

MAULDIN & JENKINS, LLC
P.O. BOX 71549, 2911 MEREDYTH DR
ALBANY, GA 31708-1549

SECOND HARVEST OF
SOUTH GEORGIA, INC.
1411 HARBIN CIRCLE
VALDOSTA, GA 31602



For Public Inspection

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CLIENT'S COPY

For Public Inspection



November 1, 2023

Second Harvest of
South Georgia, Inc.
1411 Harbin Circle
Valdosta, GA 31602
Attention: Franklin J. Richards II

Dear Frank:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2023.

FORM 990-T RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

No amount is due on Form 990-T.

GEORGIA FORM 600-T RETURN:

The Georgia Form 600-T should be mailed on or before November 15, 2023 to:

Georgia Department of Revenue
Processing Center
P.O. Box 740397
Atlanta, GA 30374-0397

The return should be signed and dated by the authorized individual(s).

No payment is required.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

Ryan C. Inlow
MAULDIN & JENKINS, LLC

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20__

2022

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **SECOND HARVEST OF
SOUTH GEORGIA, INC.**

EIN or SSN
58-2208545

Name and title of officer or person subject to tax **FRANKLIN J. RICHARDS II
PRESIDENT & CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>34,853,287.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 5)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **MAULDIN & JENKINS, LLC** to enter my PIN **26550**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

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

58030300016

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **MAULDIN & JENKINS, LLC**

Date **11/01/23**

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2022)

Return of Organization Exempt From Income Tax

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

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

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

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SECOND HARVEST OF SOUTH GEORGIA, INC. Doing business as		D Employer identification number 58-2208545
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1411 HARBIN CIRCLE		E Telephone number 229-244-2678
	City or town, state or province, country, and ZIP or foreign postal code VALDOSTA, GA 31602		G Gross receipts \$ 34,857,945.
	F Name and address of principal officer: FRANKLIN J RICHARDS II SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number

J Website: **WWW.FEEDINGSGA.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1996** **M** State of legal domicile: **GA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE FOOD TO THE NEEDY PEOPLE IN SOUTH GEORGIA.		
	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	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	54
	6 Total number of volunteers (estimate if necessary)	6	1100
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,977.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	35,093,283.	33,371,388.
	9 Program service revenue (Part VIII, line 2g)	984,972.	1,251,835.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,085.	-4,299.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,325.	234,363.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,132,665.	34,853,287.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,509,903.	31,710,943.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,489,410.	1,654,742.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	85,080.	326,964.
	b Total fundraising expenses (Part IX, column (D), line 25)	434,681.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,979,387.	3,674,001.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	35,063,780.	37,366,650.	
19 Revenue less expenses. Subtract line 18 from line 12	1,068,885.	-2,513,363.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 19,828,071.	End of Year 19,765,783.
	21 Total liabilities (Part X, line 26)	6,155,444.	8,606,519.
	22 Net assets or fund balances. Subtract line 21 from line 20	13,672,627.	11,159,264.

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		
	FRANKLIN J RICHARDS II, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	RYAN C. INLOW	RYAN C. INLOW	11/01/23		P00544049
Preparer Use Only	Firm's name MAULDIN & JENKINS, LLC			Firm's EIN 58-0692043	
	Firm's address P.O. BOX 71549, 2911 MEREDYTH DR ALBANY, GA 31708-1549			Phone no. 229-446-3600	

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

SECOND HARVEST OF
SOUTH GEORGIA, INC.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO PROVIDE FOOD FOR 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 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 \$ 34,671,696. including grants of \$ 31,710,943.) (Revenue \$ 1,483,221.)
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 FIVE HUNDRED PROGRAMS.

4b (Code: _____) (Expenses \$ 1,216,657. including grants of \$ _____) (Revenue \$ _____)
CHILD ADULT CARE FEEDING PROGRAM.

THE CHILD ADULT CARE FEEDING 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 ADMINISTERED THROUGH DECAL.

4c (Code: _____) (Expenses \$ 211,234. including grants of \$ _____) (Revenue \$ _____)
SUMMER FEEDING PROGRAM.

SFSP PROVIDES MEALS AND SNACKS TO CHILDREN AT PARTNER SITES DURING THE SUMMER MONTHS WHEN CHILDREN ARE NOT IN SCHOOL ATTENDANCE. CHILDREN ARE MORE AT RISK OF NOT RECEIVING PROPER NUTRITION DURING THE SUMMER MONTHS WHEN THERE IS NO ACCESS TO SCHOOL BREAKFAST OR LUNCHES. THE PROGRAM IS ADMINISTERED THROUGH DECAL.

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

4e Total program service expenses 36,099,587.

**SECOND HARVEST OF
SOUTH GEORGIA, INC.**

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

**SECOND HARVEST OF
SOUTH GEORGIA, INC.**

Part IV Checklist of Required Schedules *(continued)*

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	12
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

SECOND HARVEST OF
SOUTH GEORGIA, INC.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		54
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
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.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

**SECOND HARVEST OF
SOUTH GEORGIA, INC.**

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed GA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
FRANK RICHARDS - 229-244-2678
1411 HARBIN CIRCLE, VALDOSTA, GA 31601

SECOND HARVEST OF
SOUTH GEORGIA, INC.

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) FRANKLIN J RICHARDS II PRESIDENT & CEO	45.00	X		X				264,206.	0.	20,617.
(2) WILBURN O ROBINSON COO	45.00			X				74,595.	0.	6,000.
(3) ELIZA MCCALL CMO	45.00			X				66,190.	0.	2,166.
(4) JEROME TUCKER BOARD MEMBER	0.00	X						0.	0.	0.
(5) DR. CHET BALLARD CHAIRMAN	0.00	X						0.	0.	0.
(6) HON. JIM TUNISON BOARD MEMBER	0.00	X						0.	0.	0.
(7) BURKE MURPH, II BOARD MEMBER	0.00	X						0.	0.	0.
(8) JOANNE JONES BOARD MEMBER	0.00	X						0.	0.	0.
(9) WILLIAM HOLLAND BOARD MEMBER	0.00	X						0.	0.	0.
(10) PHYLLIS HIERS BOARD MEMBER	0.00	X						0.	0.	0.

SECOND HARVEST OF
SOUTH GEORGIA, INC.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	80,000.				
	b Membership dues	1b					
	c Fundraising events	1c	68,056.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	13,247,115.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	19,976,217.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 27,319,913.				
	h Total. Add lines 1a-1f			33,371,388.			
Program Service Revenue	2 a SHARED MAINTENANCE FEES	Business Code	624200	1,251,835.	1,251,835.		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,251,835.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			359.		359.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	4,658.				
	c Gain or (loss)	7c	-4,658.				
	d Net gain or (loss)			-4,658.		-4,658.	
8 a Gross income from fundraising events (not including \$ 68,056. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
			0.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME	Business Code	900004	231,386.	231,386.		
	b NON-MEMBER AGENCY CATERING		722320	2,977.	2,977.		
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			234,363.			
12 Total revenue. See instructions			34,853,287.	1,483,221.	2,977.	-4,299.	

**SECOND HARVEST OF
SOUTH GEORGIA, INC.**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	29,029,682.	29,029,682.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,681,261.	2,681,261.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	433,774.	80,595.	284,823.	68,356.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,220,968.	1,193,981.	17,198.	9,789.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	350.		350.	
c Accounting	39,055.		39,055.	
d Lobbying	7,375.		7,375.	
e Professional fundraising services. See Part IV, line 17	326,964.			326,964.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	23,130.		23,130.	
12 Advertising and promotion	3,447.	2,412.		1,035.
13 Office expenses	62,865.		62,865.	
14 Information technology	6,871.			6,871.
15 Royalties				
16 Occupancy	121,409.	121,409.		
17 Travel	46,762.		46,762.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	222,027.	165,825.	56,202.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	351,210.	344,297.	6,913.	
23 Insurance	111,646.		111,646.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a KIDS CAFE	1,216,657.	1,216,657.		
b WAREHOUSE EXPENSE	458,813.	458,813.		
c TRANSPORTATION	413,784.	413,784.		
d SUMMER FEEDING PROGRAM	211,234.	211,234.		
e All other expenses	377,366.	179,637.	176,063.	21,666.
25 Total functional expenses. Add lines 1 through 24e	37,366,650.	36,099,587.	832,382.	434,681.
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)				

**SECOND HARVEST OF
SOUTH GEORGIA, INC.**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	2,983,618.	1	3,682,356.	
	2 Savings and temporary cash investments	334,711.	2	334,976.	
	3 Pledges and grants receivable, net	1,072,552.	3	871,380.	
	4 Accounts receivable, net	130,006.	4	818,482.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		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 12,179,518.			
	b Less: accumulated depreciation	10b 4,863,239.	5,086,010.	10c	7,316,279.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	48,255.	12	55,296.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	10,172,919.	15	6,687,014.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	19,828,071.	16	19,765,783.		
Liabilities	17 Accounts payable and accrued expenses	246,444.	17	193,386.	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	5,909,000.	23	8,413,133.	
	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		25		
	26 Total liabilities. Add lines 17 through 25	6,155,444.	26	8,606,519.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	13,486,187.	27	9,209,458.	
	28 Net assets with donor restrictions	186,440.	28	1,949,806.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	13,672,627.	32	11,159,264.	
33 Total liabilities and net assets/fund balances	19,828,071.	33	19,765,783.		

**SECOND HARVEST OF
SOUTH GEORGIA, INC.**

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	34,853,287.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,366,650.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,513,363.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,672,627.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,159,264.

Part XII Financial Statements and Reporting

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

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

For Public Inspection

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31509183.	27545049.	43800866.	35093283.	33371388.	171319769
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	31509183.	27545049.	43800866.	35093283.	33371388.	171319769
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						171319769

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	31509183.	27545049.	43800866.	35093283.	33371388.	171319769
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	682.	703.	520.	439.	359.	2,703.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	950,906.	33,202.	65,731.	49,325.	234,363.	1333527.
11 Total support. Add lines 7 through 10						172655999
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.23 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.30 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2021. 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 - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

SECOND HARVEST OF
SOUTH GEORGIA, INC.

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2018 AMOUNT: \$ 950,906.

2019 AMOUNT: \$ 33,202.

2020 AMOUNT: \$ 65,731.

2021 AMOUNT: \$ 49,325.

2022 AMOUNT: \$ 234,363.

For Public Inspection

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

SECOND HARVEST OF
SOUTH GEORGIA, INC.

Employer identification number

58-2208545

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization SECOND HARVEST OF SOUTH GEORGIA, INC.	Employer identification number 58-2208545
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SAM'S CLUB - VALDOSTA #6204 450 NORMAN DRIVE VALDOSTA, GA 31602	\$ 1,157,661.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	TARGET DISTRIBUTION 4502 OLD UNION ROAD TIFTON, GA 31794	\$ 1,240,688.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	US DEPT OF AGRICULTURE 2 PEACHTREE ST. NW ATLANTA, GA 30303	\$ 6,377,524.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	VALUE ADDED FOOD SALES (F & AM INC) 965 RENO DRIVE WAYLAND, MI 49348	\$ 804,617.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	SECOND HARVEST OF SOUTH GEORGIA, INC. 1411 HARBIN CIRCLE VALDOSTA, GA 31602	\$ 2,137,422.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	BORDER MELONS CO. EAST, LLC 596 MJ TAYLOR ROAD ADEL, GA 31620	\$ 678,777.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SECOND HARVEST OF SOUTH GEORGIA, INC.	Employer identification number 58-2208545
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PUBLIX DC RTI SERVICES 600 PROGRESS INDUSTRIAL BLVD LAWRENCEVILLE, GA 30043	\$ 912,865.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	FANO 35 E WACKER ST STE 2000 CHICAGO, IL 60601	\$ 739,273.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	J&J PRODUCE 1577 W MITCHELL ROAD ADEL, GA 31620	\$ 895,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

For Public Inspection

Name of organization SECOND HARVEST OF SOUTH GEORGIA, INC.	Employer identification number 58-2208545
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	FOOD INVENTORY <hr/> <hr/> <hr/>	\$ 1,157,661.	<hr/>
2	CONSUMER GOODS INVENTORY <hr/> <hr/> <hr/>	\$ 1,240,688.	<hr/>
3	FOOD INVENTORY <hr/> <hr/> <hr/>	\$ 6,377,524.	<hr/>
4	FOOD INVENTORY <hr/> <hr/> <hr/>	\$ 804,617.	<hr/>
5	FOOD INVENTORY <hr/> <hr/> <hr/>	\$ 2,137,422.	<hr/>
6	FOOD INVENTORY <hr/> <hr/> <hr/>	\$ 678,777.	<hr/>

For Public Inspection

Name of organization SECOND HARVEST OF SOUTH GEORGIA, INC.	Employer identification number 58-2208545
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	FOOD INVENTORY <hr/> <hr/> <hr/>	\$ 912,865.	<hr/>
8	FOOD INVENTORY <hr/> <hr/> <hr/>	\$ 739,273.	<hr/>
9	FOOD INVENTORY <hr/> <hr/> <hr/>	\$ 895,000.	<hr/>
<hr/>	<hr/> <hr/> <hr/>	\$ _____	<hr/>
<hr/>	<hr/> <hr/> <hr/>	\$ _____	<hr/>
<hr/>	<hr/> <hr/> <hr/>	\$ _____	<hr/>

For Public Inspection

Name of organization SECOND HARVEST OF SOUTH GEORGIA, INC.	Employer identification number 58-2208545
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

For Public Inspection

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization SECOND HARVEST OF SOUTH GEORGIA, INC.	Employer identification number 58-2208545
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		7,875.
i Other activities?		X	
j Total. Add lines 1c through 1i			7,875.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

GOVERNMENTAL AFFAIRS CONSULTING

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a-2d.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and amounts of revenue and assets.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	186,440.	29,350.	71,339.	402,680.	490,859.
b Contributions	2,511,651.	356,803.	1,109,575.	276,190.	1,489,220.
c Net investment earnings, gains, and losses	-973.	869.	3,267.		1,554.
d Grants or scholarships					
e Other expenditures for facilities and programs	747,182.	198,312.	1,154,608.	607,377.	1,578,854.
f Administrative expenses	130.	532.	223.	154.	99.
g End of year balance	1,949,806.	186,440.	29,350.	71,339.	402,680.

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,646,342.		1,646,342.
b Buildings		5,212,908.	1,473,477.	3,739,431.
c Leasehold improvements		252,465.	56,351.	196,114.
d Equipment		3,778,497.	3,333,411.	445,086.
e Other		1,289,306.		1,289,306.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,316,279.

**SECOND HARVEST OF
SOUTH GEORGIA, INC.**

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INVENTORIES FOR DISTRIBUTION	6,665,668.
(2) INVESTMENT IN COMMUNITY FOUNDATION OF SOUTH GA, INC.	20,656.
(3) EMPLOYEE RECEIVABLE	690.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	6,687,014.

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	34,853,287.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	34,853,287.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	34,853,287.

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

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

1	Total expenses and losses per audited financial statements		1	37,366,650.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	37,366,650.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	37,366,650.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES: THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501 OF THE CODE. HOWEVER, ANY INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATIONS TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

THE ORGANIZATION ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH INCOME TAX

Part XIII Supplemental Information *(continued)*

ACCOUNTING GUIDANCE IN ASC TOPIC 740, INCOME TAXES. THE ORGANIZATION
 FOLLOWS THE STATUTORY REQUIREMENT FOR ITS INCOME TAX ACCOUNTING AND
 GENERALLY AVOIDS RISKS ASSOCIATED WITH POTENTIALLY PROBLEMATIC TAX
 POSITIONS THAT MAY BE CHALLENGED UPON EXAMINATION. MANAGEMENT BELIEVES
 ANY LIABILITY RESULTING FROM TAXING AUTHORITIES IMPOSING ADDITIONAL INCOME
 TAXES FROM ACTIVITIES DEEMED TO BE UNRELATED TO THE ORGANIZATIONS
 NONTAXABLE STATUS WOULD NOT HAVE A MATERIAL EFFECT ON THE ORGANIZATIONS
 FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER
 SUBJECT TO TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2019.

For Public Inspection

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2022

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
EXIT STRATEGIES, LLC - 2520 ST. ROSE PARKWAY, HENDERSON,	FUNDRAISING AND MARKETING CONSULTANT		X	0.	42,000.	-42,000.
THE NUMAD GROUP - 402 ST JOSEPH ST #3, RAPID CITY, SD	FUNDRAISING AND MARKETING CONSULTANT		X	0.	153,615.	-153,615.
JEROME TUCKER - 5938 JUMPING GULLY ROAD, VALDOSTA, GA	USDA GRANT RESEARCH CONSULTANT		X	0.	78,000.	-78,000.
ELITE CONTRACT SERVICE - 1914 E. 9400 S, SANDY, UT 84093	EMPLOYEE RETENTION CREDIT CONSULTANT		X	0.	43,623.	-43,623.
Total					317,238.	-317,238.

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

**SECOND HARVEST OF
SOUTH GEORGIA, INC.**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		VALDOSTA EVENTS		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	68,056.			68,056.
	2 Less: Contributions	68,056.			68,056.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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

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

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

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

SECOND HARVEST OF SOUTH GEORGIA, INC.

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

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

Name _____

Address _____

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

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

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

Name _____

Address _____

- 16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

- 17 Mandatory distributions:

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

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

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

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

(I) NAME OF FUNDRAISER: EXIT STRATEGIES, LLC

(I) ADDRESS OF FUNDRAISER: 2520 ST. ROSE PARKWAY, HENDERSON, NV 89074

(I) NAME OF FUNDRAISER: THE NUMAD GROUP

(I) ADDRESS OF FUNDRAISER: 402 ST JOSEPH ST #3, RAPID CITY, SD 57701

(I) NAME OF FUNDRAISER: JEROME TUCKER

Part IV Supplemental Information *(continued)*

(I) ADDRESS OF FUNDRAISER: 5938 JUMPING GULLY ROAD, VALDOSTA, GA 31601

(I) NAME OF FUNDRAISER: ELITE CONTRACT SERVICE

(I) ADDRESS OF FUNDRAISER: 1914 E. 9400 S, SANDY, UT 84093

For Public Inspection

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **SECOND HARVEST OF SOUTH GEORGIA, INC.** Employer identification number **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.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SECOND HARVEST OF SOUTH GEORGIA, INC. - 1411 HARBIN CIRCLE - VALDOSTA, GA 31601	58-2208545	3	0.	6,951,114.	OTHER	FOOD	SEE PART IV
SOUTH STREET COMMUNITY CARE 311 SOUTH STREET VALDOSTA, GA 31601	27-2168591		0.	3,963,468.	OTHER	FOOD	SEE PART IV
AFFILIATE - FANO 161 NORTH CLARK STREE CHICAGO, IL 60601	36-3673599	3	0.	2,726,210.	OTHER	FOOD	SEE PART IV
COFFEE COUNTY FOOD BANK 611 W BAKER HWY DOUGLAS, GA 31533	85-0854733	3	0.	996,038.	OTHER	FOOD	SEE PART IV
COLQUITT COUNTY FOOD AND CLO 309 3RD ST. SE MOULTRIE, GA 31768	58-1503398	3	0.	866,542.	OTHER	FOOD	SEE PART IV
FOUNTAIN OF FAITH 23 LOVEJOY RD LAKELAND, GA 31635	26-4230405	3	0.	818,934.	OTHER	FOOD	SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 218.

3 Enter total number of other organizations listed in the line 1 table 23.

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

Schedule I (Form 990) 2022

SECOND HARVEST OF
SOUTH GEORGIA, INC.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMAS COUNTY FOOD BANK A 430 NORTH BROAD STREE THOMASVILLE, GA 31792	58-2390388 3		0.	501,477.	OTHER	FOOD	SEE PART IV
MANATIAL DE VIDA OF TURNER CO 251-253 E MONROE ST. ASHBURN, GA 31714	84-3923806 3		0.	426,501.	OTHER	FOOD	SEE PART IV
ADVENTIST COMMUNITY SERVICE 4580 BEDGOOD AVE ARABI, GA 31712	58-2204918 3		0.	414,102.	OTHER	FOOD	SEE PART IV
OUTREACH DELIVERANCE THE TRIU 401 2ND AVE. NW MOULTRIE, GA 31768	58-2093881 3		0.	411,170.	OTHER	FOOD	SEE PART IV
CHARLIE GIVING BACK TO THE CO 1121 ROOSEVELT ST WAYCROSS, GA 31503	81-2720494 3		0.	398,546.	OTHER	FOOD	SEE PART IV
MARANATHA BAPTIST 148 GA HWY 45 NORTH PLAINS, GA 31780	58-1490871 3		0.	302,680.	OTHER	FOOD	SEE PART IV
CORNERSTONE CHURCH OF GOD O 2054 HWY 32 EAST DOUGLAS, GA 31533	58-2648900 3		0.	296,767.	OTHER	FOOD	SEE PART IV
VISION OF HOPE MISSIONARY BA 12176 US HIGHWAY 84 THOMASVILLE, GA 31757	75-3201933 3		0.	263,080.	OTHER	FOOD	SEE PART IV
COLQUITT UNITED METHODIST CHU 453 EAST MAIN STREET COLQUITT, GA 39837	58-1342167 3		0.	254,707.	OTHER	FOOD	SEE PART IV

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HARVEST OF HOPE FOOD PANTRY 606 MCGARRAH ST. AMERICUS, GA 31719	46-1957691	3	0.	239,115.	OTHER	FOOD	SEE PART IV
A- AFFILIAT - GLEANERS FOOD 3737 WALDEMERE AVE. INDIANAPOLIS, IN 42421		3	0.	221,875.	OTHER	FOOD	SEE PART IV
FIRST BAPTIST CHURCH OF THOMA 200 N BROAD STREET THOMASVILLE, GA 31792	58-0665890	3	0.	205,367.	OTHER	FOOD	SEE PART IV
LIGHTHOUSE CHRISTIAN FELLOWSH 5802 DANIELI DRIVE SO LAKE PARK, GA 31636	58-2648055	3	0.	199,511.	OTHER	FOOD	SEE PART IV
NASHVILLE UNITED METHODIST CH 304 SOUTH BERRIEN STR NASHVILLE, GA 31635	58-2488349	3	0.	193,081.	OTHER	FOOD	SEE PART IV
FREEDOM WORSHIP CHURCH 1234 S. ROBINSON STRE LENOX, GA 31637	20-3201719	3	0.	174,586.	OTHER	FOOD	SEE PART IV
NEW BETHEL MISSIONARY BAPTIS 4220 LIVE OAK CHURCH PEARSON, GA 31642	47-5439563	3	0.	170,876.	OTHER	FOOD	SEE PART IV
ST. JOHN AME CHURCH 800 WEST MAGNOLIA ST VALDOSTA, GA 31601	58-1716884	3	0.	162,929.	OTHER	FOOD	SEE PART IV
FIRST BAPTIST CHURCH OF VALDOS 200 WEST CENTRAL AVE VALDOSTA, GA 31601	58-0597297	3	0.	156,367.	OTHER	FOOD	SEE PART IV

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LOWNDES AREA ADOPTIVE PAREN POB 372 VALDOSTA, GA 31603	84-1630781		0.	155,802.	OTHER	FOOD	SEE PART IV
FIRST UNITED METHODIST CHURCH 302 EAST 12TH AVE CORDELE, GA 31015	58-0641232	3	0.	153,565.	OTHER	FOOD	SEE PART IV
AFFLIATE-BANCO DE ALIMENTO COUNTRY CLUB INDUSTRIA CAROLINA, PR 00982		3	0.	146,160.	OTHER	FOOD	SEE PART IV
NORTHERN HEIGHTS BAPTIST CHU 1102 E. 8TH AVE. CORDELE, GA 31015	58-1140631	3	0.	143,491.	OTHER	FOOD	SEE PART IV
AZALEA CITY PRISON MINISTRY, IN 7566 HWY 84 WEST QUITMAN, GA 31643	58-1692360	3	0.	138,899.	OTHER	FOOD	SEE PART IV
INTERNAL - HUNGRY AT HOME 1411 HARBIN CIRCLE VALDOSTA, GA 31601	80-0774549	3	0.	134,488.	OTHER	FOOD	SEE PART IV
VICTORY FELLOWSHIP CHURCH 19150 US 19 NORTH THOMASVILLE, GA 31757	58-2534758	3	0.	132,563.	OTHER	FOOD	SEE PART IV
LAX HOLINESS BAPTIST CHURCH 6793 GA HWY 158-90 DOUGLAS, GA 31535	58-1641296	3	0.	127,578.	OTHER	FOOD	SEE PART IV
FIRST UNITED METHODIST CHURCH 410 WILLIAMS STREET WAYCROSS, GA 31501	58-0633981	3	0.	126,789.	OTHER	FOOD	SEE PART IV

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AFFILIATE - ARKANSAS FOOD B 4301 WEST 65TH STREE LITTLE ROCK, AR 72209	71-0596734 3		0.	126,002.	OTHER	FOOD	SEE PART IV
QUITMAN CHURCH OF GOD 1405 E SCREVEN ST QUITMAN, GA 31643	58-1893449 3		0.	116,916.	OTHER	FOOD	SEE PART IV
FIRST CONGREGATIONAL CHRISTIAN 1308 NORTH MADISON A DOUGLAS, GA 31534	58-1654213 3		0.	108,127.	OTHER	FOOD	SEE PART IV
SOUTHLAND CHURCH (DBA GRACE 2206 EAST HILL AVE VALDOSTA, GA 31601	58-2305520 3		0.	104,408.	OTHER	FOOD	SEE PART IV
IGLESIA DE DIOS BETEL 164 BOLDEN AVE PEARSON, GA 31642	37-1654665 3		0.	101,737.	OTHER	FOOD	SEE PART IV
LOVE GOD MINISTRIES 259 EAST DAME AVENU HOMERVILLE, GA 31634	90-0735417 3		0.	98,310.	OTHER	FOOD	SEE PART IV
MITCHELL COUNTY FOOD BANK AN 238 MILL STREET PELHAM, GA 31779	20-2905244 3		0.	93,951.	OTHER	FOOD	SEE PART IV
HANDS ON THOMAS COUNTY 120 E. MONROE ST. THOMASVILLE, GA 31792	20-0593260 3		0.	91,707.	OTHER	FOOD	SEE PART IV
BEULAH HOLINESS BAPTIST CHUR 2303 BEULAH CHURCH R ADEL, GA 31620	61-1695957 3		0.	88,061.	OTHER	FOOD	SEE PART IV

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BETHEL BAPTIST CHURCH 1347 BETHEL CHURCH R OMEGA, GA 31775	58-1542104 3		0.	87,836.	OTHER	FOOD	SEE PART IV
TIFT AREA ADOPTIVE/FOSTER PARE PO BOX 2704 TIFTON, GA 31793	80-0859344 3		0.	87,139.	OTHER	FOOD	SEE PART IV
PAPA'S GUN SHOP 2225 HWY. 221 N. DOUGLAS, GA 31533	88-2704724		0.	83,704.	OTHER	FOOD	SEE PART IV
WAY OF THE CROSS E.P.C. 512 LEE AVENUE WAYCROSS, GA 31502	59-3213826 3		0.	82,884.	OTHER	FOOD	SEE PART IV
LOVE AND CARE COMMUNITY O 183 HANOVER ROAD BAINBRIDGE, GA 39817	87-4655836 3		0.	81,564.	OTHER	FOOD	SEE PART IV
EVANS MEMORIAL CAMP, INC. 1229 N HWY 221 LAKELAND, GA 31635	47-1927762 3		0.	80,043.	OTHER	FOOD	SEE PART IV
FIRST SEVENTH DAY ADVENTIST C 1400 MAGNOLIA ST. THOMASVILLE, GA 31792	58-1660457 3		0.	78,040.	OTHER	FOOD	SEE PART IV
MT. ARARAT P.B. CHURCH 7793 TALLAHASSEE HWY CAIRO, GA 39828	20-1783371 3		0.	77,411.	OTHER	FOOD	SEE PART IV
BRIDGES OF HOPE - MORVEN (ME 10031 COFFEE ROAD MORVEN, GA 31638	58-1917635 3		0.	77,203.	OTHER	FOOD	SEE PART IV

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WOUNDED BUT NOT BROKEN CRIS 521 E. WEBSTER STREE THOMASVILLE, GA 31792	46-1099809 3		0.	70,925.	OTHER	FOOD	SEE PART IV
REDLAND BAPTIST CHURCH 4888 ROCKY FORD ROA VALDOSTA, GA 31601	58-2374504 3		0.	70,733.	OTHER	FOOD	SEE PART IV
WAYCROSS HOLINESS BAPTIST CH 101 E. BLACKSHEAR AVE WAYCROSS, GA 31503	61-1695957 3		0.	68,456.	OTHER	FOOD	SEE PART IV
LAKE PARK UNITED METHODIST C 412 W. COTTON AVENUE LAKE PARK, GA 31636	59-2796909 3		0.	68,024.	OTHER	FOOD	SEE PART IV
BRIDGES OF HOPE - CHAUNCEY () 74 C.L. TUCKER DRIVE CHAUNCEY, GA 31011	58-1917635		0.	66,833.	OTHER	FOOD	SEE PART IV
BRIDGING THE GAP COMMUNITY 121 PINECREST DRIVE DOUGLAS, GA 31533	90-0790792 3		0.	65,428.	OTHER	FOOD	SEE PART IV
MESSIAH LUTHERAN CHURCH 500 BAYTREE ROAD VALDOSTA, GA 31602	23-7042048 3		0.	65,401.	OTHER	FOOD	SEE PART IV
SOUTHSIDE BAPTIST CHURCH 326 SOUTH HWY 221 LAKELAND, GA 31635	58-2448465 3		0.	65,082.	OTHER	FOOD	SEE PART IV
ABUNDANT LIFE CHURCH OF GOD 3419 KNIGHTS ACADEM VALDOSTA, GA 31605	62-0484177 3		0.	65,019.	OTHER	FOOD	SEE PART IV

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DIXIE SEVENTH DAY ADVENTIST 8794 HWY 84 WEST QUITMAN, GA 31643	59-2066139 3		0.	64,589.	OTHER	FOOD	SEE PART IV
TRUTH HARBOR APOSTOLIC CHURCH 4202 LOCH LAUREL RD LAKE PARK, GA 31636	58-2070213 3		0.	64,301.	OTHER	FOOD	SEE PART IV
COUNTRYSIDE BAPTIST CHURCH O 23 DOVE LN WAYCROSS, GA 31503	32-0387846 3		0.	64,260.	OTHER	FOOD	SEE PART IV
A- AFFILIATE - FOOD BANK OF 10700 E. 45TH AVENUE DENVER, CO 80239	3		0.	63,861.	OTHER	FOOD	SEE PART IV
FIRST BAPTIST CHURCH OF TIFTON 401 LOVE AVENUE TIFTON, GA 31794	58-6002155 3		0.	60,611.	OTHER	FOOD	SEE PART IV
GRACE COMMUNITY CHURCH 301 WEST 5TH STREET ADEL, GA 31620	22-3886529 3		0.	59,858.	OTHER	FOOD	SEE PART IV
NEW BEGINNING CHURCH MINIST 82 S. OAK STREET LAKELAND, GA 31635	58-2631364 3		0.	59,249.	OTHER	FOOD	SEE PART IV
FIRST BAPTIST CHURCH OF SPARKS 101 W. GORDON STREET SPARKS, GA 31647	58-1511682 3		0.	58,097.	OTHER	FOOD	SEE PART IV
THE RE-GENERATION RESCUE M 307 SOUTH CLEVELAND S ADEL, GA 31620	83-1516878 3		0.	57,435.	OTHER	FOOD	SEE PART IV

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FIRST BAPTIST CHURCH OF ADEL 200 EAST 5TH STREET ADEL, GA 31620	58-0644904 3		0.	56,100.	OTHER	FOOD	SEE PART IV
ALAPAHA BAPTIST CHURCH 22308 N MAIN STREET ALAPAHA, GA 31622	58-1782632 3		0.	54,829.	OTHER	FOOD	SEE PART IV
THE ADOPTIVE AND FOSTER PARE 4075 ELLENTON OMEGA OMEGA, GA 31775	82-0563980 3		0.	54,261.	OTHER	FOOD	SEE PART IV
FRIENDSHIP UMC 201 E. THIRD ST. DONALSONVILLE, GA 39845	58-1401657 3		0.	53,457.	OTHER	FOOD	SEE PART IV
BRIDGES OF HOPE TRUST (HOME) 1326 ANTIOCH CHURCH HOMERVILLE, GA 31634	58-1917635		0.	52,370.	OTHER	FOOD	SEE PART IV
LOWNDES ASSOCIATED MINISTERIE 714 CHARLTON STREET VALDOSTA, GA 31601	58-1597700 3		0.	51,955.	OTHER	FOOD	SEE PART IV
THE PENTECOSTALS OF VALDOSTA 3909 BEMISS RD VALDOSTA, GA 31605	58-1423547 3		0.	51,379.	OTHER	FOOD	SEE PART IV
GRADY COUNTY BAPTIST ASSOCIA 227 GEORGIA HIGHWAY CAIRO, GA 39828	58-1532312 3		0.	50,577.	OTHER	FOOD	SEE PART IV
A- AFFILIATE - ATLANTA COMM 732 JOSEPH E. LOWERY ATLANTA, GA 30318	58-1376648 3		0.	48,369.	OTHER	FOOD	SEE PART IV

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DEBERRY BAPTIST CHURCH 5500 BROXTON-FITZGERA AMBROSE, GA 31512	20-0175652 3		0.	48,305.	OTHER	FOOD	SEE PART IV
HAHIRA CHURCH OF GOD 207 E. STANFILL STREET HAHIRA, GA 31632	62-0484177 3		0.	46,017.	OTHER	FOOD	SEE PART IV
ADEL WESLEYAN CHURCH - PREV 214 SOUTH HUTCHINSON ADEL, GA 31620	58-0673180 3		0.	44,344.	OTHER	FOOD	SEE PART IV
THE SALVATION ARMY - VALDOSTA 320 SMITHLAND PLACE VALDOSTA, GA 31601	58-0660607 3		0.	44,335.	OTHER	FOOD	SEE PART IV
CHRIST IN YOU THE HOPE OF GLO 2711 BEMISS ROAD VALDOSTA, GA 31602	58-2259362 3		0.	44,327.	OTHER	FOOD	SEE PART IV
PINE GROVE COMMUNITY BAPTIS 4024 PINE GROVE ROA VALDOSTA, GA 31605	58-2088195 3		0.	42,960.	OTHER	FOOD	SEE PART IV
SOUTHSIDE CHURCH OF CHRIST 1198 OLD STATENVILLE R VALDOSTA, GA 31601	58-1416291 3		0.	41,407.	OTHER	FOOD	SEE PART IV
UNION CATHEDRAL, INC. 1050 EAST HILL AVE VALDOSTA, GA 31603	58-1464383 3		0.	41,318.	OTHER	FOOD	SEE PART IV
TIFT AREA COMMUNITY FOOD BA 409 WEST 17TH STREET TIFTON, GA 31794	58-1701600 3		0.	40,894.	OTHER	FOOD	SEE PART IV

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QUITMAN UNITED METHODIST CH 501 SCREVEN STREET QUITMAN, GA 31643	58-0644910	3	0.	40,030.	OTHER	FOOD	SEE PART IV
GREATER POPLAR SPRINGS 702 MARTIN LUTHER KING JASPER, FL 32052	26-0075927	3	0.	38,362.	OTHER	FOOD	SEE PART IV
WEST LAKE CHURCH OF GOD 4973 NW CR 141 JENNINGS, FL 32053	59-2851577	3	0.	38,177.	OTHER	FOOD	SEE PART IV
THE VASHTI CENTER, INC. 1815 EAST CLAY STREET THOMASVILLE, GA 31792	58-2497920	3	0.	37,200.	OTHER	FOOD	SEE PART IV
HIDDEN OAKS FARM ALF 7150 NW 22ND DRIVE JENNINGS, FL 32053	05-0553564		0.	36,445.	OTHER	FOOD	SEE PART IV
TURNER COUNTY BOARD OF COMM 208 EAST COLLEGE AVEN ASHBURN, GA 31714	58-6000898		0.	36,167.	OTHER	FOOD	SEE PART IV
FRUITLAND COG 3893 HIGHWAY 187-E DUPONT, GA 31630	20-5764031	3	0.	35,618.	OTHER	FOOD	SEE PART IV
THOMASVILLE YMCA 1304 REMINGTON AVE THOMASVILLE, GA 31792	58-0566255	3	0.	35,161.	OTHER	FOOD	SEE PART IV
WINDS OF CHANGE MINISTRIES 104 HORSESHOE BEND NASHVILLE, GA 31639	58-2639251	3	0.	33,341.	OTHER	FOOD	SEE PART IV

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MAJESTIC KINGDOM EMBASSY, I 615 NEWTON ROAD CAMILLA, GA 31730	27-1929119 3		0.	32,490.	OTHER	FOOD	SEE PART IV
HILLTOP HOUSE 1208 W. GORDON STREE QUITMAN, GA 31643	83-0432108 3		0.	31,726.	OTHER	FOOD	SEE PART IV
COOCHEE CREEK OUTREACH INC 62 GUSSIE WALL RD WILLACOCHEE, GA 31650	84-4702970 3		0.	31,576.	OTHER	FOOD	SEE PART IV
GREATER PLEASANT TEMPLE MISS 309 CHERRY ST VALDOSTA, GA 31601	58-2184622 3		0.	31,012.	OTHER	FOOD	SEE PART IV
THE SALVATION ARMY - BAINBRID 600 S. SCOTT STREET BAINBRIDGE, GA 39819	58-0660607 3		0.	30,925.	OTHER	FOOD	SEE PART IV
FIRST ASSEMBLY OF GOD OF DOU 1200 N CHESTER AVE DOUGLAS, GA 31534	44-0577787 3		0.	30,835.	OTHER	FOOD	SEE PART IV
CAROLYN CLANTON ALF 1146 HAMILTON AVENUE JENNINGS, FL 32053	84-2775810		0.	29,998.	OTHER	FOOD	SEE PART IV
CHURCH OF GOD ROSA DE SARO 9208 VAL DEL ROAD ADEL, GA 31620	3		0.	29,806.	OTHER	FOOD	SEE PART IV
WRIGHT'S CHAPEL CHURCH 1882 WRIGHT'S CHAPEL SUMNER, GA 31789	58-1978813 3		0.	29,787.	OTHER	FOOD	SEE PART IV

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FIRST BAPTIST CHURCH OF CAMILL 27 E. BROAD STREET CAMILLA, GA 31730	58-1334474 3		0.	29,194.	OTHER	FOOD	SEE PART IV
FACEVILLE BAPTIST CHURCH 2109 FACEVILLE ATTAPU BAINBRIDGE, GA 39819	58-2002226 3		0.	28,817.	OTHER	FOOD	SEE PART IV
PEANUT BUTTER AND JESUS OUTR 23240 HWY 129 ALAPAHA, GA 31622	82-4837541 3		0.	28,320.	OTHER	FOOD	SEE PART IV
DOWLING PARK CHURCH OF GOD 23500 CR 250 LIVE OAK, FL 32060	59-2755778 3		0.	27,853.	OTHER	FOOD	SEE PART IV
NORTH GATE ASSEMBLY OF GOD, 4165 BEMISS RD VALDOSTA, GA 31605	47-1312141 3		0.	27,416.	OTHER	FOOD	SEE PART IV
BOYS AND GIRLS CLUB OF GREATER 1200 S. HUTCHINSON A ADEL, GA 31620	75-3214885 3		0.	27,118.	OTHER	FOOD	SEE PART IV
THE FIRST BORN CHURCH 72 DAVIS AVE LAKELAND, GA 31645	58-1905222 3		0.	26,886.	OTHER	FOOD	SEE PART IV
TRINITY PRESBYTERIAN CHURCH 3501 BEMISS ROAD VALDOSTA, GA 31605	58-1631506 3		0.	26,834.	OTHER	FOOD	SEE PART IV
ST. TIMOTHY AME CHURCH 1219 WEST HILL AVE VALDOSTA, GA 31601	90-0776126 3		0.	26,751.	OTHER	FOOD	SEE PART IV

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LELA'S HOUSE, INC. 2841 HWY 84 LOT 18 VALDOSTA, GA 31601	81-1740750	3	0.	26,748.	OTHER	FOOD	SEE PART IV
EMPOWERMENT & IMPROVEMEN 706 MEADOW ROAD QUITMAN, GA 31643	85-1839217	3	0.	26,392.	OTHER	FOOD	SEE PART IV
ST. JOHNS EPISCOPAL CHURCH B 516 EAST BROUGHTAN S BAINBRIDGE, GA 39819	30-1277351	3	0.	25,632.	OTHER	FOOD	SEE PART IV
NELSON CHAPEL AME 640 HALL STREET BAINBRIDGE, GA 39819	53-0204696	3	0.	25,622.	OTHER	FOOD	SEE PART IV
COMMUNITY SOUP KITCHEN 601 C NORTH LEE STRE VALDOSTA, GA 31601	58-1553371	3	0.	25,440.	OTHER	FOOD	SEE PART IV
WAYCROSS HOUSE OF HOPE, INC 109 THOMAS STREET WAYCROSS, GA 31501-3157	26-3373800	3	0.	25,436.	OTHER	FOOD	SEE PART IV
ROCK OF FAITH CHURCH, INC. 8883 HIGHWAY 112 BACONTON, GA 31716	20-0491974	3	0.	24,180.	OTHER	FOOD	SEE PART IV
PENTECOSTAL HOUSE OF PRAYER 315 E. CENTRAL AVENUE VALDOSTA, GA 31601	58-1920714	3	0.	24,167.	OTHER	FOOD	SEE PART IV
EPHESUS SEVENTH-DAY ADVEN 1604 BUTLER FERRY ROA BAINBRIDGE, GA 39818	43-2093123	3	0.	23,758.	OTHER	FOOD	SEE PART IV

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST ANTIOCH MISSIONARY BAPTI 517 N. OAK STREET VALDOSTA, GA 31603	58-1616225 3		0.	23,662.	OTHER	FOOD	SEE PART IV
BETHEL CHURCH MINISTRIES 375 W HWY 37 LAKELAND, GA 31635	84-4642289 3		0.	23,293.	OTHER	FOOD	SEE PART IV
FIRST ASSEMBLY OF GOD OF CAIR 495 12TH AVE NE CAIRO, GA 39828	58-1952984 3		0.	23,201.	OTHER	FOOD	SEE PART IV
GRACE VICTORY HOLINESS CHURC 303 BARACK OBAMA BL VALDOSTA, GA 31601	58-2574263 3		0.	23,057.	OTHER	FOOD	SEE PART IV
OCILLA BAPTIST CHURCH 201 NORTH IRWIN AVE OCILLA, GA 31774	58-0952130 3		0.	22,164.	OTHER	FOOD	SEE PART IV
SEED FOR SOWING INTERNATIONAL 202 S COLLEGE AVE. DOUGLAS, GA 31533	27-1437114 3		0.	21,830.	OTHER	FOOD	SEE PART IV
FIRST CHURCH OF THE NAZARENE 410 12TH AVE SE MOULTRIE, GA 31768	58-1218856 3		0.	21,504.	OTHER	FOOD	SEE PART IV
KAIROS WORSHIP CENTER CHURC 1017 ALLIGOOD ST MEIGS, GA 31765	3		0.	21,279.	OTHER	FOOD	SEE PART IV
WARWICK UNITED METHODIST CH 124 RAILROAD ST. WARWICK, GA 31796	58-1439511 3		0.	21,170.	OTHER	FOOD	SEE PART IV

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GREATER VALDOSTA UNITE 1609 N PATTERSON STRE VALDOSTA, GA 31602		3	0.	21,032.	OTHER	FOOD	SEE PART IV
LIBERTY BAPTIST CHURCH 7755 LIBERTY CHURCH R NICHOLLS, GA 31554	58-1379040	3	0.	20,845.	OTHER	FOOD	SEE PART IV
RESTORATION DELIVERANCE OF GO 245 SMITH DAIRY ROAD RAY CITY, GA 31645	83-4502861	3	0.	20,819.	OTHER	FOOD	SEE PART IV
GRACE FELLOWSHIP SDA CHURCH 1304 WEST HILL AVE VALDOSTA, GA 31601	51-0524364	3	0.	20,506.	OTHER	FOOD	SEE PART IV
ELOISE FLOYD-EDMOND FOUNTAI 531 WEST WASHINGTON ASHBURN, GA 31714	30-0596216		0.	20,220.	OTHER	FOOD	SEE PART IV
THE GRACE OF GOD FULL GOSPE 101 N. 15TH AVENUE CORDELE, GA 31015	26-0735306	3	0.	20,170.	OTHER	FOOD	SEE PART IV
FIRST BAPTIST CHURCH OF CAIRO 505 NORTH BROAD ST. CAIRO, GA 39828	58-0708883	3	0.	19,953.	OTHER	FOOD	SEE PART IV
SPARKS TEMPLE CHURCH 303 RHONE ST. SPARKS, GA 31647	25-4886126	3	0.	19,684.	OTHER	FOOD	SEE PART IV
VIENNA UNITED METHODIST CHU 205 N. 6TH STREET VIENNA, GA 31092	58-0644910	3	0.	19,526.	OTHER	FOOD	SEE PART IV

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AFFLIATE - OCEAN BANK CEN 6890 NW 76 ST. MEDLEY, FL 33166		3	0.	18,960.	OTHER	FOOD	SEE PART IV
LIVE OAK CHURCH OF GOD 9828 US HWY 129 SOU LIVE OAK, FL 32060	59-2376006	3	0.	18,589.	OTHER	FOOD	SEE PART IV
BETHANY MBC 8165 DRY LAKE ROAD QUITMAN, GA 31643	80-0765092	3	0.	18,159.	OTHER	FOOD	SEE PART IV
ANTIOCH BAPTIST CHURCH OF THO 1873 HARTSMILL ROAD PAVO, GA 31778	26-1383405	3	0.	17,524.	OTHER	FOOD	SEE PART IV
SILVER HILL CHURCH SILVER HILL RD. LAKELAND, GA 31645	58-2429526	3	0.	17,472.	OTHER	FOOD	SEE PART IV
FRIENDSHIP FREEWILL INDEPENDE 110 WEST STREET VALDOSTA, GA 31601	58-1641584	3	0.	17,424.	OTHER	FOOD	SEE PART IV
ADEL BAPTIST CHURCH 3000 COUNTY FARM RO ADEL, GA 31620	16-1762690	3	0.	17,220.	OTHER	FOOD	SEE PART IV
ST. LUKE CME CHURCH 305 CHATHAM DRIVE THOMASVILLE, GA 31792	58-1717984	3	0.	17,038.	OTHER	FOOD	SEE PART IV
MENTAL HEALTH CORP. OF SOUTH 3120 N. OAK ST. EXT. S VALDOSTA, GA 31602	58-1573132		0.	16,612.	OTHER	FOOD	SEE PART IV

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WILSON CHAPEL MISSIONARY BA 1300 MARTIN LUTHER KIN CAIRO, GA 39828	85-8012508 3		0.	16,585.	OTHER	FOOD	SEE PART IV
LOVING CARING INDEPENDENT LI PO BOX 423 CAIRO, GA 39828	82-1641224		0.	16,481.	OTHER	FOOD	SEE PART IV
HOLY COMMUNITY CHURCH 505 WEST 7TH STREET ADEL, GA 31620	58-2032039 3		0.	16,443.	OTHER	FOOD	SEE PART IV
MIZELL'S HELPING HANDS, INC. 461 DOVE LN AXSON, GA 31624	81-5313514 3		0.	16,230.	OTHER	FOOD	SEE PART IV
NEW VISION CHURCH OF GOD 215 N DICKERSON ST. HOMERVILLE, GA 31634	58-1261924 3		0.	15,974.	OTHER	FOOD	SEE PART IV
NEW TERRITORY OUTREACH MINIST 2108 N TROUP STREET VALDOSTA, GA 31602	81-4166012 3		0.	15,882.	OTHER	FOOD	SEE PART IV
JACOB'S WELL OF NASHVILLE, INC 86 STONE RD NASHVILLE, GA 31639	82-2378032 3		0.	15,852.	OTHER	FOOD	SEE PART IV
BURST OF JOY PCH, INC. 396 7TH AVE. S.E. CAIRO, GA 39828	47-1731112		0.	15,619.	OTHER	FOOD	SEE PART IV
MINDFUL GENERATION INTERNATION 311 N PATTERSON ST VALDOSTA, GA 31601	86-1935570 3		0.	15,498.	OTHER	FOOD	SEE PART IV

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PERIMETER ROAD BAPTIST CHURC 4091 INNER PERIMETER VALDOSTA, GA 31602	58-1793646 3		0.	15,487.	OTHER	FOOD	SEE PART IV
FRESH START GLOBAL OUTREACH M 7324 GA HWY 111 SOU CALVARY, GA 39829	80-0930844 3		0.	15,396.	OTHER	FOOD	SEE PART IV
HOLY SANCTUARY OF GOD, INC. 405 FUTCH ST. NASHVILLE, GA 31639	38-3887912 3		0.	15,049.	OTHER	FOOD	SEE PART IV
MELL BAPTIST ASSOCIATION 817 CENTRAL AVE N TIFTON, GA 31794	58-1719781 3		0.	14,976.	OTHER	FOOD	SEE PART IV
SIMMON HILL MISSIONARY BAPTI 1880 SIMMON HILL RD DIXIE, GA 31629	58-2174093 3		0.	14,807.	OTHER	FOOD	SEE PART IV
SOUTH GEORGIA FOSTER/ADOPTIV 100 MAXWELL DRIVE QUITMAN, GA 31643	51-0515865 3		0.	14,771.	OTHER	FOOD	SEE PART IV
MANY MANSIONS CHURCH 8929 HWY 122 THOMASVILLE, GA 31757	58-2573709 3		0.	14,765.	OTHER	FOOD	SEE PART IV
PENFIELD CHRISTIAN HOMES, INC 15320 HIGHWAY 129 ALAPAHA, GA 31622	58-1368663		0.	14,690.	OTHER	FOOD	SEE PART IV
MIBRAND HELPING HANDS OUTRE 359 WATT STREET CAMILLA, GA 31730	26-4607084 3		0.	14,586.	OTHER	FOOD	SEE PART IV

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QUITMAN UMC BACKPACK BUD 501 EAST SCREVEN STRE QUITMAN, GA 31643	58-0644910 3		0.	13,989.	OTHER	FOOD	SEE PART IV
FIRST UNITED METHODIST CHURCH 300 W. SHOTWELL ST BAINBRIDGE, GA 39819	58-0874744 3		0.	13,857.	OTHER	FOOD	SEE PART IV
JAMES C. WILLIAMS MINISTRIES 205 BARWICK ROAD QUITMAN, GA 31643	64-3657487		0.	13,684.	OTHER	FOOD	SEE PART IV
CHINA HILL CHRISTIAN CHURCH 1400 LOWER RIVER ROA RHINE, GA 31077	58-2576393 3		0.	13,684.	OTHER	FOOD	SEE PART IV
OAK GROVE BAPTIST CHURCH OF 4489 US HWY 319 SOU TIFTON, GA 31793	58-1529477 3		0.	13,108.	OTHER	FOOD	SEE PART IV
PINES OF PROMISE 1102 SMITH AVENUE THOMASVILLE, GA 31792	46-3099591 3		0.	12,941.	OTHER	FOOD	SEE PART IV
BELLS OF JOY OUTREACH 292 RUTH ST MOULTRIE, GA 31768	68-0539774 3		0.	12,935.	OTHER	FOOD	SEE PART IV
LILY HILL MISSIONARY BAPTIST CH 202 PECAN ST. CLIMAX, GA 39834	58-1634424 3		0.	12,839.	OTHER	FOOD	SEE PART IV
EVERGREEN BAPTIST CHURCH OF B 3610 DIXIE BARWICK RO BOSTON, GA 31626	58-2263360 3		0.	12,707.	OTHER	FOOD	SEE PART IV

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CHRISTIAN LOVE BIBLE BAPTIST C 526 GRIFFIN AVENUE VALDOSTA, GA 31601	58-2380533 3		0.	12,653.	OTHER	FOOD	SEE PART IV
HOPE BAPTIST CHURCH 1011 S. DOGWOOD DR. NASHVILLE, GA 31639	58-2009727 3		0.	12,651.	OTHER	FOOD	SEE PART IV
BAINBRIDGE CHURCH OF GOD, IN 205 INDEPENDENT STRE BAINBRIDGE, GA 39818	20-3230109 3		0.	12,463.	OTHER	FOOD	SEE PART IV
BETHEL FAMILY WORSHIP CENTE 302 GASKIN AVE. DOUGLAS, GA 31533	58-1770006 3		0.	12,407.	OTHER	FOOD	SEE PART IV
WOODLAWN FORREST CHURCH OF 1515 N. BARACK OBAM VALDOSTA, GA 31601	58-1390493 3		0.	12,169.	OTHER	FOOD	SEE PART IV
TABERNACLE OF GOD'S LOVE 1143 PLUM STREET JENNINGS, FL 32053	20-8272227 3		0.	12,040.	OTHER	FOOD	SEE PART IV
DISCIPLES OF JESUS MINISTRIES, 228 AUGUSTA AVENUE THOMASVILLE, GA 31792	58-1790670 3		0.	11,902.	OTHER	FOOD	SEE PART IV
LAKE PARK CHURCH OF CHRIST 910 LONG POND ROAD LAKE PARK, GA 31636	58-1500099 3		0.	11,706.	OTHER	FOOD	SEE PART IV
MT. ZION MISSIONARY BAPTIST C 105 BROOKFIELD LENOX TIFTON, GA 31794	58-1559902 3		0.	11,558.	OTHER	FOOD	SEE PART IV

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HOLSEY CHAPEL 515 EAST SUWANEE ST FITZGERALD, GA 31750	41-2244592 3		0.	11,547.	OTHER	FOOD	SEE PART IV
UNIVERSITY BOULEVARD CHURCH 128 UNIVERSITY BLVD. WAYCROSS, GA 31503	58-2602827 3		0.	11,478.	OTHER	FOOD	SEE PART IV
IGLESIA MISIONERA EL SHADDAI 180 NORTH STREET RAY CITY, GA 31645	87-3670320 3		0.	11,376.	OTHER	FOOD	SEE PART IV
HOUSE OF PRAYER FIVE FOLD MI 213 CHEROKEE ST. THOMASVILLE, GA 31792		3	0.	11,338.	OTHER	FOOD	SEE PART IV
FIRST AFRICAN BAPTIST CHURCH 606 WEST POPE STREET SYLVESTER, GA 31791	58-2359923 3		0.	11,313.	OTHER	FOOD	SEE PART IV
ST. JAMES MISSIONARY BAPTIST 144 MLK JR. DR. BACONTON, GA 31716	58-1174453 3		0.	11,197.	OTHER	FOOD	SEE PART IV
CODY MINISTRIES INC. 2769 FIVE BRIDGES RO BLAKELY, GA 39823	81-2677959 3		0.	11,075.	OTHER	FOOD	SEE PART IV
THOMASVILLE FIRST UNITED METH 425 NORTH BROAD STREE THOMASVILLE, GA 31792	58-0644910 3		0.	10,932.	OTHER	FOOD	SEE PART IV
SECOND CHANCE MINISTRY OF G 2366 SMITH STREET VALDOSTA, GA 31601	88-3363885 3		0.	10,481.	OTHER	FOOD	SEE PART IV

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COVENANT OF HOPE CHURCH OF 2357 DOTHAN ROAD BAINBRIDGE, GA 39817	58-1546250 3		0.	10,126.	OTHER	FOOD	SEE PART IV
REACH TWO, INC. 2603 BANKS CIRCLE VALDOSTA, GA 31602	84-4787981 3		0.	9,980.	OTHER	FOOD	SEE PART IV
WEST WARD CHURCH OF GOD 700 WEST WARD STREE DOUGLAS, GA 31533	58-1550331 3		0.	9,974.	OTHER	FOOD	SEE PART IV
NEW HOPE RECOVERY CENTER, 637 ETHEL STREET DOUGLAS, GA 31533	58-2140961		0.	9,963.	OTHER	FOOD	SEE PART IV
NEW LIFE HOUSE OF PRAISE, INC 211 SPRING HILL CHURCH TIFTON, GA 31794	27-3499986 3		0.	9,948.	OTHER	FOOD	SEE PART IV
POT OF GOLD OUTREACH MINISTRY 316 SOUTH CULPEPPER QUITMAN, GA 31643	54-2065682 3		0.	9,537.	OTHER	FOOD	SEE PART IV
FEEDING HOPE OUTREACH, INC. 295 RIVERBEND CHURCH OCILLA, GA 31774	92-0350993		0.	9,450.	OTHER	FOOD	SEE PART IV
MUNICIPAL AIRPORT CHURCH OF C 2267 COPELAND ROAD VALDOSTA, GA 31601	58-2390841 3		0.	9,262.	OTHER	FOOD	SEE PART IV
THE SALVATION ARMY - THOMAS 514 NORTH MADISON ST THOMASVILLE, GA 31799	58-0660607 3		0.	9,260.	OTHER	FOOD	SEE PART IV

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HAND MEMORIAL UNITED METHO 242 HAND AVENUE PELHAM, GA 31779	58-0833513 3		0.	9,149.	OTHER	FOOD	SEE PART IV
HELPING HANDS ENDING HUNGE 2014 S LONG HOLLOW R TRION, GA 30753	81-3382807 3		0.	9,135.	OTHER	FOOD	SEE PART IV
CHRIST CATHEDRAL APOSTOLIC CH 109 HURRICANE CREEK D ALMA, GA 31510	83-3103185 3		0.	8,936.	OTHER	FOOD	SEE PART IV
MINISTRY OF LIFE CHRISTIAN CENT 625 EAST GORDON STRE VALDOSTA, GA 31601	01-0966120 3		0.	8,874.	OTHER	FOOD	SEE PART IV
EAGLE NEST DELIVERANCE HOLIN 102 PERSIMMONS ST THOMASVILLE, GA 31792	58-1383663 3		0.	8,711.	OTHER	FOOD	SEE PART IV
PINSON MEMORIAL UNITED METH 109 E POPE ST SYLVESTER, GA 31791	58-0876525 3		0.	8,701.	OTHER	FOOD	SEE PART IV
BUIDLING THE HOUSE OF FAITH W 1513 SPINDLEWHEEL DR THOMASVILLE, GA 31792	87-3030218		0.	8,385.	OTHER	FOOD	SEE PART IV
THOMASVILLE COMMUNITY RESO 501 VARNEDOE STREET THOMASVILLE, GA 31792	58-2419321 3		0.	8,225.	OTHER	FOOD	SEE PART IV
CALVARY CHRISTIAN CENTER OF S 608 SOUTH COURT STREE QUITMAN, GA 31643	90-0671356 3		0.	8,147.	OTHER	FOOD	SEE PART IV

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KESHA'S KIDDIE CARE 4104 BEVEL CIR. VALDOSTA, GA 31601	75-3229229		0.	7,935.	OTHER	FOOD	SEE PART IV
NEW HARMONY GROVE BAPTIST C 1482 MARY BATTEN ROA PEARSON, GA 31642	58-2378314	3	0.	7,697.	OTHER	FOOD	SEE PART IV
BABY LOVE CHILD CARE 707 HOLLY DRIVE VALDOSTA, GA 31602	22-3954369		0.	7,634.	OTHER	FOOD	SEE PART IV
REACH ONE MINISTRIES 714 BETHEL RD BAINBRIDGE, GA 39817	32-0606912		0.	7,626.	OTHER	FOOD	SEE PART IV
FIRST NEWARK BAPTIST CHURCH 225 RUSSELL ROAD THOMASVILLE, GA 31757	58-2297635	3	0.	7,565.	OTHER	FOOD	SEE PART IV
NORTHWOODS CHURCH OF GOD 640 HALL ROAD THOMASVILLE, GA 31757	04-3839655	3	0.	7,344.	OTHER	FOOD	SEE PART IV
PINEY GROVE MBC-THOMASVILL 677 US HIGHWAY 319 THOMASVILLE, GA 31792	58-1940223	3	0.	7,286.	OTHER	FOOD	SEE PART IV
GUARDIAN A PLACE TO CALL HOM 310 WEST WASHINGTON NASHVILLE, GA 31639	86-2870444	3	0.	7,256.	OTHER	FOOD	SEE PART IV
COMMUNITY BETTERMENT SOCIE 512 SOUTH WASHINGTON QUITMAN, GA 31643	43-1978659	3	0.	7,179.	OTHER	FOOD	SEE PART IV

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CROSSPOINT CHURCH (DBA THE R 1640 US HWY 19 SOUT PELHAM, GA 31779	58-2359849 3		0.	7,150.	OTHER	FOOD	SEE PART IV
JONES CHAPEL A.M.E. CHURCH 317 RAILROAD STREET SYLVESTER, GA 31791	26-1395863 3		0.	7,098.	OTHER	FOOD	SEE PART IV
AMVETS POST 607 728 EAST HILL AVENUE VALDOSTA, GA 31601	58-6055646		0.	6,989.	OTHER	FOOD	SEE PART IV
HOLY GROUNDS INTERNATIONAL M 89 S MCARTHUR DRIVE CAMILLA, GA 31730	46-5168724 3		0.	6,952.	OTHER	FOOD	SEE PART IV
MT. CALVARY MISSIONARY BAPTIS 505 E. FORCE ST VALDOSTA, GA 31601	58-2295663 3		0.	6,806.	OTHER	FOOD	SEE PART IV
JEROME BURKETT MINISTRIES 111 BOWENS MILL RD. DOUGLAS, GA 31533	46-5387804 3		0.	6,724.	OTHER	FOOD	SEE PART IV
HERITAGE BAPTIST CHURCH 216 OCMULGEE ST BROXTON, GA 31519	65-1220872 3		0.	6,572.	OTHER	FOOD	SEE PART IV
BETHEL AME CHURCH-QUITMAN 1203 SOUTH COURT STRE QUITMAN, GA 31643	58-1589173 3		0.	6,286.	OTHER	FOOD	SEE PART IV
ANTIOCH LIFE ENRICHMENT CENT 609 EAST CHATTAHOOC FITZGERALD, GA 31750	82-0853166 3		0.	6,228.	OTHER	FOOD	SEE PART IV

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CHURCH OF THE GOOD SHEPHERD 515 NORTH OAK STREET THOMASVILLE, GA 31792	58-1210384 3		0.	6,019.	OTHER	FOOD	SEE PART IV
BEMISS UMC 4879 BEMISS RD VALDOSTA, GA 31605	58-1452001 3		0.	5,992.	OTHER	FOOD	SEE PART IV
ST. ANNE'S EPISCOPAL CHURCH 2411 CENTRAL AVE. N. TIFTON, GA 31794	58-1394320 3		0.	5,887.	OTHER	FOOD	SEE PART IV
GAINES CHAPEL AME 1008 S. COFFEE AVENU DOUGLAS, GA 31533	45-5613307 3		0.	5,610.	OTHER	FOOD	SEE PART IV
FIRST BAPTIST CHURCH OF WILLACO 280 W. MAIN STREET WILLACOCHEE, GA 31650	58-0643381 3		0.	5,524.	OTHER	FOOD	SEE PART IV
ONE WORD TRUTH MINISTRY 316 BLITCH STREET VALDOSTA, GA 31601	47-1748540 3		0.	5,489.	OTHER	FOOD	SEE PART IV
LOWNDES/VALDOSTA COMMISSIO 3103 N. FORREST STREE VALDOSTA, GA 31602	58-2325709		0.	5,311.	OTHER	FOOD	SEE PART IV
WILLOW HEAD MISSIONARY BAPT 615 EAST CALHOUN STRE THOMASVILLE, GA 31792	58-2072953 3		0.	5,178.	OTHER	FOOD	SEE PART IV
PEANUT BUTTER & JESUS, INC 4872 UNION ROAD TIFTON, GA 31794	27-1297173 3		0.	5,113.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

SECOND HARVEST OF
SOUTH GEORGIA, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ANIMAL FEED	0	0.	2,681,261.	FEEDING AMERICA VALUATION	ANIMAL FEED

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

PART I, LINE 2:

PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN THE 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 REPRESENTATIVES REVIEW THE AGENCIES SERVICE RECORDS TO ENSURE THAT THE GRANT FUNDS ARE BEING USED PROPERLY.

Part IV Supplemental 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 \$1.92 WHOLESALE 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.

For Public Inspection

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

Part I Questions Regarding Compensation

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

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> 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 (such as maid, chauffeur, chef) |

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

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

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

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

SECOND HARVEST OF
SOUTH GEORGIA, INC.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) FRANKLIN J RICHARDS II PRESIDENT & CEO	(i)	216,943.	47,263.	0.	0.	20,617.	284,823.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

For Public Inspection

Part III Supplemental Information

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

PART I, LINE 1A:

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 ALLOTTED 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.

For Public Inspection

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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				
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	7,532,229	26,645,600.	FEEDING AMERICA-VALU
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SCHOOL SUPPLIES)	X	146,603	407,293.	FEEDING AMERICA-VALU
26 Other (NON-FOOD INVENT)	X	139,073	267,020.	FEEDING AMERICA-VALU
27 Other ()				
28 Other ()				

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

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

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

SCHEDULE M, PART I, COLUMN (B):

CONTRIBUTIONS ARE BASED ON THE NUMBER OF ITEMS CONTRIBUTED.

For Public Inspection

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization	SECOND HARVEST OF SOUTH GEORGIA, INC.	Employer identification number	58-2208545
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FORM 990, PART VI, SECTION A, LINE 8B:

ENTITY HAS NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING
BODY.

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

THE FORM 990 IS DISTRIBUTED TO ALL BOARD MEMBERS OF THE ORGANIZATION. EACH
BOARD MEMBER THEN REVIEWS AND DELIBERATES THE FORM 990. EACH BOARD MEMBER
MAKES INDIVIDUAL INQUIRIES OF THE CFO AS THEY SEE FIT.

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

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, SECTION B, LINE 15:

THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS. THE CEO
RECEIVES A BASE SALARY, A MONTHLY BONUS FOR A KEYMAN POLICY, A MONTHLY
BONUS TO FUND HIS HSA, A MONTHLY AUTOMOBILE ALLOWANCE AND AN EXPENSE
ACCOUNT. THE BOARD OF DIRECTORS PERFORMS AN ANNUAL REVIEW OF OFFICERS AND
KEY EMPLOYEES BASED ON THE WRITTEN WORK PLAN OF THE ORGANIZATION. THE
REVIEW DETERMINES THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES
COMPENSATION. ALL BOARD MEMBERS PARTICIPATE IN THE DISCUSSION.

Name of the organization SECOND HARVEST OF SOUTH GEORGIA, INC.	Employer identification number 58-2208545
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FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MAINTAINED IN AN ORGANIZATION NOTEBOOK ON PREMISES AND ARE AVAILABLE FOR REVIEW AND INSPECTION UPON REQUEST.

For Public Inspection

UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2023

Name **SECOND HARVEST OF
SOUTH GEORGIA, INC.**

Employer Identification Number
58-2208545

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

FEDERAL POST-2017 NET OPERATING LOSS - CATERING ACTIVITIES 24,412.

FEDERAL PRE-2018 NET OPERATING LOSS 15,877.

For Public Inspection

Type and Entity: CATERING ACTIVITIES POST-2017 NOL F
 Section 382 Annual Limitation

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
			_____	_____	_____	_____	_____	_____	_____	_____	_____
A 2018	7,752.										
B 2019	7,504.										
C 2020	5,892.										
D 2021	2,440.										
E 2022	824.										
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A											
B											
C											
D											
E											
F											
G											
H											
I											
J											
K											
L											
M											
N											
O											
P											
Q											
R											
S											
T											
U											
V											
W											

For Public Inspection

Type and Entity: PRE-2018 NOL FED		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 12/31/17	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A	2015	9,719.	9,719.	9,719.								
B	2016	28,817.	12,940.	12,940.								
C												
D												
E												
F												
G												
H												
I												
J												
K												
L												
M												
N												
O												
P												
Q												
R												
S												
T												
U												
V												
W												
Detail Type	E S B C	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A												
B												
C												
D												
E												
F												
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For Public Inspection

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **SECOND HARVEST OF
SOUTH GEORGIA, INC.**

EIN or SSN
58-2208545

Name and title of officer or person subject to tax **FRANKLIN J. RICHARDS II
PRESIDENT & CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ...	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ...	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>0.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **MAULDIN & JENKINS, LLC** to enter my PIN **26550**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

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

58030300016

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **MAULDIN & JENKINS, LLC**

Date **11/01/23**

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

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. SECOND HARVEST OF SOUTH GEORGIA, INC.	Taxpayer identification number (TIN) 58-2208545
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1411 HARBIN CIRCLE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. VALDOSTA, GA 31602	

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

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

FRANK RICHARDS

• The books are in the care of ▶ **1411 HARBIN CIRCLE - VALDOSTA, GA 31601**

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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2022** or
▶ tax year beginning _____, and ending _____.

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

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

2022

Department of the Treasury
Internal Revenue Service

For calendar year 2022 or other tax year beginning _____, and ending _____

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

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

<p>A <input type="checkbox"/> Check box if address changed.</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) SECOND HARVEST OF SOUTH GEORGIA, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 1411 HARBIN CIRCLE</p> <p>City or town, state or province, country, and ZIP or foreign postal code VALDOSTA, GA 31602</p> <p>C Book value of all assets at end of year 19,765,783.</p>	<p>D Employer identification number 58-2208545</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
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G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university

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

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

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

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

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

Part I Total Unrelated Business Taxable Income

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

Part II Tax Computation

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

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		0.
3	Other amounts due. 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)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022	6a		
b	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax Refunded	11		

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

1	At any time during the 2022 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 FinCEN Form 114, 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 \$		
4	Enter available pre-2018 NOL carryovers here \$ 15,877. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
	722320	\$ 23,588.	
		\$	
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here

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.

Signature of officer _____ Date _____ Title **CEO**

May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only

Print/Type preparer's name **RYAN C. INLOW** Preparer's signature **RYAN C. INLOW** Date **11/01/23** Check if self-employed PTIN **P00544049**

Firm's name **MAULDIN & JENKINS, LLC** Firm's EIN **58-0692043**

Firm's address **P.O. BOX 71549, 2911 MEREDYTH DR ALBANY, GA 31708-1549** Phone no. **229-446-3600**

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 1

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/15	9,719.	9,719.	0.	0.
12/31/16	28,817.	12,940.	15,877.	15,877.
NOL CARRYOVER AVAILABLE THIS YEAR			15,877.	15,877.

For Public Inspection

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

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

1

OMB No. 1545-0047

2022

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

Department of the Treasury
Internal Revenue Service

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

A Name of the organization SECOND HARVEST OF SOUTH GEORGIA, INC.	B Employer identification number 58-2208545
C Unrelated business activity code (see instructions) 722320	D Sequence: 1 of 1

E Describe the unrelated trade or business **CATERING ACTIVITIES**

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			
2 Cost of goods sold (Part III, line 8)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	3			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4a			
c Capital loss deduction for trusts	4b			
5 Income (loss) from a partnership or an S corporation (attach statement)	4c			
6 Rent income (Part IV)	5			
7 Unrelated debt-financed income (Part V)	6			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	7			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	8			
10 Exploited exempt activity income (Part VIII)	9			
11 Advertising income (Part IX)	10			
12 Other income (see instructions; attach statement) STMT 2	11	2,977.		2,977.
13 Total. Combine lines 3 through 12	12	2,977.		2,977.

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

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				1,381.
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				
7 Depreciation (attach Form 4562). See instructions	7			
8 Less depreciation claimed in Part III and elsewhere on return	8a			
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement) SEE STATEMENT 3				2,420.
15 Total deductions. Add lines 1 through 14				3,801.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				-824.
17 Deduction for net operating loss. See instructions				0.
18 Unrelated business taxable income. Subtract line 17 from line 16				-824.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

Part III Cost of Goods Sold Enter method of inventory valuation

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

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

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

A _____

B _____

C _____

D _____

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

Part V Unrelated Debt-Financed Income (see instructions)

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

A _____

B _____

C _____

D _____

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
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 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				0.
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				0.
11 Total dividends-received deductions included in line 10				0.

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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)					
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

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

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

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

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

FORM 990-T (A)	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
NON-MEMBER AGENCY CATERING		2,977.
TOTAL TO SCHEDULE A, PART I, LINE 12		2,977.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
NON-MEMBER AGCY CATERING EXPENSE		2,420.
TOTAL TO SCHEDULE A, PART II, LINE 14		2,420.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	7,752.	0.	7,752.	7,752.
12/31/19	7,504.	0.	7,504.	7,504.
12/31/20	5,892.	0.	5,892.	5,892.
12/31/21	2,440.	0.	2,440.	2,440.
NOL CARRYOVER AVAILABLE THIS YEAR			23,588.	23,588.



Page 1

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

For the taxable year beginning				01/01/2022		and ending		12/31/2022					
Name of Organization				Name of Fiduciary				Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.)					
SECOND HARVEST OF SOUTH GEORGIA, INC.				N/A									
Number and Street				Number and Street				Federal Employer ID No. 58-2208545					
1411 HARBIN CIRCLE				N/A									
City or Town				City or Town				NAICS Code		Date of current exemption letter.		IRS code section for which you are exempt.	
VALDOSTA				N/A									
State		ZIP Code		State		ZIP Code		524298					
GA		31602											
Georgia Unrelated Business Taxable Income								SCHEDULE 1					
1. Unrelated business taxable income from Federal Form 990-T (attach copy)								1.				0	
2. Additions								2.					
3. Total (add Line 1 and Line 2)								3.					
4. Subtractions								4.					
5. Adjusted unrelated business taxable income (Line 3 less Line 4)								5.					
6. Income allocated everywhere								6.					
7. Unrelated business taxable income subject to apportionment (Line 5 less Line 6)								7.					
8. Apportionment ratio (Attach Computation Schedule)								8.				1.000000	
9. Georgia apportioned unrelated business taxable income (Line 7 x Line 8)								9.				0	
10. Income allocated to Georgia (Attach Schedule)								10.					
11. Total of Lines 9 and 10								11.				0	
12. Georgia net operating loss deduction (Attach Schedule) (See IT-611 instructions for 80% limitation)								12.					
13. Georgia unrelated business taxable income (Line 11 less Line 12)								13.					



2201615025

Name SOUTH GEORGIA, INC.

FEIN 58-2208545

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

A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN.
 DECLARATION: I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

FRANKLIN J RICHARDS II
 Signature of Officer

RYAN C. INLOW
 Signature of Individual or Firm Preparing Return

PRESIDENT & CEO 11/01/23
 Title Date

P00544049
 Employee ID or Social Security Number



2201615035

Name SOUTH GEORGIA, INC.

FEIN 58-2208545

CREDIT USAGE AND CARRYOVER

(ROUND TO NEAREST DOLLAR)

SCHEDULE 3

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

For the credit generated this tax year, list the Company Name, ID number, and Credit Certificate number, if applicable. Purchased credits should also be included. If the credit originated with this taxpayer, enter this taxpayer's name and ID# below.

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