAPTIST 198 SWEETWATER RD NORTH AUGUSTA, SC 29860	62-0535345	501(C)(3)	0.	11,881.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
THE LOVE CENTER 1739 FENWICK STREET AUGUSTA, GA 30904	83-0813999	501(C)(3)	0.	34,156.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
THE MASTER'S TABLE 702 FENWICK ST. AUGUSTA, GA 30901	58-1466516	501(C)(3)	0.	66,831.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
THE SALVATION ARMY AIKEN 322 GAYLE ST AIKEN, SC 29801	58-0660607	501(C)(3)	0.	53,245.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
THE SANCTUARY FOOD PANTRY 1365 TIGNALL ROAD WASHINGTON, GA 30673		501(C)(3)	0.	13,087.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
THE SMART BOX/MEATS 246 HAMPTON AVE FAIRFAX, SC 29827	81-3212507	501(C)(3)	0.	637,718.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
THREE NAILS GOSPEL CHURCH 4569 COX ROAD EVANS, GA 30809	47-3521674	501(C)(3)	0.	10,105.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
TRINITY C.M.E. CHURCH 2930 GLENN HILLS DRIVE AUGUSTA, GA 30906	58-1381196	501(C)(3)	0.	26,485.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY CHURCH OF GOD 1490 BAY ST ALLENDALE, SC 29810	46-0920665	501(C)(3)	0.	48,518.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
TRUE VINE MISSIONARY BAPTIST 1780 MARTIN LUTHER KING JR. BLVD AUGUSTA, GA 30901		501(C)(3)	0.	12,818.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
UNITY OUTREACH CHURCH P.O. BOX 337 GLOVERVILLE, SC 29828	58-0904463	501(C)(3)	0.	476,401.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
VINEYARD CHURCH - BURKE COUNTY CAMPUS - 2015 HERNDON ROAD - WAYNESBORO, GA 30830	58-1760723	501(C)(3)	0.	20,130.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
VINEYARD CHURCH OF AUGUSTA 3126 PARRISH ROAD AUGUSTA, GA 30907	58-1760723	501(C)(3)	0.	41,338.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
WAGENER FP - CHRIST CENTRAL 115 RAILROAD AVENUE W WAGENER, SC 29164	58-2313533	501(C)(3)	0.	159,288.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
WILLIE R DICKERSON FOOD PANTRY 2510 RIVER BRIDGE RD EHRHARDT, SC 29081		501(C)(3)	0.	36,152.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
WILLISTON CHURCH OF CHRIST 11065 MAIN ST. WILLISTON, SC 29853	57-0948808	501(C)(3)	0.	128,333.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
WINFIELD HEIGHTS BAPTIST 315 CHESTER ST WILLISTON, SC 29853		501(C)(3)	0.	40,508.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN IN UNITY 3 PECAN PARK EDGEFIELD, SC 29824	54-2063955	501(C)(3)	0.	62,836.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
WRENS CHAPEL AME OUTREACH MINISTRY 110 E. HOWARD STREET WRENS, GA 30833	58-2220016	501(C)(3)	0.	10,141.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
WRENS CHURCH OF GOD 576 NW FREDRICK STREET WRENS, GA 30833		501(C)(3)	0.	31,703.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
YMCA - GREATER AUGUSTA THQ 1058 CLAUSSEN RD AUGUSTA, GA 30907	58-0566254	501(C)(3)	0.	90,055.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
YMCA BURKE COUNTY 50 OLYMPIC DRIVE WAYNESBORO, GA 30830	58-0566254	501(C)(3)	0.	19,845.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
YMCA NORTH JEFFERSON 3001 GA HWY 17 NORTH WRENS, GA 30833	58-0566254	501(C)(3)	0.	31,315.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
YMCA STEINER BRANCH 218 PARTNERSHIP DRIVE GROVETOWN, GA 30813	58-0566254	501(C)(3)	0.	9,378.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
YMCA THOMSON 521 WEST HILL STREET THOMSON, GA 30824	58-0566254	501(C)(3)	0.	11,140.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.
YMCA WARREN COUNTY - MFP 1058 CLAUSSEN RD AUGUSTA, GA 30907	58-0566254	501(C)(3)	0.	5,141.	AVERAGE WHOLESALE VALUE	FOOD	TO GRANT ACCESS TO FOOD ACROSS THE COMMUNITY.

Schedule I (Form 990)

**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.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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		18,793,784.	SEE SCHEDULE M - PAR
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the 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) 2021

**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, 2022. THE APPROXIMATE WHOLESALE VALUE OF  
ONE POUND OF DONATED FOOD WAS \$1.53. FOOD PROVIDED BY THE USDA IS ALSO  
\$1.53 PER POUND. GOLDEN HARVEST FOOD BANK, INC. RECEIVED APPROXIMATELY  
12,283,519 LBS. OF DONATED FOOD/GROCERY PRODUCT.



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

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 GOLDEN HARVEST FOOD BANK, INC.	Employer identification number 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

**2021**

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

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

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

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

Schedule R (Form 990) 2021



**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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		X
<b>1b</b>	X	
<b>1c</b>	X	
<b>1d</b>	X	
<b>1e</b>	X	
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>		X
<b>1l</b>		X
<b>1m</b>		X
<b>1n</b>		X
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>	X	
<b>1r</b>		X
<b>1s</b>	X	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				



**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