

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

SECOND HARVEST OF
SOUTH GEORGIA, INC.
1836 PIEDMONT PLACE
VALDOSTA, GA 31601



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CLIENT'S COPY



August 20, 2025

Second Harvest of
South Georgia, Inc.
1836 Piedmont Place
Valdosta, GA 31601
Attention: Franklin J. Richards II

Dear Frank:

Enclosed is the organization's 2024 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 17, 2025.

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 17, 2025 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,

Hays L. Lacey
MAULDIN & JENKINS, LLC



Prepared for:
Second Harvest of South Georgia, Inc.

Prepared by:
Mauldin & Jenkins

Tax Year 2024

INNOVATION · STEWARDSHIP · IMPACT · TRUST · EXCELLENCE ·
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GOING FURTHER

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

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

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.

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.

Part I - Identification

Type or Print	Name of exempt organization, employer, 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. 1836 PIEDMONT PLACE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. VALDOSTA, GA 31601	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **FRANK RICHARDS**
1836 PIEDMONT PLACE - 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**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 **24** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

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

3a If this application is for 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.

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

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.

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable: <input checked="" 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 1836 PIEDMONT PLACE		E Telephone number 229-244-2678
	City or town, state or province, country, and ZIP or foreign postal code VALDOSTA, GA 31601		G Gross receipts \$ 71,678,956.
	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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE FOR THE DISTRIBUTION OF FOOD TO PARTNER AGENCIES TO FEED THOSE IN NEED.		
	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	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	90
	6 Total number of volunteers (estimate if necessary)	6	2600
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,862.
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)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	35,166,308.	68,215,859.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,173,739.	1,484,579.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,042.	1,051,120.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	174,268.	0.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	36,523,357.	70,751,558.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	30,428,393.	42,158,992.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	1,814,496.	1,815,682.
	b Total fundraising expenses (Part IX, column (D), line 25)	44,701.	49,250.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	238,833.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,038,932.	4,789,803.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	36,326,522.	48,813,727.
	20 Total assets (Part X, line 16)	196,835.	21,937,831.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	19,949,152.	42,777,539.
		8,593,053.	9,483,609.
		11,356,099.	33,293,930.

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	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	HAYS L. LACEY	HAYS L. LACEY	08/20/25		P01427691
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	MAULDIN & JENKINS, LLC	58-0692043		229-446-3600	
	Firm's address				
	2911 MEREDYTH DR, P.O. BOX 71549 ALBANY, GA 31708-1549				

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:

SECOND HARVEST OF SOUTH GEORGIA IS THE LEADING HUNGER-RELIEF ORGANIZATION IN THE REGION AND THE SECOND LARGEST FOOD BANK IN THE STATE. WE SERVE A NEARLY 12,000 SQUARE MILE REGION MADE UP OF 26 COUNTIES. IN ADDITION TO OUR VALDOSTA HEADQUARTERS, WE HAVE BRANCHES

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 \$ 45,628,569. including grants of \$ 42,158,992.) (Revenue \$ 1,481,717.)
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 \$ 1,238,933. 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 \$ 332,273. 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 47,199,775.

**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 noncash 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	7
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 90		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<input checked="" type="checkbox"/>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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)?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
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?		
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.		
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?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
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?		<input checked="" type="checkbox"/>
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		<input checked="" type="checkbox"/>
	If "Yes," complete Form 4720, Schedule O.		
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.		

**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	7		
b Enter the number of voting members included on line 1a, above, who are independent	1b	6		
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
1836 PIEDMONT PLACE, VALDOSTA, GA 31601

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							385,677.	0.	31,200.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							385,677.	0.	31,200.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 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					
	d Related organizations	1d					
	e Government grants (contributions)	1e	39,142,230.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	28,993,629.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 59,516,423.				
	h Total. Add lines 1a-1f			68,215,859.			
Program Service Revenue	2 a SHARED MAINTENANCE FEES	Business Code					
		624200	1,358,178.	1,358,178.			
	b OTHER PROGRAM REVENUE	900004	123,539.	123,539.			
	c NON-MEMBER AGENCY CATERING	722320	2,862.		2,862.		
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			1,484,579.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		43,215.			43,215.	
	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	4,303.	1931000.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.	927,398.			
	c Gain or (loss)	7c	4,303.	1003602.			
d Net gain or (loss)			1,007,905.		1007905.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
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 _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			70,751,558.	1,481,717.	2,862.	1051120.	

**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 ...	41,814,248.	41,814,248.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	344,744.	344,744.		
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	294,590.		294,590.	
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	1,521,092.	1,194,098.	150,946.	176,048.
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				
c Accounting	32,331.		32,331.	
d Lobbying	6,500.		6,500.	
e Professional fundraising services. See Part IV, line 17	49,250.			49,250.
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.)	32,436.		32,436.	
12 Advertising and promotion	4,013.	3,289.		724.
13 Office expenses	90,584.		90,584.	
14 Information technology	12,100.			12,100.
15 Royalties				
16 Occupancy	210,911.	210,911.		
17 Travel	92,158.		92,158.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	252,089.	61,113.	190,976.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	358,533.	350,105.	8,428.	
23 Insurance	132,414.		132,414.	
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	1,238,933.	1,238,933.		
b WAREHOUSE EXPENSE	660,760.	660,760.		
c OTHER PURCHASED FOOD PR	336,572.	336,572.		
d SUMMER FEEDING PROGRAM	332,273.	332,273.		
e All other expenses	997,196.	652,729.	343,756.	711.
25 Total functional expenses. Add lines 1 through 24e	48,813,727.	47,199,775.	1,375,119.	238,833.
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)			(B)	
		Beginning of year			End of year	
Assets	1 Cash - non-interest-bearing	4,035,881.	1		5,462,891.	
	2 Savings and temporary cash investments	540,768.	2		1,424,119.	
	3 Pledges and grants receivable, net	479,589.	3		228,022.	
	4 Accounts receivable, net	320,472.	4		177,349.	
	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	32,248,353.	10a			
	b Less: accumulated depreciation	4,383,206.	10b			
		7,241,751.		10c		27,865,147.
	11 Investments - publicly traded securities			11		
	12 Investments - other securities. See Part IV, line 11	55,398.	12			58,069.
	13 Investments - program-related. See Part IV, line 11			13		
	14 Intangible assets			14		
15 Other assets. See Part IV, line 11	7,275,293.	15			7,561,942.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	19,949,152.	16			42,777,539.	
Liabilities	17 Accounts payable and accrued expenses	404,154.	17		3,458,455.	
	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	8,188,899.	23			6,025,154.
	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	8,593,053.	26			9,483,609.
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	9,550,301.	27			13,866,426.
	28 Net assets with donor restrictions	1,805,798.	28			19,427,504.
	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	11,356,099.	32			33,293,930.	
33 Total liabilities and net assets/fund balances	19,949,152.	33			42,777,539.	

**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	70,751,558.
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,813,727.
3	Revenue less expenses. Subtract line 2 from line 1	3	21,937,831.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,356,099.
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	33,293,930.

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	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	43800866.	35093283.	33371388.	35166308.	50215859.	197647704
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	43800866.	35093283.	33371388.	35166308.	50215859.	197647704
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.						197647704

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	43800866.	35093283.	33371388.	35166308.	50215859.	197647704
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	520.	439.	359.	6,216.	43,215.	50,749.
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.)	65,731.	49,325.	234,363.	174,268.	126,401.	650,088.
11 Total support. Add lines 7 through 10						198348541
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 2024 (line 6, column (f), divided by line 11, column (f))	14	99.65 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.68 %
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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"/>

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. 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 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

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

2020 AMOUNT: \$ 65,731.
2021 AMOUNT: \$ 49,325.
2022 AMOUNT: \$ 234,363.
2023 AMOUNT: \$ 174,268.
2024 AMOUNT: \$ 126,401.

Schedule A

Identification of Unusual Grants

2024

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Description of Grant	Date of Grant	Amount
VALDOSTA LOWNDES COUNTY INDUSTRIAL AUTHORITY	CDBG-CV FUNDS	07/01/24	18,000,000.
Total Unusual Grants			18,000,000.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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

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

Schedule B (Form 990) (Rev. 12-2024)

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	TARGET DISTRIBUTION 4502 OLD UNION ROAD TIFTON, GA 31794	\$ 2,139,857.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	US DEPT OF AGRICULTURE 2 PEACHTREE ST. NW ATLANTA, GA 30303	\$ 13,930,155.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	FEEDING AMERICA 35 E. WACKER ST STE 2000 CHICAGO, IL 60601	\$ 1,518,165.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	THE COMMON MARKET 1050 OAKLEIGH DRIVE EAST POINT, GA 30344	\$ 5,839,978.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	VALDOSTA LOWNDES COUNTY INDUSTRIAL AUTHORITY 103 ROOSEVELT DRIVE VALDOSTA, GA 31602	\$ 18,000,000.	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.)

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	CONSUMER GOODS INVENTORY <hr/> <hr/> <hr/>	\$ <u>2,139,857.</u>	<hr/>
2	FOOD INVENTORY <hr/> <hr/> <hr/>	\$ <u>13,930,155.</u>	<hr/>
3	FOOD INVENTORY <hr/> <hr/> <hr/>	\$ <u>1,518,165.</u>	<hr/>
4	FOOD INVENTORY <hr/> <hr/> <hr/>	\$ <u>5,839,978.</u>	<hr/>
5	BUILDING FACILITY <hr/> <hr/> <hr/>	\$ <u>18,000,000.</u>	<hr/>
	<hr/> <hr/> <hr/>	\$ _____	<hr/>

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	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

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

SECOND HARVEST OF
SOUTH GEORGIA, INC.

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: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN 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:	THEN 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:	THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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					

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**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.

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located _____

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

SECOND HARVEST OF

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, line 12, col. (B))		

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, line 13, col. (B))		

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	7,517,762.
(2) INVESTMENT IN COMMUNITY FOUNDATION OF SOUTH GA, INC.	29,529.
(3) EMPLOYEE RECEIVABLE	14,651.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	7,561,942.

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, line 25, col. (B))	

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 ...

SECOND HARVEST OF

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	70,751,558.
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	70,751,558.
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	70,751,558.

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	48,813,727.
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	48,813,727.
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	48,813,727.

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 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 2021.

SECOND HARVEST OF

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
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	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

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

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

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter the 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

SECOND HARVEST OF
SOUTH GEORGIA, INC.

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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
A2H COASTAL SAVANNAH, GA 2501 EAST PRESIDENT ST. SAVANNAH, GA 31404	58-1442013	501(C)(3)	0.	79,074.	OTHER	FOOD	SEE PART IV
ABUNDANT LIFE CHURCH OF GOD 3419 KNIGHTS ACADEMY ROAD VALDOSTA, GA 31605	62-0484177	501(C)(3)	0.	92,295.	OTHER	FOOD	SEE PART IV
ABUNDANT LIFE MINISTRIES 2036 EAST HARRIS ST. PAVO, GA 31778	27-2023773	501(C)(3)	0.	15,425.	OTHER	FOOD	SEE PART IV
ACTO OF VALDOSTA, INC. 1207 WILLIAMS STREET VALDOSTA, GA 31601	58-2220573	501(C)(3)	0.	15,608.	OTHER	FOOD	SEE PART IV
ADEL BAPTIST CHURCH 3000 COUNTY FARM ROAD ADEL, GA 31620	16-1762690	501(C)(3)	0.	17,147.	OTHER	FOOD	SEE PART IV
ADEL WESLEYAN CHURCH 214 SOUTH HUTCHINSON AVENUE ADEL, GA 31620	58-0673180	501(C)(3)	0.	96,152.	OTHER	FOOD	SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **216.**

3 Enter total number of other organizations listed in the line 1 table **44.**

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

Schedule I (Form 990) (Rev. 12-2024)

SECOND HARVEST OF
SOUTH GEORGIA, INC.

Schedule I (Form 990)

58-2208545

Page 1

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
ADVENTIST COMMUNITY SERVICES OF SOUTH GEORGIA - 4580 BEDGOOD AVE - ARABI, GA 31712	58-2204918	501(C)(3)	0.	238,640.	OTHER	FOOD	SEE PART IV
ALAPAHA BAPTIST CHURCH 22308 N MAIN STREET ALAPAHA, GA 31622	58-1782632	501(C)(3)	0.	40,032.	OTHER	FOOD	SEE PART IV
ANTIOCH BAPTIST CHURCH OF THOMAS COUNTY - 1873 HARTSMILL ROAD - PAVO, GA 31778	26-1383405	501(C)(3)	0.	23,906.	OTHER	FOOD	SEE PART IV
ANTIOCH CHURCH, INC. 4564 ANTIOCH RD ADEL, GA 31620	88-3845802		0.	6,895.	OTHER	FOOD	SEE PART IV
ANTIOCH LIFE ENRICHMENT CENTER 609 EAST CHATTAHOOCHEE STREET FITZGERALD, GA 31750	82-0853166	501(C)(3)	0.	7,695.	OTHER	FOOD	SEE PART IV
AZALEA CITY PRISON MINISTRY, INC. 7566 HWY 84 WEST QUITMAN, GA 31643	58-1692360	501(C)(3)	0.	142,992.	OTHER	FOOD	SEE PART IV
BABY LOVE CHILD CARE 707 HOLLY DRIVE VALDOSTA, GA 31602	22-3954369		0.	18,739.	OTHER	FOOD	SEE PART IV
BAINBRIDGE CHURCH OF GOD, INC. 205 INDEPENDENT STREET BAINBRIDGE, GA 39817	20-3230109	501(C)(3)	0.	11,032.	OTHER	FOOD	SEE PART IV
BAINBRIDGE FIRST METHODIST CHURCH, INC. - 300 W. SHOTWELL ST - BAINBRIDGE, GA 39819	58-0874744		0.	35,624.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2208545

Page 1

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
BARNES CHAPEL FULL GOSPEL CHURCH 1139 BARNES CHAPEL RD. ENIGMA, GA 31794	58-2050950	501(C)(3)	0.	29,633.	OTHER	FOOD	SEE PART IV
BELLS OF JOY OUTREACH 292 RUTH ST MOULTRIE, GA 31768	68-0539774	501(C)(3)	0.	12,273.	OTHER	FOOD	SEE PART IV
BEMISS UNITED METHODIST CHURCH 4879 BEMISS RD VALDOSTA, GA 31605	58-1452001	501(C)(3)	0.	44,492.	OTHER	FOOD	SEE PART IV
BETHANY MISSIONARY BAPTIST CHURCH 8165 DRY LAKE ROAD QUITMAN, GA 31643	80-0765092	501(C)(3)	0.	27,604.	OTHER	FOOD	SEE PART IV
BETHEL AME CHURCH-QUITMAN 1203 SOUTH COURT STREET QUITMAN, GA 31643	58-1589173	501(C)(3)	0.	5,325.	OTHER	FOOD	SEE PART IV
BETHEL BAPTIST CHURCH 1347 BETHEL CHURCH ROAD OMEGA, GA 31775	58-1542104	501(C)(3)	0.	113,951.	OTHER	FOOD	SEE PART IV
BETHEL CHURCH MINISTRIES 375 W HWY 37 LAKELAND, GA 31635	84-4642289	501(C)(3)	0.	12,773.	OTHER	FOOD	SEE PART IV
BETHE'L FAMILY WORSHIP CENTER 302 GASKIN AVE. DOUGLAS, GA 31533	58-1770006	501(C)(3)	0.	11,205.	OTHER	FOOD	SEE PART IV
BETHESDA HOUSE OF MERCY 1700 OSCEOLA AVE WAYCROSS, GA 31503	58-2327554		0.	6,105.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2208545

Page 1

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
BEULAH HOLINESS BAPTIST CHURCH 2303 BEULAH CHURCH RD ADEL, GA 31620	61-1695957	501(C)(3)	0.	52,835.	OTHER	FOOD	SEE PART IV
BOYS AND GIRLS CLUB OF GREATER COOK COUNTY - 1200 S. HUTCHINSON AVE BLDNG 5020 - ADEL, GA 31620	75-3214885	501(C)(3)	0.	104,704.	OTHER	FOOD	SEE PART IV
BRIDGE BUILDERS OF ATLANTA MISSION, INC. - 600 EAST CALHOUN ST. - BAINBRIDGE, GA 39817	85-3312326	501(C)(3)	0.	53,990.	OTHER	FOOD	SEE PART IV
BRIDGES OF HOPE - CHAUNCEY 74 C.L. TUCKER DRIVE CHAUNCEY, GA 31011	58-1917635	501(C)(3)	0.	99,851.	OTHER	FOOD	SEE PART IV
BRIDGES OF HOPE - MORVEN 10031 COFFEE ROAD MORVEN, GA 31638	58-1917635	501(C)(3)	0.	129,990.	OTHER	FOOD	SEE PART IV
BRIDGES OF HOPE TRUST (HOMERVILLE/ARGYLE) - 74 CL TUCKER DR - CHAUNCEY, GA 31011	58-1917635	501(C)(3)	0.	51,795.	OTHER	FOOD	SEE PART IV
BRIDGING THE GAP COMMUNITY RESOURCE CENTER, INC. - TIFTON - 2911 6TH AVENUE - TIFTON, GA 31794	25-1925018	501(C)(3)	0.	23,496.	OTHER	FOOD	SEE PART IV
BRIDGING THE GAP COMMUNITY RESTORATION, INC. - DOUGLAS - 121 PINECREST DRIVE - DOUGLAS, GA 31533	90-0790792	501(C)(3)	0.	9,683.	OTHER	FOOD	SEE PART IV
BROOKS COUNTY FAMILY CONNECTION 1081 BARWICK RD QUITMAN, GA 31643	65-1167462	501(C)(3)	0.	67,715.	OTHER	FOOD	SEE PART IV

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BUILDING THE HOUSE OF FAITH WITH FAITH - 1513 SPINDLEWHEEL DR - THOMASVILLE, GA 31792	87-3030218		0.	21,290.	OTHER	FOOD	SEE PART IV
C HOPE MINISTRIES OF BLAKELY, INC. 82 WESTVIEW DRIVE BLAKELY, GA 39823	82-4546179	501(C)(3)	0.	105,866.	OTHER	FOOD	SEE PART IV
CAMP ROCK OF GEORGIA 1736 WEST GORDON STREET VALDOSTA, GA 31602	46-3163243	501(C)(3)	0.	13,152.	OTHER	FOOD	SEE PART IV
CAROLYN CLANTON ALF 1146 HAMILTON AVENUE JENNINGS, FL 32053	84-2775810		0.	22,109.	OTHER	FOOD	SEE PART IV
CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DR AUSTIN, TX 78744	74-2217350	501(C)(3)	0.	56,342.	OTHER	FOOD	SEE PART IV
CENTRAL WESLEYAN CHURCH 201 W. CENTRAL AVENUE FITZGERALD, GA 31750	58-0627183	501(C)(3)	0.	34,254.	OTHER	FOOD	SEE PART IV
CHARLIE GIVING BACK TO THE COMMUNITY - 1121 ROOSEVELT ST - WAYCROSS, GA 31503	81-2720494	501(C)(3)	0.	829,344.	OTHER	FOOD	SEE PART IV
CHINA HILL CHRISTIAN CHURCH 1400 LOWER RIVER ROAD RHINE, GA 31077	58-2576393	501(C)(3)	0.	7,998.	OTHER	FOOD	SEE PART IV
CHRIST EPISCOPAL CHURCH 1521 NORTH PATTERSON STREET VALDOSTA, GA 31602	58-0956294	501(C)(3)	0.	17,785.	OTHER	FOOD	SEE PART IV

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CHRIST IN YOU THE HOPE OF GLORY, INC. (DBA THE VISION) - 2711 BEMISS ROAD - VALDOSTA, GA 31602	58-2259362	501(C)(3)	0.	30,624.	OTHER	FOOD	SEE PART IV
CHRISTIAN LOVE BIBLE BAPTIST CHURCH - 526 GRIFFIN AVENUE - VALDOSTA, GA 31601	58-2380533	501(C)(3)	0.	13,524.	OTHER	FOOD	SEE PART IV
CHURCH OF THE GOOD SHEPHERD 515 OAK STREET THOMASVILLE, GA 31792	58-1210384	501(C)(3)	0.	5,382.	OTHER	FOOD	SEE PART IV
CITY HARVEST NY 150 52ND STREET BROOKLYN, NY 11232	13-3170676	501(C)(3)	0.	83,024.	OTHER	FOOD	SEE PART IV
CODY MINISTRIES INC. 2769 FIVE BRIDGES ROAD BLAKELY, GA 39823	81-2677959	501(C)(3)	0.	17,222.	OTHER	FOOD	SEE PART IV
COFFEE COUNTY FOOD BANK 611 W BAKER HWY DOUGLAS, GA 31533	85-0854733	501(C)(3)	0.	1,159,581.	OTHER	FOOD	SEE PART IV
COLQUITT COUNTY FOOD AND CLOTHING BANK, INC. - 309 3RD ST. SE - MOULTRIE, GA 31768	58-1503398	501(C)(3)	0.	931,814.	OTHER	FOOD	SEE PART IV
COLQUITT METHODIST CHURCH 453 EAST MAIN STREET COLQUITT, GA 39837	58-1342167	501(C)(3)	0.	398,371.	OTHER	FOOD	SEE PART IV
COMMUNITIES IN SCHOOLS OF FITZGERALD/ BEN HILL - 553 OCILLA HWY - FITZGERALD, GA 31750	58-2008427	501(C)(3)	0.	6,416.	OTHER	FOOD	SEE PART IV

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COMMUNITY BETTERMENT SOCIETY, INC. 1201 N 6TH STREET CORDELE, GA 31015	43-1978659	501(C)(3)	0.	16,453.	OTHER	FOOD	SEE PART IV
COOCHEE CREEK OUTREACH INC. 62 GUSSIE WALL RD WILLACOCHEE, GA 31650	84-4702970	501(C)(3)	0.	26,286.	OTHER	FOOD	SEE PART IV
CORDELE FIRST CHURCH, INC. 302 EAST 12TH AVENUE CORDELE, GA 31015	58-0641232	501(C)(3)	0.	183,129.	OTHER	FOOD	SEE PART IV
CORINTHIA MINISTRIES, INC. 1302 VAN STREAT HIGHWAY NICHOLLS, GA 31554	83-0943555		0.	10,386.	OTHER	FOOD	SEE PART IV
CORNERSTONE BAPTIST CHURCH OF HOMERVILLE - 3105 VALDOSTA HWY - HOMERVILLE, GA 31634	26-3545590	501(C)(3)	0.	25,188.	OTHER	FOOD	SEE PART IV
CORNERSTONE CHURCH OF GOD OF PROPHECY - 2054 HWY 32 EAST - DOUGLAS, GA 31533	58-2648900	501(C)(3)	0.	480,881.	OTHER	FOOD	SEE PART IV
COUNTRYSIDE BAPTIST CHURCH OF WAYCROSS, INC. - 23 DOVE LANE - WAYCROSS, GA 31503		501(C)(3)	0.	25,614.	OTHER	FOOD	SEE PART IV
COURTLAND AVENUE CHURCH OF CHRIST 601 EAST COURTLAND AVE QUITMAN, GA 31643	58-2638405		0.	11,869.	OTHER	FOOD	SEE PART IV
CROSS POINT CHURCH OF GOD 1640 U.S. HIGHWAY 19 NORTH PELHAM, GA 31779	58-2359849	501(C)(3)	0.	6,263.	OTHER	FOOD	SEE PART IV

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DASHER CHURCH OF CHRIST 4326 DASHER RD. VALDOSTA, GA 31601	58-2040139	501(C)(3)	0.	8,294.	OTHER	FOOD	SEE PART IV
DEBERRY BAPTIST CHURCH 5500 BROXTON-FITZGERALD HIGHWAY AMBROSE, GA 31512	20-0175652	501(C)(3)	0.	91,914.	OTHER	FOOD	SEE PART IV
DECATUR COUNTY FOSTER PARENT ASSOCIATION - 1280 OLD ELDORENDO ROAD - COLQUITT, GA 39837	75-3147932		0.	77,523.	OTHER	FOOD	SEE PART IV
DESTINATION CHURCH, INC. 201 JENKINS STREET WAYCROSS, GA 31501	56-2284214		0.	143,124.	OTHER	FOOD	SEE PART IV
DISCIPLES OF JESUS MINISTRIES, INC. - 228 AUGUSTA AVENUE - THOMASVILLE, GA 31792	58-1790670	501(C)(3)	0.	50,544.	OTHER	FOOD	SEE PART IV
DIXIE SEVENTH DAY ADVENTIST 8794 HWY 84 WEST QUITMAN, GA 31643	59-2066139	501(C)(3)	0.	48,046.	OTHER	FOOD	SEE PART IV
EAGLES NEST DELIVERANCE TABERNACLE 120 PERSIMMON ST THOMASVILLE, GA 31792	58-1383663	501(C)(3)	0.	9,724.	OTHER	FOOD	SEE PART IV
EAST BAKER HISTORICAL SOCIETY 156 ROOSEVELT AVE. NEWTON, GA 39870	01-0677281	501(C)(3)	0.	6,381.	OTHER	FOOD	SEE PART IV
EBENEZER COMMUNITY OUTREACH CENTER INC. - 232 MARTIN AVENUE - WHIGHAM, GA 39897	31-1709008		0.	5,421.	OTHER	FOOD	SEE PART IV

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ELOISE FLOYD-EDMOND FOUNTAIN OF HOPE - 531 WEST WASHINGTON AVE - ASHBURN, GA 31714	30-0596216		0.	85,315.	OTHER	FOOD	SEE PART IV
EMPOWERMENT & IMPROVEMENT CRC, INC. - 706 MEADOW ROAD - QUITMAN, GA 31643	85-1839217	501(C)(3)	0.	64,644.	OTHER	FOOD	SEE PART IV
ENIGMA CONGREGATIONAL CHRISTIAN CHURCH - 692 MAIN STREET - ENIGMA, GA 31749	58-1912999		0.	9,488.	OTHER	FOOD	SEE PART IV
EPHESUS S.D.A. CHURCH 1604 BUTLER FERRY ROAD BAINBRIDGE, GA 39817	43-2093123	501(C)(3)	0.	39,244.	OTHER	FOOD	SEE PART IV
EVANS MEMORIAL CAMP, INC. 1229 N HWY 221 LAKELAND, GA 31635	47-1927762	501(C)(3)	0.	121,031.	OTHER	FOOD	SEE PART IV
EVERGREEN BAPTIST CHURCH OF BROOKS COUNTY - 3610 DIXIE BARWICK ROAD - BOSTON, GA 31626		501(C)(3)	0.	30,486.	OTHER	FOOD	SEE PART IV
FACEVILLE BAPTIST CHURCH 2109 FACEVILLE ATTAPULGUS RD. BAINBRIDGE, GA 39819	58-2002226	501(C)(3)	0.	41,435.	OTHER	FOOD	SEE PART IV
FAITH WORKS KINGDOM OUTREACH CENTER - 3006 US 41 SOUTH SUITE A - TIFTON, GA 31794	47-2118721	501(C)(3)	0.	74,740.	OTHER	FOOD	SEE PART IV
FAMILY VISIONS OUTREACH, INC. 601 WEST PRICE STREET SYLVESTER, GA 31791	32-0052261	501(C)(3)	0.	20,543.	OTHER	FOOD	SEE PART IV

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FB OF CENTRAL & EASTERN NORTH CAROLINA, RALEIGH - 3808 TARHEEL RD. - RALEIGH, NC 27609	56-1283426	501(C)(3)	0.	74,860.	OTHER	FOOD	SEE PART IV
FEEDING AMERICA 161 NORTH CLARK STREET, SUITE 700 CHICAGO, IL 60601	36-3673599	501(C)(3)	0.	1,254,015.	OTHER	FOOD	SEE PART IV
FEEDING HOPE OUTREACH, INC. 295 RIVERBEND CHURCH RD OCILLA, GA 31774	92-0350993	501(C)(3)	0.	116,602.	OTHER	FOOD	SEE PART IV
FEEDING THE GULF COAST 5248 MOBILE SOUTH STREET THEODORE, AL 36582	63-0821997	501(C)(3)	0.	54,803.	OTHER	FOOD	SEE PART IV
FEEDING THE VALLEY COLUMBUS, GA 5928 COCA COLA BLVD COLUMBUS, GA 31919-5531	58-1498131	501(C)(3)	0.	26,477.	OTHER	FOOD	SEE PART IV
FIRE OF CHRIST MINISTRIES 179 OLD PELHAM RD BAINBRIDGE, GA 39817			0.	55,619.	OTHER	FOOD	SEE PART IV
FIRST AFRICAN BAPTIST COMMUNITY OUTREACH - 606 WEST POPE STREET - SYLVESTER, GA 31791	58-2359923	501(C)(3)	0.	15,768.	OTHER	FOOD	SEE PART IV
FIRST ANTIOCH MISSIONARY BAPTIST CHURCH - 517 N. OAK STREET - VALDOSTA, GA 31601	58-1616225	501(C)(3)	0.	19,619.	OTHER	FOOD	SEE PART IV
FIRST ASSEMBLY OF GOD OF CAIRO, INC. - 495 12TH AVE NE - CAIRO, GA 39828	58-1952984	501(C)(3)	0.	33,236.	OTHER	FOOD	SEE PART IV

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FIRST ASSEMBLY OF GOD OF DOUGLAS 1200 N CHESTER AVE DOUGLAS, GA 31534		501(C)(3)	0.	48,702.	OTHER	FOOD	SEE PART IV
FIRST BAPTIST CHURCH OF ADEL 200 EAST 5TH STREET ADEL, GA 31620		501(C)(3)	0.	121,484.	OTHER	FOOD	SEE PART IV
FIRST BAPTIST CHURCH OF CAIRO 505 NORTH BROAD ST. CAIRO, GA 39828	58-0708883	501(C)(3)	0.	50,473.	OTHER	FOOD	SEE PART IV
FIRST BAPTIST CHURCH OF CAMILLA 27 E. BROAD STREET CAMILLA, GA 31730	58-1334474	501(C)(3)	0.	19,720.	OTHER	FOOD	SEE PART IV
FIRST BAPTIST CHURCH OF LAKE PARK 512 W. COTTON AVENUE LAKE PARK, GA 31636	58-1490877	501(C)(3)	0.	7,902.	OTHER	FOOD	SEE PART IV
FIRST BAPTIST CHURCH OF SPARKS 101 W. GORDON STREET SPARKS, GA 31647	58-1511682	501(C)(3)	0.	34,120.	OTHER	FOOD	SEE PART IV
FIRST BAPTIST CHURCH OF THOMASVILLE - 210 N BROAD STREET - THOMASVILLE, GA 31792	58-0665890	501(C)(3)	0.	189,628.	OTHER	FOOD	SEE PART IV
FIRST BAPTIST CHURCH OF TIFTON, INC. - 401 LOVE AVENUE - TIFTON, GA 31794	58-6002155	501(C)(3)	0.	163,341.	OTHER	FOOD	SEE PART IV
FIRST BAPTIST CHURCH OF VALDOSTA 200 WEST CENTRAL AVE VALDOSTA, GA 31601	58-0597297	501(C)(3)	0.	221,083.	OTHER	FOOD	SEE PART IV

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FIRST BORN CHURCH 72 DAVIS AVENUE LAKELAND, GA 31635	58-1905222		0.	21,440.	OTHER	FOOD	SEE PART IV
FIRST NEWARK BAPTIST CHURCH 225 RUSSELL ROAD THOMASVILLE, GA 31757	58-2297635	501(C)(3)	0.	7,407.	OTHER	FOOD	SEE PART IV
FIRST SEVENTH DAY ADVENTIST CHURCH 1400 MAGNOLIA ST. THOMASVILLE, GA 31792	58-1660457	501(C)(3)	0.	89,231.	OTHER	FOOD	SEE PART IV
FOOD BANK OF NORTHEAST GEORGIA POB 48857 ATHENS, GA 30604-8857	58-1965600	501(C)(3)	0.	70,920.	OTHER	FOOD	SEE PART IV
FOUNTAIN OF FAITH 23 LOVEJOY RD LAKELAND, GA 31635	26-4230405	501(C)(3)	0.	882,243.	OTHER	FOOD	SEE PART IV
FRANCIS LAKE AME CHURCH 502 LAKES BLVD LAKE PARK, GA 31636	58-1314364	501(C)(3)	0.	32,550.	OTHER	FOOD	SEE PART IV
FREEDOM WORSHIP CHURCH 1234 S. ROBINSON STREET LENOX, GA 31637	20-3201719	501(C)(3)	0.	280,758.	OTHER	FOOD	SEE PART IV
FRESH START GLOBAL OUTREACH MINISTRIES, INC. - 7324 GA HWY 111 SOUTH - CALVARY, GA 39829	80-0930844	501(C)(3)	0.	93,760.	OTHER	FOOD	SEE PART IV
FRIENDSHIP METHODIST CHURCH 201 E. THIRD ST. DONALSONVILLE, GA 39845	58-1401657	501(C)(3)	0.	171,908.	OTHER	FOOD	SEE PART IV

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FULL CIRCLE MINISTRIES, INC. 85 EAST PATTEN AVE LAKELAND, GA 31635	13-4271254		0.	5,516.	OTHER	FOOD	SEE PART IV
GRACE COMMUNITY CHURCH 107 LIVINGWAY RD. ADEL, GA 31620	22-3886529	501(C)(3)	0.	64,033.	OTHER	FOOD	SEE PART IV
GRACE FELLOWSHIP SDA CHURCH 1304 WEST HILL AVE VALDOSTA, GA 31601	51-0524364	501(C)(3)	0.	13,431.	OTHER	FOOD	SEE PART IV
GRACE VICTORY CHURCH 303 BARACK OBAMA BLVD VALDOSTA, GA 31601	58-2574263	501(C)(3)	0.	25,007.	OTHER	FOOD	SEE PART IV
GRADY COUNTY BAPTIST ASSOCIATION 227 GEORGIA HIGHWAY 112 N. CAIRO, GA 39828	58-1532312	501(C)(3)	0.	30,375.	OTHER	FOOD	SEE PART IV
GREATER PLEASANT TEMPLE MISSIONARY BAPTIST CHURCH - 309 CHERRY STREET - VALDOSTA, GA 31601	58-2184622	501(C)(3)	0.	38,925.	OTHER	FOOD	SEE PART IV
GREATER POPLAR SPRINGS 702 MARTIN LUTHER KING DRIVE JASPER, FL 32052	26-0075927	501(C)(3)	0.	36,750.	OTHER	FOOD	SEE PART IV
GREATER VALDOSTA UNITED WAY 1609 N PATTERSON STREET VALDOSTA, GA 31602	58-0643332	501(C)(3)	0.	8,432.	OTHER	FOOD	SEE PART IV
GUARDIAN A PLACE TO CALL HOME 152 PINELAND PLACE NASHVILLE, GA 31639	86-2870444	501(C)(3)	0.	5,607.	OTHER	FOOD	SEE PART IV

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HAHIRA CHURCH OF GOD 205 E STANFILL HAHIRA, GA 31632	62-0484177	501(C)(3)	0.	41,870.	OTHER	FOOD	SEE PART IV
HAHIRA COMMUNITY CHURCH 117 EAST MAIN STREET HAHIRA, GA 31632	58-1540077		0.	24,304.	OTHER	FOOD	SEE PART IV
HAND MEMORIAL UNITED METHODIST CHURCH - 242 HAND AVENUE - PELHAM, GA 31779	58-0833513	501(C)(3)	0.	9,665.	OTHER	FOOD	SEE PART IV
HANDS ON THOMAS COUNTY, INC. 1213 E. JACKSON ST THOMASVILLE, GA 31792	20-0593260	501(C)(3)	0.	72,455.	OTHER	FOOD	SEE PART IV
HARVEST OF HOPE FOOD PANTRY, INC. 606 MCGARRAH ST. AMERICUS, GA 31719	46-1957691	501(C)(3)	0.	507,706.	OTHER	FOOD	SEE PART IV
HELP FOR ELDERLY CITIZENS 18 LUKE ROAD TIFTON, GA 31794	88-2097400		0.	16,792.	OTHER	FOOD	SEE PART IV
HELPING HANDS ENDING HUNGER 2014 S LONG HOLLOW ROAD TRION, GA 30753	81-3382807	501(C)(3)	0.	9,442.	OTHER	FOOD	SEE PART IV
HELPING HANDS OF SOUTH EAST GEORGIA - 503 N MILL STREET - NICHOLLS, GA 31554	81-3348368	501(C)(3)	0.	5,079.	OTHER	FOOD	SEE PART IV
HIDDEN OAKS FARM ALF 7150 NW 22ND DRIVE JENNINGS, FL 32053	05-0553564		0.	20,295.	OTHER	FOOD	SEE PART IV

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HOLSEY CHAPEL 515 EAST SUWANEE STREET FITZGERALD, GA 31750	41-2244592	501(C)(3)	0.	19,799.	OTHER	FOOD	SEE PART IV
HOLY COMMUNITY CHURCH 501 WEST 8TH STREET ADEL, GA 31620	58-2032039	501(C)(3)	0.	41,443.	OTHER	FOOD	SEE PART IV
HOPE BAPTIST CHURCH 1011 S. DOGWOOD DR. NASHVILLE, GA 31639	58-2009727	501(C)(3)	0.	7,965.	OTHER	FOOD	SEE PART IV
IGLESIA DE DIOS BETEL 164 BOLDEN AVE PEARSON, GA 31642	37-1654665	501(C)(3)	0.	147,194.	OTHER	FOOD	SEE PART IV
IGLESIA MISIONERA EL SHADDAI 180 NORTH STREET RAY CITY, GA 31645	87-3670320	501(C)(3)	0.	33,309.	OTHER	FOOD	SEE PART IV
JACOB'S WELL OF NASHVILLE, INC. 117 EAST WASHINGTON NASHVILLE, GA 31639	82-2378032	501(C)(3)	0.	119,922.	OTHER	FOOD	SEE PART IV
JAMES C. WILLIAMS MINISTRIES CHURCH OF PERFECTING SAINTS - 205 BARWICK ROAD - QUITMAN, GA 31643	64-3657487		0.	7,319.	OTHER	FOOD	SEE PART IV
JEROME BURKETT MINISTRIES 358 MAHOGANY ROAD DOUGLAS, GA 31533	46-5387804	501(C)(3)	0.	8,930.	OTHER	FOOD	SEE PART IV
JONES CHAPEL A.M.E. CHURCH 317 RAILROAD STREET SYLVESTER, GA 31791	26-1395863	501(C)(3)	0.	24,215.	OTHER	FOOD	SEE PART IV

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(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
KAIROS WORSHIP CENTER CHURCH OF GOD - 1031 ALLIGOOD ST - MEIGS, GA 31765		501(C)(3)	0.	11,595.	OTHER	FOOD	SEE PART IV
KEEPING IT TRUTH MINISTRIES, INC. 415 JAMES STREET APT. A ADEL, GA 31620	88-4298186		0.	9,519.	OTHER	FOOD	SEE PART IV
LAKE PARK CHURCH OF CHRIST 910 LONG POND ROAD LAKE PARK, GA 31636	58-1500099	501(C)(3)	0.	33,250.	OTHER	FOOD	SEE PART IV
LAKE PARK COMMUNITY CHURCH (PREV. LPUMC) - 412 W. COTTON AVENUE - LAKE PARK, GA 31636	59-2796909	501(C)(3)	0.	108,352.	OTHER	FOOD	SEE PART IV
LAKE SEMINOLE BAPTIST CHURCH 2990 BURKE ROAD DONALSONVILLE, GA 39845	75-3059007	501(C)(3)	0.	19,235.	OTHER	FOOD	SEE PART IV
LAX HOLINESS BAPTIST CHURCH 17513 W. BAKER HWY DOUGLAS, GA 31535	58-1641296	501(C)(3)	0.	90,583.	OTHER	FOOD	SEE PART IV
LELA'S HOUSE, INC. 2841 HWY 84 LOT 18 VALDOSTA, GA 31601	81-1740750	501(C)(3)	0.	75,644.	OTHER	FOOD	SEE PART IV
LIBERTY BAPTIST CHURCH 7755 LIBERTY CHURCH RD NICHOLLS, GA 31554	58-1379040	501(C)(3)	0.	17,598.	OTHER	FOOD	SEE PART IV
LIBERTY IN JESUS CHRISTIAN CENTER 1108 BUTLER FERRY RD BAINBRIDGE, GA 39817	80-0398973		0.	61,369.	OTHER	FOOD	SEE PART IV

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LIGHTHOUSE CHRISTIAN FELLOWSHIP 5802 DANIELI DRIVE SOUTH LAKE PARK, GA 31636	58-2648055	501(C)(3)	0.	44,510.	OTHER	FOOD	SEE PART IV
LILY HILL MISSIONARY BAPTIST CHURCH - 202 PECAN STREET - CLIMAX, GA 39834	58-1634424	501(C)(3)	0.	6,804.	OTHER	FOOD	SEE PART IV
LOVE AND CARE COMMUNITY OUTREACH MINISTRIES, INC. - 183 HANOVER ROAD - BAINBRIDGE, GA 39817	87-4655836	501(C)(3)	0.	266,224.	OTHER	FOOD	SEE PART IV
LOVE GOD MINISTRIES 259 EAST DAME AVENUE HOMERVILLE, GA 31634	90-0735417	501(C)(3)	0.	93,006.	OTHER	FOOD	SEE PART IV
LOWNDES AREA ADOPTIVE PARENTS SUPPORT GROUP, INC. - POB 372 - VALDOSTA, GA 31603	84-1630781		0.	144,123.	OTHER	FOOD	SEE PART IV
LOWNDES ASSOCIATED MINISTRIES TO PEOPLE - 714 CHARLTON STREET - VALDOSTA, GA 31601	58-1597700	501(C)(3)	0.	54,723.	OTHER	FOOD	SEE PART IV
MANY MANSIONS CHURCH 8929 HWY 122 THOMASVILLE, GA 31757	58-2573709	501(C)(3)	0.	10,199.	OTHER	FOOD	SEE PART IV
MARANATHA SEVENTH DAY ADVENTIST CHURCH - 500 N NICHOLS STREET - WAYCROSS, GA 31503	59-2066139		0.	9,365.	OTHER	FOOD	SEE PART IV
MELL BAPTIST ASSOCIATION 817 CENTRAL AVE N TIFTON, GA 31794	58-1719781	501(C)(3)	0.	17,730.	OTHER	FOOD	SEE PART IV

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MENTAL WEALTH CENTER 601 NORTH ASHLEY STREET VALDOSTA, GA 31601	86-3737549	501(C)(3)	0.	12,833.	OTHER	FOOD	SEE PART IV
MESSIAH LUTHERAN CHURCH 500 BAYTREE ROAD VALDOSTA, GA 31602	23-7042048	501(C)(3)	0.	25,230.	OTHER	FOOD	SEE PART IV
MIBRAND HELPING HANDS OUTREACH 359 WATT STREET CAMILLA, GA 31730	26-4607084	501(C)(3)	0.	5,284.	OTHER	FOOD	SEE PART IV
MID-SOUTH FOOD BANK 875 HWY 51 SOUTH BATESVILLE, MS 38606	62-1340755	501(C)(3)	0.	73,481.	OTHER	FOOD	SEE PART IV
MITCHELL COUNTY FOOD BANK AND HELP CENTER, INC. - 238 MILL STREET - PELHAM, GA 31779	20-2905244	501(C)(3)	0.	118,273.	OTHER	FOOD	SEE PART IV
MIZELL'S HELPING HANDS, INC. 461 DOVE LN AXSON, GA 31624	81-5313514	501(C)(3)	0.	11,639.	OTHER	FOOD	SEE PART IV
MOUNT CALVARY MISSIONARY BAPTIST CHURCH - 3835 WHITE WATER ROAD - VALDOSTA, GA 31601	58-2295663	501(C)(3)	0.	10,120.	OTHER	FOOD	SEE PART IV
MT. ARARAT P.B. CHURCH 7793 TALLAHASSEE HWY ATTAPULGUS, GA 31715	20-1783371	501(C)(3)	0.	94,442.	OTHER	FOOD	SEE PART IV
MT. ZION MISSIONARY BAPTIST CHURCH 105 BROOKFIELD LENOX RD. TIFTON, GA 31794	58-1559902	501(C)(3)	0.	14,046.	OTHER	FOOD	SEE PART IV

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NASHVILLE METHODIST CHURCH 304 SOUTH BERRIEN STREET NASHVILLE, GA 31635	58-2488349	501(C)(3)	0.	13,317.	OTHER	FOOD	SEE PART IV
NEW BETHEL MISSIONARY BAPTIST CHURCH - 4220 LIVE OAK CHURCH RD. - PEARSON, GA 31642	47-5439563	501(C)(3)	0.	265,318.	OTHER	FOOD	SEE PART IV
NEW COVENANT CHURCH OF THOMASVILLE 48 PATTERSON STILL SPUR EAST THOMASVILLE, GA 31757	58-1541608		0.	219,318.	OTHER	FOOD	SEE PART IV
NEW HOPE RECOVERY CENTER, INC. 637 ETHEL STREET DOUGLAS, GA 31533	58-2140961	501(C)(3)	0.	10,662.	OTHER	FOOD	SEE PART IV
NEW LIFE HOUSE OF PRAISE, INC. 211 SPRING HILL CHURCH RD. TIFTON, GA 31794	27-3499986	501(C)(3)	0.	27,923.	OTHER	FOOD	SEE PART IV
NEW VISION CHURCH OF GOD 215 N DICKERSON ST. HOMERVILLE, GA 31634	58-1261924	501(C)(3)	0.	14,206.	OTHER	FOOD	SEE PART IV
NORTH GATE ASSEMBLY OF GOD, INC. 4165 BEMISS RD VALDOSTA, GA 31605	47-1312141	501(C)(3)	0.	21,438.	OTHER	FOOD	SEE PART IV
NORTHERN HEIGHTS BAPTIST CHURCH OF CORDELE, INC. - 1102 E. 8TH AVE. - CORDELE, GA 31015	58-1140631	501(C)(3)	0.	149,115.	OTHER	FOOD	SEE PART IV
NORTHWOODS CHURCH OF GOD 640 HALL ROAD THOMASVILLE, GA 31757	04-3839655	501(C)(3)	0.	86,507.	OTHER	FOOD	SEE PART IV

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OAK GROVE BAPTIST CHURCH OF TIFTON, INC. - 4489 US HWY 319 S. - TIFTON, GA 31793	58-1529477	501(C)(3)	0.	27,816.	OTHER	FOOD	SEE PART IV
OCILLA BAPTIST CHURCH 201 NORTH IRWIN AVE OCILLA, GA 31774	58-0952130	501(C)(3)	0.	29,331.	OTHER	FOOD	SEE PART IV
ONE WORD TRUTH MINISTRY 316 BLITCH STREET VALDOSTA, GA 31601	47-1748540	501(C)(3)	0.	67,636.	OTHER	FOOD	SEE PART IV
OUTREACH DELIVERANCE THE TRIUMPHING CHURCH - 401 2ND AVENUE NW - MOULTRIE, GA 31768	58-2093881	501(C)(3)	0.	213,373.	OTHER	FOOD	SEE PART IV
PARK AVENUE CHURCH 100 EAST PARK AVENUE VALDOSTA, GA 31602	58-0644909		0.	44,183.	OTHER	FOOD	SEE PART IV
PEANUT BUTTER & JESUS, INC. 4872 UNION ROAD TIFTON, GA 31794	27-1297173	501(C)(3)	0.	18,443.	OTHER	FOOD	SEE PART IV
PEARSON CHURCH OF GOD OF PROPHECY 416 N. KING ST. PEARSON, GA 31642	62-0483206	501(C)(3)	0.	7,171.	OTHER	FOOD	SEE PART IV
PENTECOSTAL HOUSE OF PRAYER 315 E. CENTRAL AVENUE VALDOSTA, GA 31601	58-1920714	501(C)(3)	0.	70,571.	OTHER	FOOD	SEE PART IV
PERIMETER ROAD BAPTIST CHURCH 4091 INNER PERIMETER ROAD VALDOSTA, GA 31602	58-1793646	501(C)(3)	0.	14,939.	OTHER	FOOD	SEE PART IV

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PINE GROVE COMMUNITY BAPTIST CHURCH - 4024 PINE GROVE ROAD - VALDOSTA, GA 31605	58-2088195	501(C)(3)	0.	18,416.	OTHER	FOOD	SEE PART IV
PINES OF PROMISE 252 WOODLANDS BOULEVARD THOMASVILLE, GA 31792	46-3099591	501(C)(3)	0.	18,546.	OTHER	FOOD	SEE PART IV
PINEY GROVE MBC - THOMASVILLE 677 US HIGHWAY 319 SOUTH THOMASVILLE, GA 31792	58-1940223	501(C)(3)	0.	5,169.	OTHER	FOOD	SEE PART IV
PINSON MEMORIAL CHURCH 109 E POPE ST SYLVESTER, GA 31791	58-0876525	501(C)(3)	0.	32,168.	OTHER	FOOD	SEE PART IV
PLEASANT GROVE MISSIONARY BAPTIST CHURCH - 4072 BRAYTON ST. - OCHLOCKNEE, GA 31773	58-2381289		0.	15,417.	OTHER	FOOD	SEE PART IV
POT OF GOLD OUTREACH MINISTRY, INC. - 1203 5TH AVENUE - ALBANY, GA 31707	54-2065682	501(C)(3)	0.	10,073.	OTHER	FOOD	SEE PART IV
QUITMAN CHURCH OF GOD 1405 E SCREVEN ST QUITMAN, GA 31643	58-1893449	501(C)(3)	0.	200,225.	OTHER	FOOD	SEE PART IV
QUITMAN CHURCH, INC. 501 EAST SCREVEN STREET QUITMAN, GA 31643	58-0644910	501(C)(3)	0.	29,668.	OTHER	FOOD	SEE PART IV
QUOLA 115 EAST FLORIDA AVE VALDOSTA, GA 31601	58-2122507	501(C)(3)	0.	90,699.	OTHER	FOOD	SEE PART IV

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REACH TWO, INC. 2603 BANKS CIRCLE VALDOSTA, GA 31602	84-4787981	501(C)(3)	0.	9,840.	OTHER	FOOD	SEE PART IV
REDEEMING LIFE FELLOWSHIP CHURCH, INC. - 2378 GEORGIA HIGHWAY 188 - CAIRO, GA 39827	14-1900253		0.	20,919.	OTHER	FOOD	SEE PART IV
REDLAND BAPTIST CHURCH 4888 ROCKY FORD ROAD VALDOSTA, GA 31601	58-2374504	501(C)(3)	0.	5,191.	OTHER	FOOD	SEE PART IV
REFUGE CHURCH (DBA LAKELAND COG) 61 SOUTH OAK STREET LAKELAND, GA 31635	58-2254088		0.	12,687.	OTHER	FOOD	SEE PART IV
RESTORATION DELIVERANCE OF GOD IN PRAYER MINISTRY - 7587 PORTER RD - LAKEPARK, GA 31636	83-4502861	501(C)(3)	0.	18,991.	OTHER	FOOD	SEE PART IV
RESURRECTION MINISTRIES THE RESTORED HOUSE, INC. - 418 FORT GAINES ST. - BLAKELY, GA 39823	75-3131898		0.	12,673.	OTHER	FOOD	SEE PART IV
RIVERS OF LIFE EVANGELISTIC CENTER, INC. - 525 EAST CLAY STREET - THOMASVILLE, GA 31792	58-2124924		0.	51,703.	OTHER	FOOD	SEE PART IV
ROCK OF FAITH CHURCH, INC. 8883 SR 112 BACONTON, GA 31716	20-0491974	501(C)(3)	0.	39,426.	OTHER	FOOD	SEE PART IV
SAINT PETER CHURCH OF GOD BY FAITH IN JESUS CHRIST, INC. - 504 NORTH OAK STREET - VALDOSTA, GA 31601	58-1793616	501(C)(3)	0.	35,728.	OTHER	FOOD	SEE PART IV

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SALVATION (SAVING) GRACE MINISTRIES - 1149 DEWBERRY ROAD - DOUGLAS, GA 31535	45-4362429		0.	50,406.	OTHER	FOOD	SEE PART IV
SECOND HARVEST FB NE TENNESSEE 1020 JERICHO DR. KINGSPORT, TN 37663-3966	62-1303822	501(C)(3)	0.	84,848.	OTHER	FOOD	SEE PART IV
SECOND HARVEST OF SOUTH GEORGIA, INC. - 1411 HARBIN CIR - VALDOSTA, GA 31601	58-2208545	501(C)(3)	0.	17,214,243.	OTHER	FOOD	SEE PART IV
SEED FOR SOWING INTERNATIONAL. INC. - 202 S COLLEGE AVE. - DOUGLAS, GA 31533	27-1437114	501(C)(3)	0.	10,283.	OTHER	FOOD	SEE PART IV
SHEPARD'S PANTRY (DBA MANANTIAL DE VIDA OF TURNER COUNTY - 251 E MONROE ST. - ASHBURN, GA 31714	84-3923806		0.	743,969.	OTHER	FOOD	SEE PART IV
SILVER HILL CHURCH 145 SILVER HILL RD. LAKELAND, GA 31645	58-2429526	501(C)(3)	0.	9,255.	OTHER	FOOD	SEE PART IV
SIMMON HILL MISSIONARY BAPTIST CHURCH - 1880 SIMMON HILL RD - DIXIE, GA 31629	58-2174093	501(C)(3)	0.	29,272.	OTHER	FOOD	SEE PART IV
SOUTH 41 CHURCH OF CHRIST 4030 US HIGHWAY 41 SOUTH VALDOSTA, GA 31601	58-1538697	501(C)(3)	0.	24,536.	OTHER	FOOD	SEE PART IV
SOUTH GEORGIA FOSTER/ADOPTIVE PARENT ASSOCIATION - 100 MAXWELL DRIVE - QUITMAN, GA 31643	51-0515865	501(C)(3)	0.	37,450.	OTHER	FOOD	SEE PART IV

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SOUTH GEORGIA HOUSE OF HOPE 2551 INDIAN FORD ROAD VALDOSTA, GA 31601	20-2620971	501(C)(3)	0.	6,336.	OTHER	FOOD	SEE PART IV
SOUTH STREET COMMUNITY CARE HOUSE 311 SOUTH STREET VALDOSTA, GA 31601	27-2168591	501(C)(3)	0.	4,082,809.	OTHER	FOOD	SEE PART IV
SOUTHLAND CHURCH (DBA GRACEPOINT) 2206 EAST HILL AVENUE VALDOSTA, GA 31601	58-2305520	501(C)(3)	0.	99,434.	OTHER	FOOD	SEE PART IV
SOUTHSIDE BAPTIST CHURCH 326 SOUTH HWY 221 LAKELAND, GA 31635		501(C)(3)	0.	167,834.	OTHER	FOOD	SEE PART IV
SOUTHSIDE CHURCH OF CHRIST 1198 OLD STATENVILLE RD VALDOSTA, GA 31601	58-1416291	501(C)(3)	0.	42,511.	OTHER	FOOD	SEE PART IV
SPARKS TEMPLE CHURCH 301 RHONE ST. SPARKS, GA 31647	25-4886126	501(C)(3)	0.	9,915.	OTHER	FOOD	SEE PART IV
ST. ANNE'S EPISCOPAL CHURCH 2411 CENTRAL AVE N TIFTON, GA 31794	58-1394320	501(C)(3)	0.	17,681.	OTHER	FOOD	SEE PART IV
ST. JOHN AME CHURCH 800 WEST MAGNOLIA ST. VALDOSTA, GA 31601	58-1716884	501(C)(3)	0.	304,479.	OTHER	FOOD	SEE PART IV
ST. JOHN'S EPISCOPAL CHURCH BAINBRIDGE - 516 EAST BROUGHTAN STREET - BAINBRIDGE, GA 39819	30-1277351	501(C)(3)	0.	105,155.	OTHER	FOOD	SEE PART IV

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ST. JOSEPH CATHOLIC CHURCH LOAVES & FISHES MINISTRY - 2011 DARLING AVENUE - WAYCROSS, GA 31501	58-1151418		0.	7,821.	OTHER	FOOD	SEE PART IV
ST. PAUL AME CHURCH - VALDOSTA 419 SOUTH ASHLEY STREET VALDOSTA, GA 31601	58-1510090	501(C)(3)	0.	6,077.	OTHER	FOOD	SEE PART IV
ST. PAUL MISSIONARY BAPTIST CHURCH 2714 THOMASVILLE ROAD BAINBRIDGE, GA 39819	58-1898737		0.	6,471.	OTHER	FOOD	SEE PART IV
TEMPLE OF LOVE MINISTRIES 105 E. 13TH ST. TIFTON, GA 31794	51-0573673		0.	5,963.	OTHER	FOOD	SEE PART IV
THE ADOPTIVE AND FOSTER PARENT ASSOC. OF COLQUITT COUNTY - 4075 ELLENTON OMEGA ROAD - OMEGA, GA 31775	82-0563980	501(C)(3)	0.	46,949.	OTHER	FOOD	SEE PART IV
THE BRIDGE CHURCH OF GOD 1005 BULLOCK STREET OCHLOCKNEE, GA 31773	30-0206980		0.	6,393.	OTHER	FOOD	SEE PART IV
THE CARING PLACE NASHVILLE 305 E. MARION AVE. NASHVILLE, GA 31639	58-2488349		0.	149,897.	OTHER	FOOD	SEE PART IV
THE CHURCH OF GRADY COUNTY 1400 S. BROAD STREET CAIRO, GA 39828	46-2852922	501(C)(3)	0.	31,154.	OTHER	FOOD	SEE PART IV
THE CONCERNED CITIZENS COMMUNITY CLUB OF BOSTON, GA - 524 NORTH JOHNSON STREET - BOSTON, GA 31626	58-2016135	501(C)(3)	0.	15,602.	OTHER	FOOD	SEE PART IV

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THE EMPOWERMENT CENTER INTERNATIONAL MINISTRIES - 489 N 206 CONNECTOR - DOUGLAS, GA 31533	27-2436873	501(C)(3)	0.	14,231.	OTHER	FOOD	SEE PART IV
THE GRACE OF GOD FULL GOSPEL MINISTRY - 101 N. 15TH AVENUE - CORDELE, GA 31015	26-0735306	501(C)(3)	0.	20,711.	OTHER	FOOD	SEE PART IV
THE PENTECOSTALS OF VALDOSTA 3909 BEMISS RD VALDOSTA, GA 31605	58-1423547	501(C)(3)	0.	28,971.	OTHER	FOOD	SEE PART IV
THE REE-GENERATION RESCUE MISSION INC (DBA NO LEFT OVERS) - 307 SOUTH CLEVELAND AVENUE - ADEL, GA 31620	83-1516878	501(C)(3)	0.	62,297.	OTHER	FOOD	SEE PART IV
THE SALVATION ARMY - BAINBRIDGE 600 S. SCOTT STREET BAINBRIDGE, GA 39819	58-0660607	501(C)(3)	0.	44,886.	OTHER	FOOD	SEE PART IV
THE SALVATION ARMY - THOMASVILLE 514 NORTH MADISON STREET THOMASVILLE, GA 31792	58-0660607	501(C)(3)	0.	19,613.	OTHER	FOOD	SEE PART IV
THE SALVATION ARMY - VALDOSTA 320 SMITHLAND PLACE VALDOSTA, GA 31601	58-0660607	501(C)(3)	0.	33,722.	OTHER	FOOD	SEE PART IV
THE SALVATION ARMY -TIFTON SERVICE CENTER - 1205 HWY 82 E - TIFTON, GA 31793	58-0660607	501(C)(3)	0.	16,983.	OTHER	FOOD	SEE PART IV
THE VASHTI CENTER, INC. 1815 EAST CLAY STREET THOMASVILLE, GA 31792	58-2497920	501(C)(3)	0.	6,026.	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
THOMAS COUNTY FOOD BANK AND OUTREACH CENTER, INC. - 430 NORTH BROAD STREET - THOMASVILLE, GA 31799	58-2390388	501(C)(3)	0.	695,130.	OTHER	FOOD	SEE PART IV
THOMASVILLE COMMUNITY RESOURCE CENTER - 501 VARNEDOE STREET - THOMASVILLE, GA 31792	58-2419321	501(C)(3)	0.	5,985.	OTHER	FOOD	SEE PART IV
THOMASVILLE FIRST METHODIST CHURCH - BACKPACK BUDDIES - 425 N. BROAD STREET - THOMASVILLE, GA 31792	58-0644910	501(C)(3)	0.	10,794.	OTHER	FOOD	SEE PART IV
TIFT AREA ADOPTIVE/FOSTER PARENT SUPPORT GROUP, INC. - PO BOX 2704 - TIFTON, GA 31793	80-0859344	501(C)(3)	0.	80,140.	OTHER	FOOD	SEE PART IV
TIFT AREA COMMUNITY FOOD BANK, INC. - 409 WEST 17TH STREET - TIFTON, GA 31794	58-1701600	501(C)(3)	0.	20,598.	OTHER	FOOD	SEE PART IV
TRANSFORMATION CHURCH 2198 BRUNSWICK HWY WAYCROSS, GA 31503	58-1205674		0.	10,329.	OTHER	FOOD	SEE PART IV
TRINITY PRESBYTERIAN CHURCH 3501 BEMISS ROAD VALDOSTA, GA 31605	58-1631506	501(C)(3)	0.	27,115.	OTHER	FOOD	SEE PART IV
TRUTH HARBOR APOSTOLIC CHURCH, INC. - 4202 LOCH LAUREL RD - LAKE PARK, GA 31636	58-2070213	501(C)(3)	0.	36,689.	OTHER	FOOD	SEE PART IV
UNION CATHEDRAL, INC. 1050 EAST HILL AVE VALDOSTA, GA 31603	58-1464383	501(C)(3)	0.	87,547.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2208545

Page 1

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
VALDOSTA COMMUNITY CHURCH 4531 SAINT MARKS CHURCH ROAD NAYLOR, GA 31641			0.	64,163.	OTHER	FOOD	SEE PART IV
VALDOSTA STATE UNIVERSITY FOUNDATION - 1500 NORTH PATTERSON STREET - VALDOSTA, GA 31698	58-1582136	501(C)(3)	0.	11,857.	OTHER	FOOD	SEE PART IV
VICTORY FELLOWSHIP CHURCH 19150 US 19 NORTH THOMASVILLE, GA 31757	58-2534758	501(C)(3)	0.	197,122.	OTHER	FOOD	SEE PART IV
VISION OF HOPE MISSIONARY BAPTIST CHURCH - 12176 US HIGHWAY 84 E - THOMASVILLE, GA 31757	75-3201933	501(C)(3)	0.	217,504.	OTHER	FOOD	SEE PART IV
WARWICK METHODIST CHURCH 124 RAILROAD ST. WARWICK, GA 31796	58-1439511	501(C)(3)	0.	16,804.	OTHER	FOOD	SEE PART IV
WAYCROSS FIRST METHODIST CHURCH (PREV. FUMC WAYCROSS) - 410 WILLIAMS STREET - WAYCROSS, GA 31501	58-0633981		0.	141,834.	OTHER	FOOD	SEE PART IV
WAYCROSS HOLINESS BAPTIST CHURCH 110 E. BLACKSHEAR AVE WAYCROSS, GA 31503	61-1695957	501(C)(3)	0.	53,365.	OTHER	FOOD	SEE PART IV
WAYCROSS HOUSE OF HOPE, INC. 109 THOMAS STREET WAYCROSS, GA 31501-3157	26-3373800	501(C)(3)	0.	37,517.	OTHER	FOOD	SEE PART IV
WE CARE MINISTRIES, INC. 911 CLAYTON DRIVE VALDOSTA, GA 31602	92-2371555		0.	13,081.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

Schedule I (Form 990)

58-2208545

Page 1

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
WELLSPRINGS INTERNATIONAL MINISTRIES - 84 PALL BEARER ROAD - THOMASVILLE, GA 31792	27-4642979	501(C)(3)	0.	14,050.	OTHER	FOOD	SEE PART IV
WEST LAKE CHURCH OF GOD 4973 NW CR 141 JENNINGS, FL 32053	59-2851577	501(C)(3)	0.	24,745.	OTHER	FOOD	SEE PART IV
WHIGHAM METHODIST CHURCH 146 WEST BROAD ST WHIGHAM, GA 39897	30-0642567		0.	45,239.	OTHER	FOOD	SEE PART IV
WILLACOOCHEE HOLINESS BAPTIST CHURCH - 115 BAY STREET - WILLACHOOCHEE, GA 31650	61-1695957	501(C)(3)	0.	17,111.	OTHER	FOOD	SEE PART IV
WINDS OF CHANGE MINISTRIES 104 HORSESHOE BEND NASHVILLE, GA 31639	58-2639251	501(C)(3)	0.	95,813.	OTHER	FOOD	SEE PART IV
WOODLAWN FORREST CHURCH OF CHRIST 1515 N. BARACK OBAMA BLVD. VALDOSTA, GA 31601	58-1390493	501(C)(3)	0.	28,979.	OTHER	FOOD	SEE PART IV
WOUNDED BUT NOT BROKEN CRISIS MINISTRY, INC. - 521 E. WEBSTER STREET - THOMASVILLE, GA 31792	46-1099809	501(C)(3)	0.	7,736.	OTHER	FOOD	SEE PART IV
WRIGHTS CHAPEL CHURCH 1550 WRIGHTS CHAPEL CHURCH SUMNER, GA 31789		501(C)(3)	0.	58,450.	OTHER	FOOD	SEE PART IV
YMCA & YOUTH CENTER OF THOMASVILLE, INC. - 1304 REMINGTON AVENUE - THOMASVILLE, GA 31792	58-0566255	501(C)(3)	0.	29,877.	OTHER	FOOD	SEE PART IV

Schedule I (Form 990)

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

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
E & P OUTREACH ORGANIZATION, INC. 3047 EAST BAY STREET MEIGS, GA 31765			0.	17,880.	OTHER	FOOD	SEE PART IV
HOUSE OF PRAYER FIVE FOLD MINISTRIES, INC. - 213 CHEROKEE ST. - THOMASVILLE, GA 31792		501(C)(3)	0.	11,367.	OTHER	FOOD	SEE PART IV

**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.	344,744.	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.

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 \$1.97 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.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

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		

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

Schedule J (Form 990) (Rev. 12-2024)

SECOND HARVEST OF

Schedule J (Form 990) (Rev. 12-2024) SOUTH GEORGIA, INC.

58-2208545

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)	221,785.	1,200.	46,901.	0.	24,704.	294,590.	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)							

SECOND HARVEST OF

Schedule J (Form 990) (Rev. 12-2024) SOUTH GEORGIA, INC.

58-2208545

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 OF \$46,901 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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 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	X	1	18,000,000.	FAIR MARKET VALUE
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	6,097,120	40,419,187.	FEEDING AMERICA-VALU
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>NON-FOOD INVENT</u>)	X	45,463	1,042,786.	FEEDING AMERICA-VALU
26 Other (<u>SCHOOL SUPPLIES</u>)	X	27,639	54,449.	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 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported on 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.		

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

Schedule M (Form 990) 2024

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN THOMASVILLE AND SOON IN TIFTON. FROM THESE LOCATIONS, WE SERVE MORE
THAN 400 PARTNER AGENCIES THROUGH A VARIETY OF PROGRAMS.

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:
EACH BOARD MEMBER RECEIVES A COPY OF THE FORM 990 AND MAKES INQUIRES OF THE
CFO AS NEEDED.

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.

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.

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

DETAIL CARRYOVER SCHEDULE

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 2023	1,652.										
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											

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 12/31/24	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.	13,227.	12,940.	287.							
C												
D												
E												
F												
G												
H												
I												
J												
K												
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N												
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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												
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Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2024

For calendar year 2024 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 an 501(c)(3).

Department of the Treasury Internal Revenue Service

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

Header section containing: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 42,777,539, D Employer identification number 58-2208545, E Group exemption number, F Check box if an amended return.

G Check organization type: [X] 501(c) corporation, [] 501(c) trust, [] 401(a) trust, [] Other trust, [] State college/university, [] 6417(d)(1)(A) Applicable entity

H Check if filing only to claim: [] Credit from Form 8941, [] Refund shown on Form 2439, [] Elective payment amount from Form 3800

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 [X] No

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

Part I Total Unrelated Business Taxable Income

Table with 11 rows for Part I: Total Unrelated Business Taxable Income. Line 11: Unrelated business taxable income 0.

Part II Tax Computation

Table with 7 rows for Part II: Tax Computation. Line 7: Total tax 0.

Part III Tax and Payments

Table with 4 rows for Part III: Tax and Payments. Line 4: Total tax 0.

Part III Tax and Payments <i>(continued)</i>			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's 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	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	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 2025 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1	At any time during the 2024 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		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ <u>15,877.</u> 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	\$ 26,064.	
		\$	
		\$	
		\$	
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any 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	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	HAYS L. LACEY	HAYS L. LACEY	08/20/25	PTIN P01427691
	Firm's name	Firm's EIN		
	MAULDIN & JENKINS, LLC	58-0692043		
Firm's address	Phone no.			
2911 MEREDYTH DR, P.O. BOX 71549	229-446-3600			
ALBANY, GA 31708-1549				

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

FORM 990-T

PRE 2018 NOL SCHEDULE

STATEMENT 1

PRE-2018 NOL CARRY FORWARD FROM PRIOR YEAR 15,877.
 PRE-2018 NOL DEDUCTION INCLUDED IN PART I, LINE 6 0.

SCHEDULE A PORTION OF PRE-2018 NOL
 SCHEDULE A ENTITY SCHEDULE A SHARE

1 287.

TOTAL SCHEDULE A SHARE OF PRE-2018 NOL 287.
 NET OPERATING DEDUCTION 287.
 BALANCE AFTER PRE-2018 NOL DEDUCTION 0.
 EXPIRING NET OPERATING LOSSES 0.
 CARRY FORWARD OF NET OPERATING LOSS 15,590.

FORM 990-T

PRE-2018 NET OPERATING LOSS DEDUCTION

STATEMENT 2

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.

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

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990T 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).

2024

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

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 _____	1c			
2 Cost of goods sold (Part III, line 8)	2			
3 Gross profit. Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement)	5			
6 Rent income (Part IV)	6			
7 Unrelated debt-financed income (Part V)	7			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10 Exploited exempt activity income (Part VIII)	10			
11 Advertising income (Part IX)	11			
12 Other income (see instructions; attach statement) STMT 3	12	2,862.		2,862.
13 Total. Combine lines 3 through 12	13	2,862.		2,862.

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							
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				8b	
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 4							2,575.
15 Total deductions. Add lines 1 through 14							2,575.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)							287.
17 Deduction for net operating loss. See instructions							287.
18 Unrelated business taxable income. Subtract line 17 from line 16							

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

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 2a and 2b (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)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			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 3
DESCRIPTION		AMOUNT
NON-MEMBER AGENCY CATERING		2,862.
TOTAL TO SCHEDULE A, PART I, LINE 12		2,862.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
NON-MEMBER AGCY CATERING EXPENSE		2,575.
TOTAL TO SCHEDULE A, PART II, LINE 14		2,575.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 5
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.
12/31/22	824.	0.	824.	824.
12/31/23	1,652.	0.	1,652.	1,652.
NOL CARRYOVER AVAILABLE THIS YEAR			26,064.	26,064.



Page 1

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

For the taxable year beginning				01/01/2024		and ending		12/31/2024			
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			58-2208545					
1836 PIEDMONT PLACE			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		31601									
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.					



2501615026

Name SOUTH GEORGIA, INC.

FEIN 58-2208545

COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX	SCHEDULE 2	
1. Line 13, Schedule 1 multiplied by 5.39%	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

HAYS L. LACEY
 Signature of Individual or Firm Preparing Return

PRESIDENT & CEO 08/20/25
 Title Date

P01427691
 Employee ID or Social Security Number



2501615036

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.