

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning _____, 2012, and ending _____.

2012

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

SECOND HARVEST OF
SOUTH GEORGIA, INC.

Employer identification number

58-2208545

Name and title of officer

FRANK RICHARDS II

CEO

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

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

1 a	Form 990 check here	▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1 b	25,917,741.
2 a	Form 990-EZ check here	▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2 b	
3 a	Form 1120-POL check here	▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3 b	
4 a	Form 990-PF check here	▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4 b	
5 a	Form 8868 check here	▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5 b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize EMILY BROOME GARRISON, CPA to enter my PIN 26550 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 67064973585
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ EMILY R. BROOME GARRISON, CPA Date ▶ _____

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

BAA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO**

Return of Organization Exempt From Income Tax

2012

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning, **2012**, and ending

B Check if applicable:	C	D Employer Identification Number		
<input type="checkbox"/> Address change	SECOND HARVEST OF SOUTH GEORGIA, INC. 1411 HARBIN CIRCLE VALDOSTA, GA 31601	58-2208545		
<input type="checkbox"/> Name change		E Telephone number	229-244-2678	
<input type="checkbox"/> Initial return		G Gross receipts \$	25,947,324.	
<input type="checkbox"/> Terminated		H(a) Is this a group return for affiliates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Amended return		H(b) Are all affiliates included? If 'No,' attach a list. (see instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Application pending	F Name and address of principal officer:			
	SAME AS C ABOVE			
I Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶	WWW.FEEDINGSGA.ORG			
K Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of Formation: 1996	M State of legal domicile: GA	

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE FOOD TO THE NEEDY PEOPLE IN SOUTH GEORGIA.</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a).....	3		9
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4		8
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a).....	5		54
	6 Total number of volunteers (estimate if necessary).....	6		2,007
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a		9,877.
	7b Net unrelated business taxable income from Form 990-T, line 34.....	7b		-24,280.
Revenue	8 Contributions and grants (Part VIII, line 1h).....		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g).....		24,785,188.	24,008,132.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....		1,718,288.	1,868,305.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....		-26,980.	1,981.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12).....		10,231.	39,323.
			26,486,727.	25,917,741.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....		19,642,162.	20,973,447.
	14 Benefits paid to or for members (Part IX, column (A), line 4).....			
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....		1,163,623.	1,013,139.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....			
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 168,758.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....		5,657,320.	2,937,608.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....		26,463,105.	24,924,194.	
19 Revenue less expenses. Subtract line 18 from line 12.....		23,622.	993,547.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16).....		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26).....		6,764,514.	7,717,276.
	22 Net assets or fund balances. Subtract line 21 from line 20.....		1,007,519.	1,001,123.
		5,756,995.	6,716,153.	

Part II Signature Block

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

Sign Here	Signature of officer	Date	
	FRANK RICHARDS II Type or print name and title.	CEO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
		NON-PAID PREPARER	
	Firm's name ▶	Firm's EIN ▶	
	Firm's address ▶	Phone no. ▶	

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 to any question in this Part III

1 Briefly describe the organization's mission:

TO PROVIDE FOOD TO THE NEEDY PEOPLE IN SOUTH GEORGIA.

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 No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If 'Yes,' describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 23,767,433. including grants of \$) (Revenue \$)

PRODUCT COLLECTION, STORAGE AND DISTRIBUTION

THE ACTIVITIES CONSIST OF RECEIVING DONATED FOOD ITEMS WHICH ARE CLEANED AND REPACKAGED, IF NECESSARY. THE FOOD ITEMS ARE DISTRIBUTED TO OTHER NOT-FOR-PROFIT ORGANIZATIONS, WHICH IN TURN PROVIDE FOOD TO THE HUNGRY AND NEEDY. THE FOOD BANK IS OPEN FIVE DAYS A WEEK, FIFTY-TWO WEEKS A YEAR, EXCLUDING HOLIDAYS, AND HAS FOUR LOCATIONS. THE ORGANIZATION HELPS OVER THREE HUNDRED PROGRAMS. FYE 12/31/2012, JUST OVER 14 MILLION POUNDS OF FOOD ITEMS WERE DISTRIBUTED.

4b (Code:) (Expenses \$ 422,861. including grants of \$) (Revenue \$ 818,175.)

KIDS CAFE PROGRAM

THE KIDS CAFE PROGRAM PROVIDES AFTER SCHOOL MEALS TO CHILDREN WHO ATTEND PARTNER SITES WITH THE FOOD BANK. EACH CHILD RECEIVES AN HOUR OF HOMEWORK ASSISTANCE AS WELL. THIS PROGRAM IS FUNDED BY CACFP.

4c (Code:) (Expenses \$ 4,701. including grants of \$) (Revenue \$ 1,245.)

TEACHER'S HARVEST PROGRAM

THIS PROGRAM PROVIDES FREE LEARNING SUPPLIES TO TEACHER'S IN AT RISK SCHOOLS TO USE IN THEIR CLASSROOMS. FOR A SCHOOL TO QUALIFY, AT LEAST 80% OF THE STUDENTS MUST BE ENROLLED IN THE FEDERAL FREE AND REDUCED LUNCH PROGRAM.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 24,194,995.

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 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or 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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 (see instructions).</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. 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
25b 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
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 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
33 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
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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>		
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1 a 6		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1 b 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2 a 54		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 a	X	
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. 3 b	X	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4 a		X
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 a		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 b		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7 c		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 7 d		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 g		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966? 9 a		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person? 9 b		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. 10 a		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 b		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders. 11 a		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 12 b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13 a		
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13 b		
13 c	Enter the amount of reserves on hand. 13 c		
14 a	Did the organization receive any payments for indoor tanning services during the tax year? 14 a		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14 b		

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

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

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

		Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	X	
10 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?	X	
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12 a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.	X	
15 b	b Other officers of key employees of the organization. SEE SCHEDULE O.	X	
16 a	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a	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
16 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 taken 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 ▶ NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ FRANK RICHARDS 1411 HARBIN CIRCLE VALDOSTA GA 31601 229-244-2678

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

Check if Schedule O contains a response to any question in this Part VII.

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) WILLIAM KIMBROUGH BOARD MEMBER	0 0							0.	0.	0.
(2) FRED WALKER BOARD MEMBER	0 0							0.	0.	0.
(3) DR. CHET BALLARD CHAIRMAN	0 0							0.	0.	0.
(4) JIM TUNISON BOARD MEMBER	0 0							0.	0.	0.
(5) PHYLLIS HIERS BOARD MEMBER	0 0							0.	0.	0.
(6) WILLIAM HOLLAND BOARD ATTORNEY	0 0							0.	0.	0.
(7) GELANA GODDARD BOARD MEMBER	0 0							0.	0.	0.
(8) JOANN JONES SECRETARY	0 0							0.	0.	0.
(9) FRANKLIN J RICHARDS II PRESIDENT & CEO	45 0	X		X				153,380.	0.	13,610.
(10) EMILY R BROOME GARRISON CFO	41 0			X				76,805.	0.	5,629.
(11) WILBURN O. ROBINSON COO	45 0			X				62,546.	0.	5,918.
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									

1 b Sub-total	292,731.	0.	25,157.
c Total from continuation sheets to Part VII, Section A	0.	0.	0.
d Total (add lines 1b and 1c)	292,731.	0.	25,157.

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 former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a 76,472.				
	b Membership dues	1 b				
	c Fundraising events	1 c 11,342.				
	d Related organizations	1 d 1,255,247.				
	e Government grants (contributions)	1 e 1,760,072.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 20,904,999.				
	g Noncash contributions included in lns 1a-1f: \$	21,533,938.				
	h Total. Add lines 1a-1f	▶ 24,008,132.				
PROGRAM SERVICE REVENUE	2 a <u>SHARED MAINTENANCE FEES</u>		Business Code			
		624200	1,807,523.	1,807,523.		
	b <u>DELIVERY & INCIDENTAL FEE</u>	624200	25,048.	25,048.		
	c <u>MEMBER AGENCY CATERING</u>	722320	18,144.	18,144.		
	d <u>MEMBERSHIP DUES & ASSESSMENTS</u>		17,590.		17,590.	
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f	▶ 1,868,305.					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	▶ 1,981.	1,178.		803.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)	▶				
	8 a Gross income from fundraising events (not including \$ 11,342. of contributions reported on line 1c). See Part IV, line 18	a 12,678.				
		b Less: direct expenses	b 106.			
c Net income or (loss) from fundraising events		▶ 12,572.			12,572.	
9 a Gross income from gaming activities. See Part IV, line 19	a 28,384.					
	b Less: direct expenses	b 29,477.				
	c Net income or (loss) from gaming activities	▶ -1,093.			-29,477.	
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a <u>EXCESS INSUR PROCEEDS</u>		12,099.			12,099.	
b <u>NON-MEMBER AGCY CATERING</u>		9,877.		9,877.		
c <u>OTHER INCOME</u>	900004	5,868.			5,868.	
d All other revenue						
e Total. Add lines 11a-11d	▶ 27,844.					
12 Total revenue. See instructions	▶ 25,917,741.	1,851,893.	9,877.	19,455.		

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	20,226,865.	20,226,865.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	746,582.	746,582.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	317,888.	35,736.	184,964.	97,188.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	593,152.	537,532.	22,718.	32,902.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	30,211.	19,443.	6,603.	4,165.
10 Payroll taxes	71,888.	46,341.	15,681.	9,866.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	18,160.		18,160.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	2,143.		2,143.	
12 Advertising and promotion	1,207.			1,207.
13 Office expenses	90,362.		90,362.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	37,106.		37,106.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,000.		2,000.	
20 Interest	35,160.	4,636.	30,524.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	204,093.	180,295.	23,798.	
23 Insurance	18,568.		18,568.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>PURCH FOOD - SNAP, NET AFFIL</u>	773,263.	773,263.		
b <u>TRANSPORTATION</u>	459,570.	459,570.		
c <u>WAREHOUSE EXPENSE</u>	454,836.	454,836.		
d <u>KIDS CAFE</u>	422,861.	422,861.		
e All other expenses	418,279.	287,035.	107,814.	23,430.
25 Total functional expenses. Add lines 1 through 24e	24,924,194.	24,194,995.	560,441.	168,758.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X.

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	470,745.	1	888,359.
	2 Savings and temporary cash investments	133,605.	2	271,219.
	3 Pledges and grants receivable, net	290,759.	3	147,813.
	4 Accounts receivable, net	47,168.	4	30,356.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,170,370.		
	b Less: accumulated depreciation	10b 1,276,396.	1,682,790.	10c 1,893,974.
	11 Investments – publicly traded securities		11	
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,139,447.	15	4,485,555.
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,764,514.	16	7,717,276.	
LIABILITIES	17 Accounts payable and accrued expenses	179,800.	17	200,138.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	544,841.	23	570,693.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	282,878.	25	230,292.
	26 Total liabilities. Add lines 17 through 25	1,007,519.	26	1,001,123.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,531,849.	27	6,142,368.
	28 Temporarily restricted net assets	225,146.	28	573,785.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,756,995.	33	6,716,153.
34 Total liabilities and net assets/fund balances	6,764,514.	34	7,717,276.	

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Form 990 (2012)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,917,741.
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,924,194.
3	Revenue less expenses. Subtract line 2 from line 1	3	993,547.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,756,995.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . SEE SCHEDULE O	9	-34,389.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,716,153.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?		X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	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	
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

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SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization SECOND HARVEST OF SOUTH GEORGIA, INC.	Employer identification number 58-2208545
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III – Functionally integrated d Type III – Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11 g (i)	
(ii) A family member of a person described in (i) above?	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11 g (iii)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	1,201,939.	1,624,605.	26261785.	24796637.	24197054.	78,082,020.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3.	1,201,939.	1,624,605.	26261785.	24796637.	24197054.	78,082,020.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						78,082,020.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4.	1,201,939.	1,624,605.	26261785.	24796637.	24197054.	78,082,020.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	3,413.	7,524.	3,660.	1,656.	1,981.	18,234.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.	4,859.	-10,093.	-5,494.	-1,717.	-24,280.	-36,725.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV.	5,903.	11,011.	11,473.	5,735.	30,645.	64,767.
11 Total support. Add lines 7 through 10.						78,128,296.
12 Gross receipts from related activities, etc (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)).	14	99.94 %
15 Public support percentage from 2011 Schedule A, Part II, line 14.	15	99.90 %
16a 33-1/3% support test – 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support test – 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2012. 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 – 2011. 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 II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2012	2011	2010	2009	2008
MISCELLANEOUS	\$ 30,645.	\$ 5,735.	\$ 11,473.	\$ 11,011.	\$ 5,903.
TOTAL	<u>\$ 30,645.</u>	<u>\$ 5,735.</u>	<u>\$ 11,473.</u>	<u>\$ 11,011.</u>	<u>\$ 5,903.</u>

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

Department of the Treasury
Internal Revenue Service

PUBLIC DISCLOSURE COPY
Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF**

OMB No. 1545-0047

2012

Name of the organization SECOND HARVEST OF SOUTH GEORGIA, INC.	Employer identification number 58-2208545
--	--

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ▶ \$ _____

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, Schedule B (Form 990, 990-EZ, or 990-PF) (2012) **or 990-PF.**

Name of organization

Employer identification number

SECOND HARVEST OF

58-2208545

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 933,901.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 5,742,128.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 726,434.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 818,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 586,081.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 1,104,415.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SECOND HARVEST OF	Employer identification number 58-2208545
--	---

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

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 3,420,287.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 571,790.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 729,620.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

SECOND HARVEST OF

58-2208545

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	FOOD INVENTORY		
		\$ 163,075.	VARIOUS
2	FOOD		
		\$ 5,742,128.	
3	FOOD INVENTORY		
		\$ 568,351.	VARIOUS
5	FOOD		
		\$ 586,081.	VARIOUS
6	FOOD		
		\$ 1,104,415.	VARIOUS
7	FOOD		
		\$ 3,420,287.	VARIOUS

BAA

Name of organization

Employer identification number

SECOND HARVEST OF

58-2208545

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
8	FOOD	\$ 571,790.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
9	FOOD INVENTORY	\$ 729,620.	VARIOUS
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization: SECOND HARVEST OF
 Employer identification number: 58-2208545

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8) or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.
 For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ N/A
 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
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

SECOND HARVEST OF
SOUTH GEORGIA, INC.

58-2208545

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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' to Form 990, Part IV, line 7.

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

- 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, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, 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' to Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:
- a Revenues included in 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 are a 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 programs
- 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' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a 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	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No

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

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance	8,833.	9,008.	7,953.	0.	0.
b Contributions					
c Net investment earnings, gains, and losses	1,060.	175.	1,155.		
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses	280.	350.	100.		
g End of year balance	9,613.	8,833.	9,008.	0.	0.

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 Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X
b If 'Yes' to 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. SEE PART XIII

Part VI Land, Buildings, and Equipment. 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
1 a Land		346,164.		346,164.
b Buildings		1,134,222.	245,524.	888,698.
c Leasehold improvements		5,548.	3,304.	2,244.
d Equipment		1,358,079.	842,182.	515,897.
e Other		326,357.	185,386.	140,971.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,893,974.

BAA

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

(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) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) . . . ▶		

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . . . ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4) DEPOSITS	11,569.
(5) INVENTORIES FOR DISTRIBUTION	4,454,587.
(6) INVESTMENT IN COMM FOUND SO GA, INC.	9,893.
(7) OTHER RECEIVABLES	9,505.
(8) ROUNDING	1.
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶	4,485,555.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED EXPENSES	24,105.
(3) FSB LINE OF CREDIT	202,440.
(4) PAYROLL TAXES PAYABLE	3,747.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	230,292.

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

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

1	Total revenue, gains, and other support per audited financial statements		1	25,947,555.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2 a		
	b Donated services and use of facilities	2 b		
	c Recoveries of prior year grants	2 c		
	d Other (Describe in Part XIII.) SEE PART XIII	2 d	29,584.	
	e Add lines 2a through 2d	2 e		29,584.
3	Subtract line 2e from line 1		3	25,917,971.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.) SEE PART XIII	4 b	-230.	
	c Add lines 4a and 4b	4 c		-230.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	25,917,741.

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

1	Total expenses and losses per audited financial statements		1	24,924,194.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2 a		
	b Prior year adjustments	2 b		
	c Other losses	2 c		
	d Other (Describe in Part XIII.) SEE PART XIII	2 d	34,389.	
	e Add lines 2a through 2d	2 e		34,389.
3	Subtract line 2e from line 1		3	24,889,805.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
	b Other (Describe in Part XIII.) SEE PART XIII	4 b	34,389.	
	c Add lines 4a and 4b	4 c		34,389.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	24,924,194.

Part XIII Supplemental Information

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE ENDOWMENT FUND WAS ESTABLISHED TO RECEIVE FUTURE FUNDS TO HANDLE FACILITY EXPANSIONS.

PART X - FIN 48 FOOTNOTE

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES: THE ORGANIZATION EVALUATES ANY INCOME TAX BENEFITS GENERATED FROM UNCERTAIN TAX POSITIONS USING A MORE-LIKELY-THAN-NOT OF BEING SUSTAINED UPON EXAMINATION ANALYSIS. IF A TAX BENEFIT IS NOT MORE-LIKELY-THAN-NOT OF BEING SUSTAINED UPON EXAMINATION, THE ORGANIZATION RECORDS A

Part XIII Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE (CONTINUED)

LIABILITY FOR THE RECOGNIZED INCOME TAX BENEFIT. THE ORGANIZATION RECOGNIZES ACCRUED INTEREST ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF INTEREST EXPENSE AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS AS PART OF OTHER EXPENSES.

2012

SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 4

SECOND HARVEST OF
SOUTH GEORGIA, INC.

58-2208545

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

DIRECT EXPENSES OF SPEC EVENTS \$ 29,584.
TOTAL \$ 29,584.

**SCHEDULE D, PART XI, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

..... \$ -230.
TOTAL \$ -230.

**SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S**

990-T EXPENSES \$ 34,157.
DIFF ON AUDIT 232.
TOTAL \$ 34,389.

**SCHEDULE D, PART XII, LINE 4B
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

990T \$ 34,389.
TOTAL \$ 34,389.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization SECOND HARVEST OF SOUTH GEORGIA, INC.	Employer identification number 58-2208545
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Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 GRIZZARD COMMUN POB 534215 ATLANTA GA 30353	DIRECT MAIL		X	134,241.	45,617.	88,624.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				134,241.	45,617.	88,624.

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
GA

Part II Fundraising Events. Complete if the organization answered 'Yes' to 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.

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
	OTHER (event type)	RECYCLING (event type)	1 (total number)	(add column (a) through column (c))		
1	Gross receipts	11,327.	6,646.	6,032.	24,005.	
2	Less: Charitable contributions	11,327.			11,327.	
3	Gross income (line 1 minus line 2)		6,646.	6,032.	12,678.	
DIRECT EXPENSES	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
	11	Net income summary. Combine line 3, column (d), and line 10				12,678.

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

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(add column (a) through column (c))
1	Gross revenue		28,384.	28,384.
DIRECT EXPENSES	2	Cash prizes	1,000.	1,000.
	3	Non-cash prizes	11,068.	11,068.
	4	Rent/facility costs	1,531.	1,531.
	5	Other direct expenses	13,844.	13,844.
	6	Volunteer labor	<input type="checkbox"/> Yes <u>0</u> % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <u>0</u> % <input checked="" type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)			27,443.
8	Net gaming income summary. Combine lines 1, column (d) and line 7			941.

9 Enter the state(s) in which the organization operates gaming activities: GA

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

b If 'No,' explain: _____

10 a 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 operate 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 operated in:

a The organization's facility	13a	0.3 %
b An outside facility	13b	99.8 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ SHANDA SMITH

Address ▶ 1411 HARBIN CIRCLE, VALDOSTA, 31601

- 15a** Does the organization have a contact 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 ▶ \$ 25,664. and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If 'Yes,' enter name and address of the third party:

Name ▶ GREAT AMERICAN MDSE & EVENTS

Address ▶ 16043 N 82ND ST, SCOTTSDALE, AZ 85260

16 Gaming manager information:

Name ▶ DOUG GRINER

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ COORDINATES DUCK RACE ADOPTIONS & TRACK

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.** Complete this part to 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 complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

Employer identification number

SECOND HARVEST OF

58-2208545

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. **SEE PART IV**

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) 2ND MT ZION BC 1010 OLD PRETORIA RD ALBANY, GA 31721	31-1681562		0.	19,148.	OTHER	FOOD	SEE PART IV
(2) A2H BIG BEND 110 4 PTS WAY TALLAHASSEE, FL 32303	59-2610345		0.	180,774.	OTHER	FOOD	SEE PART IV
(3) A2H COASTAL SAVANNAH 2501 E PRESIDENT ST SAVANNAH, GA 31404	58-1442013		0.	197,299.	OTHER	FOOD	SEE PART IV
(4) A2H NEW ORLEANS/ACADIA 700 EDWARDS AVE NEW ORLEANS, LA 70123	72-0956468		0.	69,242.	OTHER	FOOD	SEE PART IV
(5) ABUNDANT LIFE COG 3419 KNIGHTS ACADEMY RD VALDOSTA, GA 31605	62-0484177		0.	136,594.	OTHER	FOOD	SEE PART IV
(6) ADEL UNITED METH CHRCH 214 S HUTCHINSON AVE ADEL, GA 31620	58-0673180		0.	37,618.	OTHER	FOOD	SEE PART IV
(7) ALAPAHA BAPT CHURCH POB 47 ALAPAHA, GA 31622	58-1782632		0.	67,565.	OTHER	FOOD	SEE PART IV
(8) ALBANY ADVOCACY RES CT POB 71026 ALBANY, GA 31708	58-1234047		0.	34,813.	OTHER	FOOD	SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **281**

3 Enter total number of other organizations listed in the line 1 table **45**

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to 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 non-cash assistance
1 ANIMAL FEED	47		746,582.	FEEDING AMERICA VALUATION	ANIMAL FEED
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

MEMBER AGENCIES ARE REQUIRED TO REPORT MONTHLY SERVICE NUMBERS. THESE SERVICE

NUMBERS REPORT THE NUMBER OF INDIVIDUALS THEY ARE ABLE TO PROVIDE ASSISTANCE TO.

RANDOMLY, MEMBER AGENCIES ARE VISITED BY ONE OF OUR AGENCY RELATIONS REPRESENTATIVES.

THE REPS REVIEW THE AGENCIES SERVICE RECORDS TO ENSURE THAT THE GRANT FUNDS ARE

BEING USED PROPERLY.

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION

PART IV - ADDITIONAL INFORMATION:

SCHEDULE I, PART II:

*COLUMN (F): METHOD OF VALUATION - FOOD AND OTHER GROCERY PRODUCTS DISTRIBUTED ARE

VALUED AS THE TOTAL POUNDS OF DONATED PRODUCTS DISTRIBUTED TIMES \$1.66 WHOLESALE

PART IV - ADDITIONAL SUPPLEMENTAL INFORMATION (CONTINUED)

VALUE PER POUND, AS IS COMMON PRACTICE WITH FEEDING AMERICA. SCHOOL SUPPLIES
DISTRIBUTED WERE VALUED AT THE SAME AVERAGE COST AS WELL.

*COLUMN (H): PURPOSE OF GRANT OR ASSISTANCE - TO PROVIDE PRODUCTS FOR DISTRIBUTION
TO NEEDY FAMILIES AND INDIVIDUALS.

Continuation Sheet for Schedule I (Form 990)

2012

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 32

Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBANY AREA PRIM HEALT 2202 E OGLETHORPE ALBANY, GA 31705	58-1344015			25,067.	OTHER	FOOD	SEE PART IV
ALBANY RESCUE MISSION 604 N MONROE ST ALBANY, GA 31701	58-1878316			41,599.	OTHER	FOOD	SEE PART IV
ALL 4 KIDS FUTURE, INC. POB 5088 QUITMAN, GA 31643	33-1119129			49,179.	OTHER	FOOD	SEE PART IV
ANCHORAGE POB 71774 ALBANY, GA 31708	58-0644894			37,571.	OTHER	FOOD	SEE PART IV
ANTIOCH BAPTIST CHURCH 609 EAST CHATTAHOOCHEE ST FITZGERALD, GA 31750	58-2211182			73,821.	OTHER	FOOD	SEE PART IV
ARLINGTON BAPT CHURCH POB 387 ARLINGTON, GA 39813	58-1264572			39,080.	OTHER	FOOD	SEE PART IV
ATLANTA COMM FOOD BNK 732 E LOWERY AVE ATLANTA, GA 30318	58-1376648			286,138.	OTHER	FOOD	SEE PART IV
AZALEA CITY COG 1519 RIVER ST VALDOSTA, GA 31601	58-1553531			495,639.	OTHER	FOOD	SEE PART IV
AZALEA CITY PRISON MIN 7566 HWY 84 W QUITMAN, GA 31643	58-1692360			53,658.	OTHER	FOOD	SEE PART IV
BABY LOVE CHILD CARE 707 HOLLY DR VALDOSTA, GA 31602	22-3954369			23,117.	OTHER	FOOD	SEE PART IV

Continuation Sheet for Schedule I (Form 990)

2012

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 32

Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAY AREA FOOD BANK 5709 INDUSTRIAL MILTON, FL 32583	63-0821997			24,568.	OTHER	FOOD	SEE PART IV
BEHAV HLTH SVCS DD PROG 3120 N OAK ST EXT VALDOSTA, GA 31602	58-2107483			8,250.	OTHER	FOOD	SEE PART IV
BEHAVIORAL HEALTH SVCS 3120 N OAK ST EXT, STE VALDOSTA, GA 31605	58-2107483			28,385.	OTHER	FOOD	SEE PART IV
BELLS OF JOY OUTREACH 2133 GA HWY 133 N MOULTRIE, GA 31768	68-0539774			11,887.	OTHER	FOOD	SEE PART IV
BETHANY MBC 8165 DRY LAKE RD QUITMAN, GA 31643	80-0765092			73,057.	OTHER	FOOD	SEE PART IV
BETHEL AME CHURCH INC 217 S WASHINGTON ST ALBANY, GA 31701	45-3071649			35,905.	OTHER	FOOD	SEE PART IV
BETHEL CH OF GOD 243 BETHEL CH RD LAKE PARK, GA 31636	58-1500099			18,517.	OTHER	FOOD	SEE PART IV
BETHEL CME CHURCH POB 5651 CORDELE, GA 31015	51-0666036			18,632.	OTHER	FOOD	SEE PART IV
BETHEL INDEP BC POB 394 BLACKSHEAR, GA 31516	58-1651031			7,852.	OTHER	FOOD	SEE PART IV
BETHESDA HOUSE OF MERCY 1010 MARY ST WAYCROSS, GA 31503	58-2327554			51,992.	OTHER	FOOD	SEE PART IV

Continuation Sheet for Schedule I (Form 990)

2012

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 3 of 32

Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETTY PIERSON'S PLACE 378 HORSESHOE CIRCLE THOMASVILLE, GA 31757	26-1568786			12,006.	OTHER	FOOD	SEE PART IV
BLACKSHEAR PRESB CHILD 432 MAIN ST BLACKSHEAR, GA 31516	58-2408622			22,245.	OTHER	FOOD	SEE PART IV
BLESSED ASSURANCE MINISTRIES POB 928 JASPER, FL 32052	13-1352474			8,366.	OTHER	FOOD	SEE PART IV
BOYS & GIRLS CLUB ALBANY POB 1130 ALBANY, GA 31702	58-6046393			12,819.	OTHER	FOOD	SEE PART IV
BREAD OF MIGHTY FB 325 NW 10TH AVE GAINESVILLE, FL 32601				55,776.	OTHER	FOOD	SEE PART IV
BRIDGES OF HOPE 1326 ANTIOCH CH ROAD HOMERVILLE, GA 31634	58-1917635			223,819.	OTHER	FOOD	SEE PART IV
BROKEN CHAINS MINISTRIES POB 3495 THOMASVILLE, GA 31799	27-4464904			19,846.	OTHER	FOOD	SEE PART IV
BURKETT BC POB 292 WEST GREEN, GA 31567	58-1908184			7,802.	OTHER	FOOD	SEE PART IV
CALVARY CHR CTR OF SGA POB 796 QUITMAN, GA 31643	90-0671356			5,809.	OTHER	FOOD	SEE PART IV
CALVARY EPISCOPAL 408 S LEE ST AMERICUS, GA 31709	58-0600843			13,378.	OTHER	FOOD	SEE PART IV

Continuation Sheet for Schedule I (Form 990)

2012

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 4 of 32

Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARTER_COUNTRY_HOME 4447_US_41_S LAKE PARK, GA 31636	57-1160128			10,887.	OTHER	FOOD	SEE PART IV
CATHEDRAL_OF_PRAISE_CHURCH POB_1803 ALBANY, GA 31702	45-2714214			6,215.	OTHER	FOOD	SEE PART IV
CH_OF_PERFECTING_SAINTE 205_BARWICK_RD QUITMAN, GA 31643	64-3657487			5,068.	OTHER	FOOD	SEE PART IV
CHARMS_PERSONAL_CARE_HOME POB_5345 ALBANY, GA 31706	58-1684594			8,769.	OTHER	FOOD	SEE PART IV
CHINA_HILL_CHRISTIAN 1400_WEST_RIVER_RD RHINE, GA 31077	58-2576393			46,293.	OTHER	FOOD	SEE PART IV
CHRISTIAN_OUTREACH_CH 515_BUMPHEAD_RD AMERICUS, GA 31719	58-1695706			9,688.	OTHER	FOOD	SEE PART IV
CHRISTIANS_ON_A_MISSION 158_ROY_CIRCLE AMERICUS, GA 31709	02-0644799			12,371.	OTHER	FOOD	SEE PART IV
CHURCH_OF_THE_GOOD_SHEPHERD POB_1673 THOMASVILLE, GA 31799	58-1210384			20,984.	OTHER	FOOD	SEE PART IV
CHURCH_OF_THE_LIVING_WORD POB_4804 ALBANY, GA 31701	03-0510815			10,860.	OTHER	FOOD	SEE PART IV
COC_OF_ALBANY_INC 1731_BEATTIE_RD ALBANY, GA 31721	58-1429972			39,229.	OTHER	FOOD	SEE PART IV

Continuation Sheet for Schedule I (Form 990)

2012

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 5 of 32

Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLO CTY, AD/FSTR PAREN 4075 ELLENTON OMEGA RD OMEGA, GA 31775	82-0563980			73,495.	OTHER	FOOD	SEE PART IV
COLQUITT FOOD & CL BNK 309 3RD ST SE MOULTRIE, GA 31768	58-1503398			44,790.	OTHER	FOOD	SEE PART IV
COLQUITT UMC 453 E MAIN ST COLQUITT, GA 39837	58-1346167			264,182.	OTHER	FOOD	SEE PART IV
COMM BETTERMENT SOCIET POB 604 QUITMAN, GA 31643	43-1978659			13,208.	OTHER	FOOD	SEE PART IV
COMMUNITY SOUP KITCHEN POB 5007 VALDOSTA, GA 31603	58-1553371			62,853.	OTHER	FOOD	SEE PART IV
CORNERSTONE FULL GOSP BC 4097 HAYDEN WAY VALDOSTA, GA 31605	32-0013833			5,077.	OTHER	FOOD	SEE PART IV
COVENANT WORD MINISTRI 5767 ROCKMINE RD BLAKELY, GA 39823	30-0575364			14,598.	OTHER	FOOD	SEE PART IV
CROSSPOINTE CHURCH 110 NORTHSIDE DR VALDOSTA, GA 31602	20-4373431			6,432.	OTHER	FOOD	SEE PART IV
CROSSROADS BIBLE MINISTRY 125 E MERRILL ST THOMASVILLE, GA 31792	45-3795278			12,214.	OTHER	FOOD	SEE PART IV
CROSSROADS CHURCH 228 WALDEN RD THOMASVILLE, GA 31792	58-2441346			8,961.	OTHER	FOOD	SEE PART IV

Continuation Sheet for Schedule I (Form 990)

2012

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 6 of 32

Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CUTLIFF GRV FAM RES CT 835 W BROAD AVE ALBANY, GA 31701	58-2639533			65,552.	OTHER	FOOD	SEE PART IV
DASHER CH OF CHRIST 4326 DASHER RD VALDOSTA, GA 31601	58-2040139			80,666.	OTHER	FOOD	SEE PART IV
DECATUR CTY FST/AD ASS POB 1897 BAINBRIDGE, GA 39817	75-3147932			57,880.	OTHER	FOOD	SEE PART IV
DISCIPLES OF JESUS MIN 228 AUGUSTA AVE THOMASVILLE, GA 31792	58-1790670			73,368.	OTHER	FOOD	SEE PART IV
DIXIE SDA POB 882 QUITMAN, GA 31643	59-2066139			151,477.	OTHER	FOOD	SEE PART IV
DOUGH CTY COMM COALITI POB 1784 ALBANY, GA 31702	58-2033686			27,017.	OTHER	FOOD	SEE PART IV
EAST TOWN CIVIC LEAGUE 711 BARKLEY AVE ALBANY, GA 31705	73-1673247			20,946.	OTHER	FOOD	SEE PART IV
EASTSIDE CH OF CHRIST 815 PINEKNOLL LANE ALBANY, GA 31707	58-1537471			34,933.	OTHER	FOOD	SEE PART IV
EBENEZER CHRISTIAN CTR 2325 S MADISON ST ALBANY, GA 31701	58-2046364			66,571.	OTHER	FOOD	SEE PART IV
EDDIES PERS CARE HOME 2613 HWY 84 E VALDOSTA, GA 31606	58-2369843			12,425.	OTHER	FOOD	SEE PART IV

Continuation Sheet for Schedule I (Form 990)

2012

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 7 of 32

Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDISON_UMC POB_303 EDISON, GA 39846	58-1640702			12,706.	OTHER	FOOD	SEE PART IV
EMILY_ABCR_PCH 649_11TH_AVE_NW CAIRO, GA 39828	31-6665672			9,814.	OTHER	FOOD	SEE PART IV
EMMANUEL_MBC POB_4212 CORDELE, GA 31015	90-0195676			31,668.	OTHER	FOOD	SEE PART IV
EMMANUEL_MISS_BAPT_CH POB_4212 CORDELE, GA 31015	90-0195676			14,898.	OTHER	FOOD	SEE PART IV
ETERNAL_LIFE_OUTREACH POB_416 SMITHVILLE, GA 31787	58-1910588			9,488.	OTHER	FOOD	SEE PART IV
EVANGL_FAITH_VIS_MIN POB_4460 ALBANY, GA 31706	58-1383663			10,493.	OTHER	FOOD	SEE PART IV
EVANS_TEMPLE_HOLINESS 75_EAST_DAVIS_AVE LAKELAND, GA 31635	26-2073134			7,935.	OTHER	FOOD	SEE PART IV
FACEVILLE_BAPT_CH 2109_FACEVILLE_ATTAPULGUS_RD BAINBRIDGE, GA 39819	58-2002226			33,652.	OTHER	FOOD	SEE PART IV
FAITH_&_PRAYER_TRNG/DE POB_4948 ALBANY, GA 31701	58-1597914			17,363.	OTHER	FOOD	SEE PART IV
FAITH_FAMILY_WORSHIP_CTR 1179_THOMPSON_DR DOUGLAS, GA 31535	58-2573498			15,614.	OTHER	FOOD	SEE PART IV

Continuation Sheet for Schedule I (Form 990)

2012

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 8 of 32

Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITH FULL GOSPEL ASSEMBLY 905 N MAIN ST PEARSON, GA 31642	58-2494695			715,323.	OTHER	FOOD	SEE PART IV
FAITH HOLINESS CHURCH POB 622 EDISON, GA 39846	58-2388141			8,746.	OTHER	FOOD	SEE PART IV
FAMILIES IN ACTION POB 366 CORDELE, GA 31015	27-0142710			20,923.	OTHER	FOOD	SEE PART IV
FAMILY VISION OUTREACH POB 5283 SYLVESTER, GA 31791	32-0052261			31,995.	OTHER	FOOD	SEE PART IV
FAMILY WORSHIP CTR COG POB 402 CAIRO, GA 39828	58-2130209			51,213.	OTHER	FOOD	SEE PART IV
FB CENT/EAST N CAROLIN 3808 TARHEEL RD RALEIGH, NC 27609	56-1283426			49,815.	OTHER	FOOD	SEE PART IV
FB FOR NY CITY HUNTS PT 355 FOOD CENTER DR BRONX, NY 10474	13-3179546			128,272.	OTHER	FOOD	SEE PART IV
FB OF ALBEMARLE POB 1704 ELIZABETH CITY, NC 27906	56-1341658			12,284.	OTHER	FOOD	SEE PART IV
FB OF MONMOUTH & OCN CNTS 3300 ROUTE 66 NEPTUNE, NJ 07753	22-2622522			48,339.	OTHER	FOOD	SEE PART IV
FEEDING THE VALLEY 5928 COCA COLA BLVD COLUMBUS, GA 31919	58-1498131			92,562.	OTHER	FOOD	SEE PART IV

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▶ **Attach to Form 990 to list additional information for
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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST AFRICAN BAPT CH POB 834 SYLVESTER, GA 31791	58-2359923			14,426.	OTHER	FOOD	SEE PART IV
FIRST ANTIIOCH MBC 517 N OAK ST VALDOSTA, GA 31603	58-1616225			39,376.	OTHER	FOOD	SEE PART IV
FIRST APOSTOLIC CHURCH 421 LUMPKIN ST ALBANY, GA 31705	58-2016284			10,669.	OTHER	FOOD	SEE PART IV
FIRST ASSEMBLY OF GOD 1200 N CHESTER AVE DOUGLAS, GA 31533	44-0577787			42,016.	OTHER	FOOD	SEE PART IV
FIRST BAPT CH OF PUTNE POB 336 ALBANY, GA 31782	58-1204453			45,037.	OTHER	FOOD	SEE PART IV
FIRST BAPT CH 200 W CENTRAL AVE VALDOSTA, GA 31601	58-0597297			270,352.	OTHER	FOOD	SEE PART IV
FIRST BAPT CH POB 58 CHULA, GA 31733	58-1502856			6,547.	OTHER	FOOD	SEE PART IV
FIRST BAPTISH CHURCH 280 W MAIN ST WILLACOCHEE, GA 31650	58-0643381			31,268.	OTHER	FOOD	SEE PART IV
FIRST BAPTISH CHURCH 404 LOVE AVE TIFTON, GA 31794	58-6002155			15,896.	OTHER	FOOD	SEE PART IV
FIRST BAPTIST ADEL 200 E 5TH ST ADEL, GA 31620	58-0644904			121,591.	OTHER	FOOD	SEE PART IV

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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST BAPTIST CH 512 W COTTON AVE LAKE PARK, GA 31636	58-1490877			23,646.	OTHER	FOOD	SEE PART IV
FIRST BAPTIST CHURCH POB 2790 THOMASVILLE, GA 31792	58-0665890			103,223.	OTHER	FOOD	SEE PART IV
FIRST BAPTIST CHURCH POB 790 DOUGLAS, GA 31534	58-0655357			12,365.	OTHER	FOOD	SEE PART IV
FIRST BORN CHURCH INC POB 293 RAY CITY, GA 31645	58-1905222			44,021.	OTHER	FOOD	SEE PART IV
FIRST CHRSTN CHURCH 412 MCDONALD ST WAYCROSS, GA 31501	58-1415361			6,324.	OTHER	FOOD	SEE PART IV
FIRST UMC DOUGLAS POB 738 DOUGLAS, GA 31534	58-0637018			12,722.	OTHER	FOOD	SEE PART IV
FIRST UMC POB 69 ASHBURN, GA 31714	58-1088090			18,037.	OTHER	FOOD	SEE PART IV
FIRST UMC POB 871 CORDELE, GA 31010	58-0641232			67,039.	OTHER	FOOD	SEE PART IV
FIRST UNITED METH CH POB 975 THOMASVILLE, GA 31799	58-0644910			23,171.	OTHER	FOOD	SEE PART IV
FL GATEWAY FB 553 NW RAILROAD ST LAKE CITY, FL 32055	59-1965600			52,429.	OTHER	FOOD	SEE PART IV

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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK OF NE GEORGIA POB 48857 ATHENS, GA 30604	58-1938066			267,524.	OTHER	FOOD	SEE PART IV
FORGOTTEN HARVEST FB 21800 GREENFIELD RD OAK PARK, MI 48237	38-2926476			186,679.	OTHER	FOOD	SEE PART IV
FRANCIS LAKE AME 3482 DUCK POINT VALDOSTA, GA 31601	58-2055411			54,424.	OTHER	FOOD	SEE PART IV
FREEDOM WORSHIP CH 1234 ROBINSON ST LENOX, GA 31637	20-3201719			13,539.	OTHER	FOOD	SEE PART IV
FRESH ANOINTING DEL CTR 212 TAYLOR ST BOSTON, GA 31626	80-0025124			16,636.	OTHER	FOOD	SEE PART IV
FRIENDS WITH JESUS INC POB 513 BAINBRIDGE, GA 39818	65-0453265			6,823.	OTHER	FOOD	SEE PART IV
FRIENDSHIP DAYCARE POB 1786 ALBANY, GA 31701	58-2572453			13,295.	OTHER	FOOD	SEE PART IV
FRIENDSHIP FREEWILL BC 110 WEST ST VALDOSTA, GA 31601	58-1641584			16,723.	OTHER	FOOD	SEE PART IV
FRIENDSHIP MBC 400 PINE AVE ALBANY, GA 31701	58-0552427			5,787.	OTHER	FOOD	SEE PART IV
FRIENDSHIP UMC POB 305 DONALSONVILLE, GA 39845	58-1401657			134,258.	OTHER	FOOD	SEE PART IV

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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRUITLAND COG ----- 3893 HWY 187 ----- DUPONT, GA 31630	20-5764031			11,806.	OTHER	FOOD	SEE PART IV
GA HEALTHY KIDS ----- 1819 W GORDON AVE ----- ALBANY, GA 31707	80-0248640			52,958.	OTHER	FOOD	SEE PART IV
GLORY SEEDS ----- 138 SOLID ROCK LANE ----- MCRAE, GA 31055	26-2543471			49,337.	OTHER	FOOD	SEE PART IV
GOAL LINE MINISTRIES INC ----- 1501 MILLPOND RD ----- THOMASVILLE, GA 31799	20-5637854			7,774.	OTHER	FOOD	SEE PART IV
GOD'S PANTRY FB ----- 1685 JAGGIE FOX WAY ----- LEXINGTON, KY 40511	31-0979404			30,287.	OTHER	FOOD	SEE PART IV
GODS POWERHOUSE AME ----- POB 477 ----- LUMPKIN, GA 31815	53-0204696			9,715.	OTHER	FOOD	SEE PART IV
GOLDEN HARVEST FB ----- 3310 COMMERCE DR ----- AUGUSTA, GA 30909	58-1466516			122,872.	OTHER	FOOD	SEE PART IV
GOOD HOPE CHRISTIAN CH ----- 3697 TOWER RD ----- VALDOSTA, GA 31601	58-1526314			12,029.	OTHER	FOOD	SEE PART IV
GRACE COMMUNITY CH ----- 301 A WEST 5TH ST ----- ADEL, GA 31620	22-3886529			114,704.	OTHER	FOOD	SEE PART IV
GRACE FELLOWSHIP CHURCH ----- 543 CARRINGTON CIR ----- THOMASVILLE, GA 31792	20-2182870			6,526.	OTHER	FOOD	SEE PART IV

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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE INDEP BAPT CHURC 197 HOPEWELL CH RD MOULTRIE, GA 31788	14-1842965			18,846.	OTHER	FOOD	SEE PART IV
GRACE PNT BC 942 BOWENS MILL RD SW DOUGLAS, GA 31533	58-2596225			136,978.	OTHER	FOOD	SEE PART IV
GRACE VICTORY CHURCH 303 N FORREST ST VALDOSTA, GA 31601	58-2574263			24,168.	OTHER	FOOD	SEE PART IV
GRADY CTY BAPT ASSOC POB 1452 CAIRO, GA 39828	58-1532312			39,667.	OTHER	FOOD	SEE PART IV
GREATER GRACE COGIC 205 S WESTOVER BLVD ALBANY, GA 31707	58-2358431			12,994.	OTHER	FOOD	SEE PART IV
GRTR ST JAMES MISS BC POB 5101 VALDOSTA, GA 31601	58-1543357			5,820.	OTHER	FOOD	SEE PART IV
GRTR ST LUKE BAPT CH POB 591 ASHBURN, GA 31714	58-1722939			8,402.	OTHER	FOOD	SEE PART IV
GUTHRIE BAPTIST CH 403 MCCAIN LN LAKELAND, GA 31635	45-0522061			7,998.	OTHER	FOOD	SEE PART IV
HAHIRA CH OF GOD 205 E STANFILL ST HAHIRA, GA 31632	62-0484177			39,955.	OTHER	FOOD	SEE PART IV
HAPPY HEARTS DAYCARE 3961 HEATHERWOODS DR VALDOSTA, GA 31605	27-0580870			20,666.	OTHER	FOOD	SEE PART IV

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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVEST AMER & BEYND MIN INC 1610 OLD QUINCY RD BAINBRIDGE, GA 39819				6,124.	OTHER	FOOD	SEE PART IV
HARVEST COG 6163 CLYATTVILLE LAKE PARK RD VALDOSTA, GA 31601	58-0977240			6,831.	OTHER	FOOD	SEE PART IV
HARVEST SOCIETY POB 981 ALBANY, GA 31702	32-0302054			12,827.	OTHER	FOOD	SEE PART IV
HELPING HAND OTRCH CTR POB 7652 TIFTON, GA 31794	32-0185110			5,708.	OTHER	FOOD	SEE PART IV
HERITAGE FOUNDATION INC POB 2966 THOMASVILLE, GA 31792	58-1837649			9,333.	OTHER	FOOD	SEE PART IV
HIDDEN OAKS ALF POB 180 JENNINGS, FL 32053	05-0553564			13,172.	OTHER	FOOD	SEE PART IV
HIGHER HEIGHTS FLWSHP MIN 801 GREENWOOD DRIVE ALBANY, GA 31707	75-3147860			8,671.	OTHER	FOOD	SEE PART IV
HILLTOP HOUSE 1208 W GORDON ST QUITMAN, GA 31643	83-0432108			20,440.	OTHER	FOOD	SEE PART IV
HOLLY GROVE BAPTIST POB 552 CORDELE, GA 31015	80-0298393			365,471.	OTHER	FOOD	SEE PART IV
HOLY COMMUNITY CHURCH 505 WEST 7TH ST ADEL, GA 31620	58-2032039			21,377.	OTHER	FOOD	SEE PART IV

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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE BAPTIST CHURCH 1011 S DOGWOOD DR NASHVILLE, GA 31639	58-2009727			33,152.	OTHER	FOOD	SEE PART IV
HOUSE OF JOY POB 6814 THOMASVILLE, GA 31758	58-2102426			6,240.	OTHER	FOOD	SEE PART IV
HOUSE OF SALVATION 448 OLD BRIDGEBORO RD ALBANY, GA 31705	58-2470653			7,259.	OTHER	FOOD	SEE PART IV
HUNGRY AT HOME 604 WEST MARION AVE LAKE PARK, GA 31636	80-0774549			45,437.	OTHER	FOOD	SEE PART IV
IMMANUEL BAPTIST CH POB 7292 BAINBRIDGE, GA 39818	58-1752254			18,535.	OTHER	FOOD	SEE PART IV
ISLAND HARVEST 40 MARCUS BLVD HAUPPAUGE, NY 11788	11-3136350			155,071.	OTHER	FOOD	SEE PART IV
JACK BOWER FUND 9109 BOWEN MILL RD BROXTON, GA 31519	26-0398652			23,990.	OTHER	FOOD	SEE PART IV
JACKSON DRIVE COC 114 JACKSON DRIVE VALDOSTA, GA 31601	58-1538697			22,910.	OTHER	FOOD	SEE PART IV
JAMES L BARNES COMMUN DEV POB 784 DAWSON, GA 39842	31-1710747			5,173.	OTHER	FOOD	SEE PART IV
JENNINGS ASSEMBLY OF GOD CHUR POB 167 JENNINGS, FL 32053	59-2237916			46,535.	OTHER	FOOD	SEE PART IV

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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JESUS CHR TAB OF DEL POB 5346 SYLVESTER, GA 31791	58-2640399			10,254.	OTHER	FOOD	SEE PART IV
JESUS LOVES ME DAYCARE 342 PAULINE AVE RAY CITY, GA 31645	58-2146687			7,742.	OTHER	FOOD	SEE PART IV
JOHNSON'S PERSONAL CARE HOME POB 7081 BAINBRIDGE, GA 39819	02-0775931			6,700.	OTHER	FOOD	SEE PART IV
KESHA'S KIDDIE CARE 4104 BEVEL CIR VALDOSTA, GA 31601	75-3229229			19,196.	OTHER	FOOD	SEE PART IV
KING SOLOMON'S MISSIONARY BC 613 WEST SAVANNAH VALDOSTA, GA 31601	58-2614703			13,702.	OTHER	FOOD	SEE PART IV
KINGDOM COVENANT CH POB 3072 THOMASVILLE, GA 31799	27-1016508			5,732.	OTHER	FOOD	SEE PART IV
KINGDOM OF GOD CHURCH 2111 BEACHVIEW DR ALBANY, GA 31705	51-0582566			10,460.	OTHER	FOOD	SEE PART IV
KINGDOM OF NEW LIFE MINS POB 773 BAINBRIDGE, GA 39818	31-1773620			7,729.	OTHER	FOOD	SEE PART IV
LA PRIMERA IGL BAUT HSP 810 COLLEGE AVE S DOUGLAS, GA 31534	58-2604618			10,808.	OTHER	FOOD	SEE PART IV
LAKE PARK CH OF CHRIST 910 LONG POND RD LAKE PARK, GA 31636	58-1500099			26,001.	OTHER	FOOD	SEE PART IV

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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE PARK COG POB 121 LAKE PARK, GA 31636	58-1496671			37,189.	OTHER	FOOD	SEE PART IV
LAKE SEMINOLE BAPTIST CHURCH 2990 BURKE RD DONALSONVILLE, GA 39845	75-3059007			44,406.	OTHER	FOOD	SEE PART IV
LAKELAND FIRST BAPT CH POB 427 LAKELAND, GA 31635	58-6004821			44,663.	OTHER	FOOD	SEE PART IV
LAKESHORE BAPT CHURCH 151 LAKESHORE DR CORDELE, GA 31015	58-1777565			16,942.	OTHER	FOOD	SEE PART IV
LAMP 601 N LEE ST VALDOSTA, GA 31601	58-1597700			28,896.	OTHER	FOOD	SEE PART IV
LEBANON BAPT CH POB 234 PLAINS, GA 31063	80-0683841			28,268.	OTHER	FOOD	SEE PART IV
LEESBURG UMC POB 207 LEESBURG, GA 31763	58-1576532			6,574.	OTHER	FOOD	SEE PART IV
LIBERTY HOUSE OF ALB POB 2046 ALBANY, GA 31702	58-1454465			9,354.	OTHER	FOOD	SEE PART IV
LIFELION MINISTRIES 1406 S PATERSON ST VALDOSTA, GA 31603	45-1966768			6,104.	OTHER	FOOD	SEE PART IV
LIGHTHOUSE CHR FELLOW 5802 DANIELI DR S LAKE PARK, GA 31636	58-2648055			47,937.	OTHER	FOOD	SEE PART IV

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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIPMAN CATH HOUS OF GOD STS 1129 WEST WHITNEY AVE ALBANY, GA 31706	26-2272549			30,292.	OTHER	FOOD	SEE PART IV
LOAVES & FISH OF WRLD POB 148 MCCRAE, GA 31055	58-1773445			27,321.	OTHER	FOOD	SEE PART IV
LODAC 601 N TOOMBS ST VALDOSTA, GA 31601	58-1999226			5,818.	OTHER	FOOD	SEE PART IV
LOVE THY NEIGHBOR 109 S WALNUT ST ALBANY, GA 31707	58-1764059			104,657.	OTHER	FOOD	SEE PART IV
LOVERS LANE FAM CHRST 1601 STUART AVE ALBANY, GA 31707	26-1089628			12,738.	OTHER	FOOD	SEE PART IV
LOW COUNTRY FOOD BNK 1635 COSGROVE AVE CHARLESTON, SC 29405	57-0751835			24,568.	OTHER	FOOD	SEE PART IV
LWND ADOP PAR SUPP GRP 4351 SWAN DRIVE VALDOSTA, GA 31602	84-1630781			232,120.	OTHER	FOOD	SEE PART IV
MADISON CH OF GOD POB 586 MADISON, FL 32341	62-0484177			21,723.	OTHER	FOOD	SEE PART IV
MANY MANSIONS CHURCH 8929 HWY 122 THOMASVILLE, GA 31757	58-2573709			41,312.	OTHER	FOOD	SEE PART IV
MARANATHA SDA CHURCH 500 NICHOLS ST WAYCROSS, GA 31503	59-2066139			13,364.	OTHER	FOOD	SEE PART IV

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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIBRAND HELP HANDS OUT POB 1012 CAMILLA, GA 31730	26-4607084			22,602.	OTHER	FOOD	SEE PART IV
MID-OHIO FOOD BANK 3960 BROOKHAM DR GROVE CITY, OH 43123	31-0865343			68,684.	OTHER	FOOD	SEE PART IV
MISSION PT BAPT CH 100 N ASHLEY ST VALDOSTA, GA 31602	27-0066565			24,111.	OTHER	FOOD	SEE PART IV
MITCHELL CTY FB & HELP POB 107 PELHAM, GA 31779	20-2905244			146,157.	OTHER	FOOD	SEE PART IV
MORNING STAR BAPT CH 1051 HOWELL RD VALDOSTA, GA 31601	75-3048761			8,853.	OTHER	FOOD	SEE PART IV
MORNINGSTAR MISS BC 508 W STEWART ST QUITMAN, GA 31643	04-3657354			12,616.	OTHER	FOOD	SEE PART IV
MT ARARAT PRIM BC 5034 GA HWY 111 S CAIRO, GA 39828	20-1783371			147,786.	OTHER	FOOD	SEE PART IV
MT OLIVE COMM OTRCH CTR 302 ADKINS ST ALBANY, GA 31705	58-2000635			29,032.	OTHER	FOOD	SEE PART IV
MT ZION BAPTIST CHURCH 5364 US HWY 441 N PEARSON, GA 31642	27-0731114			10,958.	OTHER	FOOD	SEE PART IV
NASHVILLE COG 1251 ADEL RD NASHVILLE, GA 31639	58-1602625			35,589.	OTHER	FOOD	SEE PART IV

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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NASHVILLE UNITED METH POB 5036 NASHVILLE, GA 31635	58-2488349			288,746.	OTHER	FOOD	SEE PART IV
NATIVITY INC 2115 S MADISON AVE ALBANY, GA 31701	26-2986432			8,948.	OTHER	FOOD	SEE PART IV
NEW BETHEL FREEWILL BC 251 LIBERTY RD SYLVESTER, GA 31791	58-1970443			31,429.	OTHER	FOOD	SEE PART IV
NEW COVENANT CH OF TVILLE 1103 HARRIS ST PAVO, GA 31778	58-1541608			10,332.	OTHER	FOOD	SEE PART IV
NEW COVENANT CH OF VALD POB 2888 VALDOSTA, GA 31604	58-1457987			15,542.	OTHER	FOOD	SEE PART IV
NEW GENERATION CRST CTR POB 672 OCHLOCKNEE, GA 31773	58-2363974			10,287.	OTHER	FOOD	SEE PART IV
NEW HARMONY GROVE BAPT CH 1482 MARY BATTEN RD PEARSON, GA 31642	58-2378314			5,317.	OTHER	FOOD	SEE PART IV
NEW HOPE RECOVER CTR 637 ETHEL ST DOUGLAS, GA 31535	58-2140961			17,506.	OTHER	FOOD	SEE PART IV
NEW LIFE ASSEMBLY OF GOD 2191 GOLF COURSE RD BLACKSHEAR, GA 31516	58-2119049			11,334.	OTHER	FOOD	SEE PART IV
NEW LIFE COMMUN CH POB 276 LAKE PARK, GA 31636	58-1792757			62,968.	OTHER	FOOD	SEE PART IV

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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW LIFE OF ALBANY POB 50603 ALBANY, GA 31703	58-1593235			16,394.	OTHER	FOOD	SEE PART IV
NEW MACEDONIA BAPT CH POB 4074 ALBANY, GA 31706	37-1647030			53,348.	OTHER	FOOD	SEE PART IV
NEW MT OLIVE POB 2935 ASHBURN, GA 31714	03-0602788			14,761.	OTHER	FOOD	SEE PART IV
NEW PROVIDENCE MISS BP POB 671 ASHBURN, GA 31714	58-2630932			29,729.	OTHER	FOOD	SEE PART IV
NEW SEASON COG 122 PENDLETON AVE VALDOSTA, GA 31601	56-2597202			16,327.	OTHER	FOOD	SEE PART IV
NEW SHILOH BC 13437 US HWY 319 N THOMASVILLE, GA 31757	58-2187056			23,932.	OTHER	FOOD	SEE PART IV
NEW ST STEPHENS BAPT 1100 E THIRD AVE ALBANY, GA 31705	58-1856638			23,963.	OTHER	FOOD	SEE PART IV
NEW TESTAMENT CHR CTR 2558 E HWY 90 MADISON, FL 32340	59-2479655			9,508.	OTHER	FOOD	SEE PART IV
NEW VIS COMM DEVELOP POB 4460 ALBANY, GA 31701	20-0669652			7,482.	OTHER	FOOD	SEE PART IV
NORTHERN HEIGHTS BAPT CH 1102 E 8TH AVE CORDELE, GA 31015	58-1140631			195,197.	OTHER	FOOD	SEE PART IV

Continuation Sheet for Schedule I (Form 990)

2012

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAK GROVE BAPTIST 4489 US HWY 319 S TIFTON, GA 31793	58-1529477			15,878.	OTHER	FOOD	SEE PART IV
OAK GROVE MBC 12911 52ND ST LIVE OAK, FL 32060	01-0932043			21,900.	OTHER	FOOD	SEE PART IV
OAKRIDGE BAPT CH 1708 W OAKRIDGE DR ALBANY, GA 31701	58-1936288			80,109.	OTHER	FOOD	SEE PART IV
OCHLOCKNEE CH OF GOD POB 98 OCHLOCKNEE, GA 31773	30-0206980			5,562.	OTHER	FOOD	SEE PART IV
OCILLA UMC POB 61 OCILLA, GA 31774	58-0806530			37,691.	OTHER	FOOD	SEE PART IV
OPEN DOOR COMM DEV POB 209 PELHAM, GA 31779	52-2412896			24,495.	OTHER	FOOD	SEE PART IV
OUTREACH FAM WORSHIP 401 2ND AVE NW MOULTRIE, GA 31768	58-2093881			278,226.	OTHER	FOOD	SEE PART IV
PARK AVE UMC 100 E PARK AVE VALDOSTA, GA 31602	58-0644909			24,316.	OTHER	FOOD	SEE PART IV
PARKWAY CHURCH OF GOD 12748 US 19 S THOMASVILLE, GA 31757	26-2938404			16,015.	OTHER	FOOD	SEE PART IV
PEARSON COG OF PROPH 284 LAWRENCE RD AXSON, GA 31624	62-0483206			13,280.	OTHER	FOOD	SEE PART IV

Continuation Sheet for Schedule I (Form 990)

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▶ Attach to Form 990 to list additional information for
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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENFIELD CHRIST HOMES 15320 HWY 129 ALAPAHA, GA 31622	58-1368663			38,191.	OTHER	FOOD	SEE PART IV
PENTACOSTAL DELV CTR POB 25 JENNINGS, FL 32053	26-4389062			41,895.	OTHER	FOOD	SEE PART IV
PENTECOSTAL COG POB 6536 THOMASVILLE, GA 31765	45-3774402			8,786.	OTHER	FOOD	SEE PART IV
PERIMETER RD BAPT CH 4091 PERIMETER RD VALDOSTA, GA 31602	58-1793646			57,658.	OTHER	FOOD	SEE PART IV
PINE GROVE COMMUN BAPT CH 4024 PINE GROVE ROAD VALDOSTA, GA 31605	58-2088195			61,998.	OTHER	FOOD	SEE PART IV
PINE ISLAND FWB CHURCH POB 674 EDISON, GA 39846	76-0822048			73,298.	OTHER	FOOD	SEE PART IV
PINEVIEW FRWL BC 1012 EMPRESS RD QUITMAN, GA 31643	58-1903326			69,356.	OTHER	FOOD	SEE PART IV
PINEY GROVE MISS BAPT 800 W BAY ST ADEL, GA 31620	58-2088195			12,976.	OTHER	FOOD	SEE PART IV
PINNACLE WAY INC 825 WRIGHT ST THOMASVILLE, GA 31792	54-2192269			33,491.	OTHER	FOOD	SEE PART IV
PINSON UMC POB 118 SYLVESTER, GA 31791	58-0876525			7,850.	OTHER	FOOD	SEE PART IV

Continuation Sheet for Schedule I (Form 990)

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▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POSITIVE DIRECTION POB 302 BRONWOOD, GA 39826	31-1789559			31,305.	OTHER	FOOD	SEE PART IV
POT OF GOLD OUTREACH POB 1522 ALBANY, GA 31707	54-2065682			23,696.	OTHER	FOOD	SEE PART IV
POWELL CHAPEL BAPTIST 449 MEDLOCK AVE ALBANY, GA 31701	37-1643652			15,582.	OTHER	FOOD	SEE PART IV
QUITMAN COG POB 956 QUITMAN, GA 31643	58-1893449			89,259.	OTHER	FOOD	SEE PART IV
QUITMAN UMC POB 857 QUITMAN, GA 31643	58-0644910			70,672.	OTHER	FOOD	SEE PART IV
RAINTREE VILL CHILD HO 3757 JOHNSTON RD VALDOSTA, GA 31601	58-1083667			9,963.	OTHER	FOOD	SEE PART IV
RAVEN & ASSC OF ALBANY INC POB 5415 ALBANY, GA 31706	06-1707825			29,193.	OTHER	FOOD	SEE PART IV
RAY CITY CHURCH OF GOD 515 MAIN ST RAY CITY, GA 31645	20-0477890			19,687.	OTHER	FOOD	SEE PART IV
REDEEMING LIFE FELLOWS POB 963 CAIRO, GA 39828	58-2102426			74,907.	OTHER	FOOD	SEE PART IV
REFUGE TEMPLE OUTREACH POB 535 EDISON, GA 39846	20-5026729			26,675.	OTHER	FOOD	SEE PART IV

Continuation Sheet for Schedule I (Form 990)

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▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REFUGIO DEL SALVATION POB 104 ALBANY, GA 31702	51-0579108			5,011.	OTHER	FOOD	SEE PART IV
RESTORATION CH OF AMER POB 6405 AMERICUS, GA 31709	20-5271763			11,535.	OTHER	FOOD	SEE PART IV
ROCK OF FAITH CH 8883 HWY 112 BACONTON, GA 31716	20-0491974			48,690.	OTHER	FOOD	SEE PART IV
SAFE HAVEN CHILD CARE 5321 BLUE SPRUCE RD BLACKSHEAR, GA 31516	20-2301308			37,221.	OTHER	FOOD	SEE PART IV
SAFE HAVEN INC 210 BARTOW ST THOMASVILLE, GA 31792	58-2354127			175,268.	OTHER	FOOD	SEE PART IV
SALVATION ARMY TVILLE POB 66 THOMASVILLE, GA 31792	58-0660607			45,504.	OTHER	FOOD	SEE PART IV
SECOND HARV OF SO GA 1411 HARBIN CIRCLE VALDOSTA, GA 31601	58-2208545			4,548,371.	OTHER	FOOD	SEE PART IV
SEED FOR SOWING INTERNATIONAL 203 S COLLEGE AVE DOUGLAS, GA 31533	27-1437114			22,024.	OTHER	FOOD	SEE PART IV
SERENITY HOUSE INC 851 S AUGUSTA AVE WAYCROSS, GA 31503	58-1178589			10,925.	OTHER	FOOD	SEE PART IV
SERENTY CHRISTAN CH 1619 N LEE ST VALDOSTA, GA 31602	27-0603513			20,692.	OTHER	FOOD	SEE PART IV

Continuation Sheet for Schedule I (Form 990)

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▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHILOH BAPTIST POB 3141 ALBANY, GA 31706	58-1944333			13,387.	OTHER	FOOD	SEE PART IV
SILVER HILL CHURCH 109 CAMON DRIVE RAY CITY, GA 31645				32,719.	OTHER	FOOD	SEE PART IV
SIMMON HILL MBC 2675 DEWBERRY RD QUITMAN, GA 31643	58-2174093			27,384.	OTHER	FOOD	SEE PART IV
SO GA FOSTER/ADOP PARE POB 796 QUITMAN, GA 31643	51-0515865			171,685.	OTHER	FOOD	SEE PART IV
SO GA HOUSE OF HOPE POB 489 LAKE PARK, GA 31636	20-2620971			7,438.	OTHER	FOOD	SEE PART IV
SO ST COMM CARE HOUSE 311 SOUTH STREET VALDOSTA, GA 31601	27-2168591			34,564.	OTHER	FOOD	SEE PART IV
SOLID ROCK CHURCH POB 754 DAWSON, GA 39842	82-0568496			11,503.	OTHER	FOOD	SEE PART IV
SOLID ROCK CONGREG CH 6321 POPLAR RD SYLVESTER, GA 31791	03-0586767			11,045.	OTHER	FOOD	SEE PART IV
SOUTHLAND CHURCH 2206 E HILL AVE VALDOSTA, GA 31601	58-2305520			135,116.	OTHER	FOOD	SEE PART IV
SOUTHSIDE BAPTIST CHURCH 326 S HWY 221 LAKELAND, GA 31635	58-2448465			141,492.	OTHER	FOOD	SEE PART IV

Continuation Sheet for Schedule I (Form 990)

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▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 27 of 32

Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHSIDE CH OF CHRIST 1198 OLD STATENVILLE RD VALDOSTA, GA 31601	58-1416291			48,193.	OTHER	FOOD	SEE PART IV
SOWGA COMM ACTION COU 1001 1ST AVE SW MOULTRIE, GA 31768	58-0957513			21,002.	OTHER	FOOD	SEE PART IV
SPARKS RETIREMENT HOME PO BOX 9 SPARKS, GA 31647	58-2189060			22,441.	OTHER	FOOD	SEE PART IV
SPECIAL OLYMPICS GA 506 N ASHLEY ST VALDOSTA, GA 31602	23-7201676			19,265.	OTHER	FOOD	SEE PART IV
ST JAMES MISSIONARY BAPT CH 144 MLK JR DR BACONTON, GA 31716	58-1174453			17,839.	OTHER	FOOD	SEE PART IV
ST JOSEPHS CATH CHR 2011 DARLING AVE WAYCROSS, GA 31501	58-1151418			5,934.	OTHER	FOOD	SEE PART IV
ST LEWIS MISSIONARY BC 2206 N FORREST ST VALDOSTA, GA 31602	58-2546711			19,679.	OTHER	FOOD	SEE PART IV
ST LUKES CME CH POB 3243 THOMASVILLE, GA 31799	58-1717984			21,248.	OTHER	FOOD	SEE PART IV
ST PAUL CATHOLIC CH 4178 US HWY 441 S DOUGLAS, GA 31535	58-0566226			199,897.	OTHER	FOOD	SEE PART IV
ST PETER CH OF GOD BY POB 1693 VALDOSTA, GA 31601	58-1793616			32,541.	OTHER	FOOD	SEE PART IV

Continuation Sheet for Schedule I (Form 990)

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▶ **Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.**

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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PETER MISSIONARY BC POB 5745 ALBANY, GA 31701	58-1386970			7,406.	OTHER	FOOD	SEE PART IV
ST THOMAS PRIM BAPT POB 1169 CAIRO, GA 39828	14-1997398			18,587.	OTHER	FOOD	SEE PART IV
SW GA COUNCIL ON AGING 1105 PALMYRA RD ALBANY, GA 31701	58-0965104			27,774.	OTHER	FOOD	SEE PART IV
TABERNACLE OF GODS LOV 6815 NW CR 152 JENNINGS, FL 32053	20-8272227			53,791.	OTHER	FOOD	SEE PART IV
TEACH INC 1709 A GORNTD RD VALDOSTA, GA 31601	58-2623544			7,798.	OTHER	FOOD	SEE PART IV
TEMPLE BAPTIST POB 454 MOULTRIE, GA 31776	20-4309597			8,237.	OTHER	FOOD	SEE PART IV
THE CHURCH OF THE NAZARENE POB 575 BAINBRIDGE, GA 39818	58-6122219			26,347.	OTHER	FOOD	SEE PART IV
THE HOUSE OF GOD NASHV 200 SHORT ST NASHVILLE, GA 31639				5,007.	OTHER	FOOD	SEE PART IV
THE KNIGHT GROUP INC OF GA POB 409 WHIGHAM, GA 39897	65-1252910			14,673.	OTHER	FOOD	SEE PART IV
THE LORD'S PANTRY POB 82 ALBANY, GA 31702	58-1254879			382,148.	OTHER	FOOD	SEE PART IV

Continuation Sheet for Schedule I (Form 990)

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▶ Attach to Form 990 to list additional information for
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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE POWER OF PRAISE 115 S HWY 11 CAIRO, GA 39828	32-0205352			6,900.	OTHER	FOOD	SEE PART IV
THE RESCUE MISSION 230 CHEROKEE ST THOMASVILLE, GA 31792	58-1879015			67,380.	OTHER	FOOD	SEE PART IV
THE VASHTI CENTER 1815 E CLAY ST THOMASVILLE, GA 31792	58-2497920			9,454.	OTHER	FOOD	SEE PART IV
THE VISION 2711 BEMISS ROAD VALDOSTA, GA 31602				27,123.	OTHER	FOOD	SEE PART IV
THIRD KIOKEE BAPT CH 521 CARVER AVE ALBANY, GA 31701	58-1809730			48,238.	OTHER	FOOD	SEE PART IV
THOMAS CTY FOOD PANTRY POB 2422 THOMASVILLE, GA 31792	58-2390388			438,525.	OTHER	FOOD	SEE PART IV
THOMAS CTY FPA 201 FOUNTAIN DR THOMASVILLE, GA 31792	58-2590181			65,019.	OTHER	FOOD	SEE PART IV
THOMASVILLE YMCA 1304 REMINGTON AVE THOMASVILLE, GA 31792	58-0566255			16,619.	OTHER	FOOD	SEE PART IV
THOMPSON OUTREACH POB 73 MEIGS, GA 31765	27-0280906			114,822.	OTHER	FOOD	SEE PART IV
TIFT AREA COMM FOOD BN POB 7312 TIFTON, GA 31794	58-1701600			24,929.	OTHER	FOOD	SEE PART IV

Continuation Sheet for Schedule I (Form 990)

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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRINITY PRESBYT CH 3501 BEMISS ROAD VALDOSTA, GA 31605	58-1631506			5,350.	OTHER	FOOD	SEE PART IV
TRINITY UMC POB 7 TIFTON, GA 31794	58-1557888			40,902.	OTHER	FOOD	SEE PART IV
TRUELIFE COG 588 FUSSELL RD LEESBURG, GA 31763	26-3738531			24,921.	OTHER	FOOD	SEE PART IV
TVILLE EASTSIDE BAPT C 220 COLTON AVE THOMASVILLE, GA 31792	58-0572428			29,950.	OTHER	FOOD	SEE PART IV
UNION CATHEDRAL POB 1923 VALDOSTA, GA 31601	58-1464383			18,858.	OTHER	FOOD	SEE PART IV
UNION MISS BAPT POB 253 ALBANY, GA 31702	58-1633341			19,559.	OTHER	FOOD	SEE PART IV
UNIVERSAL LOVE CENTER 1605 HUTCHINSON DR MOULTRIE, GA 31768	52-2449122			22,536.	OTHER	FOOD	SEE PART IV
UNIVERSITY BLVD COG 128 UNIVERSITY BLVD WAYCROSS, GA 31503	58-2602827			68,609.	OTHER	FOOD	SEE PART IV
VALD/LWNDS CTY YMCA 2424 GORNTD RD VALDOSTA, GA 31602	58-1052279			14,262.	OTHER	FOOD	SEE PART IV
VALDOSTA PRISON MINIST POB 382 VALDOSTA, GA 31603	41-2150224			7,769.	OTHER	FOOD	SEE PART IV

Continuation Sheet for Schedule I (Form 990)

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▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICTORY FLWSHIP CH 19150 US 19 N THOMASVILLE, GA 31757	58-2534758			52,460.	OTHER	FOOD	SEE PART IV
VIENNA UMC 313 CHURCH ST VIENNA, GA 31092	58-0644910			15,508.	OTHER	FOOD	SEE PART IV
VIS FOR SUMTER EDUCARE 209 S HABITAT ST AMERICUS, GA 31709	58-1949194			10,473.	OTHER	FOOD	SEE PART IV
VISION OF HOPE MISSIONARY BC 12176 HWY 84 E THOMASVILLE, GA 31757	75-3201933			170,198.	OTHER	FOOD	SEE PART IV
WALKER STREET COGIC POB 388 CAMILLA, GA 31730	46-0506835			16,370.	OTHER	FOOD	SEE PART IV
WARWICK UMC 136 N VALHALLA CT CORDELE, GA 31015	58-1439511			83,119.	OTHER	FOOD	SEE PART IV
WAYCROSS HOUSE OF HOPE 109 THOMAS ST WAYCROSS, GA 31501	26-3373800			29,592.	OTHER	FOOD	SEE PART IV
WAYNESVILLE COG POB 519 WAYNESVILLE, GA 31566	58-1947414			37,097.	OTHER	FOOD	SEE PART IV
WELCOME BAPT CH 405 ASHBY ST AMERICUS, GA 31709	45-3671544			15,593.	OTHER	FOOD	SEE PART IV
WELLSPRINGS PLACE 518 E CLAY ST THOMASVILLE, GA 31799	26-1713721			15,027.	OTHER	FOOD	SEE PART IV

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▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

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Name of the organization SECOND HARVEST OF	Employer identification number 58-2208545
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESLEY CHAPEL POB 575 BLAKELY, GA 39823	58-1820787			53,476.	OTHER	FOOD	SEE PART IV
WEST BAINBRIDGE BAPT 801 GRIFFIN ST BAINBRIDGE, GA 39817	58-1536706			96,092.	OTHER	FOOD	SEE PART IV
WEST GREEN BAPTIST 10466 HWY 221 N WEST GREEN, GA 31567	58-1408893			5,190.	OTHER	FOOD	SEE PART IV
WEST HILL CH OF CHRIST 1416 W HILL AVE VALDOSTA, GA 31601	58-1818734			18,927.	OTHER	FOOD	SEE PART IV
WEST LAKE CH OF GOD 4973 NW CR 141 JENNINGS, FL 32053	59-2851577			55,218.	OTHER	FOOD	SEE PART IV
WHOLEWAY HOUSE 105 NORTH OAK ST VALDOSTA, GA 31601	58-1895463			9,590.	OTHER	FOOD	SEE PART IV
WINDS OF CHANGE MINIST POB 16 CECIL, GA 31627	58-2639251			51,101.	OTHER	FOOD	SEE PART IV
WOODLAWN FORREST COC 1515 N FORREST ST VALDOSTA, GA 31601	58-1390493			10,264.	OTHER	FOOD	SEE PART IV

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2012

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Open to Public Inspection

Name of the organization

Employer identification number

SECOND HARVEST OF

58-2208545

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. **PART III**

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If 'Yes' to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If 'Yes' to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?
If 'Yes,' describe in Part III.

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1 a		
1 b	X	
2	X	
3		
4 a		X
4 b		X
4 c		X
5 a		X
5 b		X
6 a		X
6 b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
FRANKLIN J RICHARDS II 1 PRESIDENT & CEO	(i)	104,000.	40,880.	8,500.	0.	13,610.	166,990.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART 1, LINE 1A - RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS

BOARD APPROVED THE PAYMENT IN THE FORM OF A BONUS TO THE CEO TO COVER THE MONTHLY
PAYMENT OF A KEY-MAN LIFE INSURANCE POLICY THAT THE ORGANIZATION IS THE BENEFICIARY
OF. ALSO, CEO IS ALOTTED A MONTHLY BONUS TO COVER HIS HSA FUNDING. CEO IS ALSO
ALLOWED A MONTHLY VEHICLE ALLOWANCE AND GAS/MAINTENANCE EXPENSES.

OFFICERS ARE PROVIDED INSURANCE BENEFITS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**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.**

Name of the organization SECOND HARVEST OF SOUTH GEORGIA, INC.	Employer identification number 58-2208545
--	---

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	X		489,820.	FEEDING AMER DON V
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	48	18,818,308.	FEED AMER DON VAL
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SCHOOL SUPPLIES)	X	1	209,595.	FEED AMER DON VAL
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 IV, Donee Acknowledgement	29
---	----

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2012

Part II Supplemental Information. Complete this part to 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 O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Name of the organization

SECOND HARVEST OF
SOUTH GEORGIA, INC.

Employer identification number

58-2208545

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE 990 IS DISTRIBUTED TO ALL BOARD MEMBERS OF THE ORGANIZATION. EACH BOARD MEMBER THEN REVIEWS AND DELIBERATES THE 990. THE BOARD THEN APPROVES THE 990.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

A SELF-MONITORING PROCESS WHERE ANY DECISION THAT MAY INVOLVE A BOARD MEMBER HAS BEEN DEVELOPED AS A CORPORATE POLICY. THE BOARD OF DIRECTORS HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS FOLLOWED WITH ALL DECISIONS THAT INVOLVE A BOARD MEMBER. INVOLVED BOARD MEMBERS MAY NOT BE PRESENT DURING REVIEW AND ALL AGREEMENTS ARE REVIEWED ANNUALLY. ALL DECISIONS INVOLVING A BOARD MEMBER ARE DONE IN FULL DISCLOSURE AND VOTED ON BY THE BOARD.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT

THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD. THE CEO RECEIVES A BASE SALARY, A MONTHLY BONUS FOR A KEYMAN POLICY, A MONTHLY AUTOMOBILE ALLOWANCE AND AN EXPENSE ACCOUNT.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE BOARD OF DIRECTORS PERFORMS AN ANNUAL REVIEW OF THE CEO BASED ON THE WRITTEN WORK PLAN OF THE ORGANIZATION. THE REVIEW DETERMINES THE CEO'S COMPENSATION. ALL BOARD MEMBERS PARTICIPATE IN THIS DISCUSSION.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCS, POLICIES, AND FINANCIAL STATEMENTS ARE MAINTAINED IN A COMPANY NOTEBOOK AND ARE AVAILABLE FOR REVIEW UPON REQUEST.

FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

990T.....	\$	-34,157.
MISC.....		<u>-232.</u>
	TOTAL	<u>\$ -34,389.</u>

**Depreciation and Amortization
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **SECOND HARVEST OF
SOUTH GEORGIA, INC.**

Identifying number
58-2208545

Business or activity to which this form relates

DEPRECIATION SCHEDULES ONLY

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12. ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	200,302.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. ▶ <input type="checkbox"/>		

Section B – Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	200,302.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Depreciation and Amortization
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **SECOND HARVEST OF
SOUTH GEORGIA, INC.**

Identifying number
58-2208545

Business or activity to which this form relates

FORM 990/990-PF

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12. ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. ▶ <input type="checkbox"/>		

Section B – Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21		3,150.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	22		3,150.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23		

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If 'Yes,' is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25	
26 Property used more than 50% in a qualified business use:									
VAN	10/31/06	100.0	30,579.	30,579.	3.0	S/L	3,150.		
27 Property used 50% or less in a qualified business use:									
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28	3,150.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29	

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions):					
43 Amortization of costs that began before your 2012 tax year					
44 Total. Add amounts in column (f). See the instructions for where to report.					44

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only. . . .

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	SECOND HARVEST OF SOUTH GEORGIA, INC.	58-2208545
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	1411 HARBIN CIRCLE VALDOSTA, GA 31601	

Enter the Return code for the return that this application is for (file a separate application for each return). 01

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

- The books are in the care of ▶ FRANK RICHARDS -----

Telephone No. ▶ 229-244-2678 ----- FAX No. ▶ (229) 244-3663 -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. If it is for part of the group, check this box . . . and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15 ____, 2013 __, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ calendar year 2012 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box. **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	SECOND HARVEST OF SOUTH GEORGIA, INC.	58-2208545
	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	EMILY BROOME GARRISON, CPA 5434 FOREST DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LAKE PARK, GA 31636	

Enter the Return code for the return that this application is for (file a separate application for each return).

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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ▶ FRANK RICHARDS
Telephone No. ▶ 229-244-2678 FAX No. ▶ (229) 244-3663
- If the organization does not have an office or place of business in the United States, check this box.
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . . . ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/15, 2013.
- For calendar year 2012, or other tax year beginning _____, 20____, and ending _____, 20____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension. . . ADDITIONAL TIME IS NEEDED TO OBTAIN ALL THE INFORMATION NECESSARY FOR FILING A COMPLETE RETURN.

8 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8 a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8 b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8 c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ CEO Date ▶ _____

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))
 For calendar year 2012 or other tax year beginning _____, 2012,
 and ending _____, _____
 ▶ See separate instructions.

2012

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

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> <input type="checkbox"/> 529(a)	Print or Type	<input type="checkbox"/> Check box if name changed and see instructions. SECOND HARVEST OF SOUTH GEORGIA, INC. 1411 HARBIN CIRCLE VALDOSTA, GA 31601	D Employer identification number (Employees' trust, see instructions.) 58-2208545 E Unrelated business activity codes (see instructions.) 722320 524298
C Book value of all assets at end of year 7,717,276.	F Group exemption number (See instructions.) ▶ G Check organization type: <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity.
 ▶ **CATERING**

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

J The books are in care of ▶ **FRANK RICHARDS** Telephone number ▶ **229-244-2678**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales ...			
b Less returns and allowances ... c Balance ▶	1 c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4 a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c Capital loss deduction for trusts	4 c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach statement)			
SEE STATEMENT 1	12	9,877.	
13 Total. Combine lines 3 through 12	13	9,877.	9,877.

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.) (except for contributions, deductions must be directly connected with the unrelated business income)			
14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach statement)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See instructions for limitation rules)	20		
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22 a		22 b
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach statement)	28		
29 Total deductions. Add lines 14 through 28	29		34,157.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		-24,280.
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		-24,280.
33 Specific deduction (generally \$1,000, but see line 33 instructions for exceptions.)	33		
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		-24,280.

Part III Tax Computation

35 Organizations Taxable as Corporations. (see instructions for tax computation) Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)..... \$ _____ (2) Additional 3% tax (not more than \$100,000)..... \$ _____ c Income tax on the amount on line 34.....		35 c	0.
36 Trusts taxable at trust rates. (see instructions for tax computation) Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).....		36	
37 Proxy tax. (see instructions).....		37	
38 Alternative minimum tax		38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.....		39	0.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).....	40 a		
b Other credits (see instructions).....	40 b		
c General business credit. Attach Form 3800 (see instructions).....	40 c		
d Credit for prior year minimum tax (attach Form 8801 or 8827).....	40 d		
e Total credits. Add lines 40a through 40d.....	40 e		0.
41 Subtract line 40e from line 39.....	41		0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement).....	42		
43 Total tax. Add lines 41 and 42.....	43		0.
44 a Payments: A 2011 overpayment credited to 2012.....	44 a		
b 2012 estimated tax payments.....	44 b		
c Tax deposited with Form 8868.....	44 c		
d Foreign organizations: Tax paid or withheld at source (see instructions).....	44 d		
e Backup withholding (see instructions).....	44 e		
f Credit for small employer health insurance premiums (Attach Form 8941).....	44 f		
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total.....	44 g		
45 Total payments. Add lines 44a through 44g.....	45		0.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached..... <input type="checkbox"/>	46		
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed.....	47		
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.....	48		
49 Enter the amount of line 48 you want: Credited to 2013 estimated tax ▶ _____ Refunded ▶ _____	49		

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If 'Yes', the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If 'Yes', enter the name of the foreign country here ▶ _____	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If 'Yes', see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____ 0.		

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year.....	1		6 Inventory at end of year.....	6	
2 Purchases.....	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.....	7	
3 Cost of labor.....	3				
4 a Additional section 263A costs (attach statement)	4 a				Yes No
b Other costs (att. stmt.).....	4 b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....		Yes No
5 Total. Add lines 1 through 4b.....	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	CEO	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	NON-PAID PREPARER				
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no. _____			

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
(2)		
(3)		
(4)		
Total		
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach stmt)	(b) Other deductions (attach statement)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	5 Average adjusted basis of or allocable to debt-financed property (attach statement)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 ▶				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

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

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach statement)	4 Set-asides (attach statement)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions.)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals , Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

**Depreciation and Amortization
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2012

Attachment
Sequence No. **179**

Name(s) shown on return **SECOND HARVEST OF
SOUTH GEORGIA, INC.**

Identifying number
58-2208545

Business or activity to which this form relates

FORM 4562 ONLY

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) ..	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12. ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	187,453.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	12,815.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. ▶ <input type="checkbox"/>		

Section B – Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	3,150.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	203,418.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812L 08/19/12

Form **4562** (2012)

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24 a Do you have evidence to support the business/investment use claimed? **Yes** **No** **24b** If 'Yes,' is the evidence written? **Yes** **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25	
26 Property used more than 50% in a qualified business use:									
VAN	10/31/06	100.0	30,579.	30,579.	3.0	S/L	3,150.		
27 Property used 50% or less in a qualified business use:									
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28	3,150.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29	0.

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions):					
43 Amortization of costs that began before your 2012 tax year					
44 Total. Add amounts in column (f). See the instructions for where to report.					44

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only.

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	SECOND HARVEST OF SOUTH GEORGIA, INC.	58-2208545
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	1411 HARBIN CIRCLE VALDOSTA, GA 31601	

Enter the Return code for the return that this application is for (file a separate application for each return). 07

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

● The books are in the care of ▶ FRANK RICHARDS -----

Telephone No. ▶ 229-244-2678 ----- FAX No. ▶ (229) 244-3663 -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 11/15, 2013, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ calendar year 2012 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

STATEMENT 1
FORM 990-T, PART I, LINE 12
OTHER INCOME

NON-MEMBER AGCY CATERING	\$	<u>9,877.</u>
TOTAL	\$	<u><u>9,877.</u></u>