




See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

SECOND HARVEST FOOD BANK OF MIDDLE TN INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

331 GREAT CIRCLE ROAD

Room/suite

City or town, state or country, and ZIP + 4

NASHVILLE, TN 37228

F Name and address of principal officer

JAYNEE K DAY

331 GREAT CIRCLE ROAD

NASHVILLE, TN 37228

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW SECONDHARVESTMIDTN ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1978

M State of legal domicile

TN

Part I	Summary																								
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE, INC (THE "FOOD BANK") WAS FOUNDED IN 1978 ITS MISSION IS TO FEED HUNGRY PEOPLE AND WORK TO SOLVE HUNGER ISSUES IN OUR COMMUNITY THE FOOD BANK IS ONE OF OVER 200 CERTIFIED MEMBERS OF FEEDING AMERICA (PREVIOUSLY KNOWN AS AMERICA'S SECOND HARVEST), THE NATIONS'S LARGEST FOOD BANK NETWORK</div></div>																								
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																								
	<table><tr><td><div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div></div></td><td><div>3</div></td><td><div>26</div></td></tr><tr><td><div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div></div></td><td><div>4</div></td><td><div>26</div></td></tr><tr><td><div><div>5</div><div>Total number of individuals employed in calendar year 2010 (Part V, line 2a)</div></div></td><td><div>5</div></td><td><div>98</div></td></tr><tr><td><div><div>6</div><div>Total number of volunteers (estimate if necessary)</div></div></td><td><div>6</div></td><td><div>23,588</div></td></tr><tr><td><div><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div></div></td><td><div>7a</div></td><td><div>0</div></td></tr><tr><td><div><div>7b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div></div></td><td><div>7b</div></td><td><div>0</div></td></tr></table>	<div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div></div>	<div>3</div>	<div>26</div>	<div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div></div>	<div>4</div>	<div>26</div>	<div><div>5</div><div>Total number of individuals employed in calendar year 2010 (Part V, line 2a)</div></div>	<div>5</div>	<div>98</div>	<div><div>6</div><div>Total number of volunteers (estimate if necessary)</div></div>	<div>6</div>	<div>23,588</div>	<div><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div></div>	<div>7a</div>	<div>0</div>	<div><div>7b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div></div>	<div>7b</div>	<div>0</div>						
<div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div></div>	<div>3</div>	<div>26</div>																							
<div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div></div>	<div>4</div>	<div>26</div>																							
<div><div>5</div><div>Total number of individuals employed in calendar year 2010 (Part V, line 2a)</div></div>	<div>5</div>	<div>98</div>																							
<div><div>6</div><div>Total number of volunteers (estimate if necessary)</div></div>	<div>6</div>	<div>23,588</div>																							
<div><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div></div>	<div>7a</div>	<div>0</div>																							
<div><div>7b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div></div>	<div>7b</div>	<div>0</div>																							
Revenue	<table><tr><th></th><th>Prior Year</th><th>Current Year</th></tr><tr><td><div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div></div></td><td><div>22,356,558</div></td><td><div>24,462,330</div></td></tr><tr><td><div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div></div></td><td><div>27,916,712</div></td><td><div>28,598,763</div></td></tr><tr><td><div><div>10</div><div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div></div></td><td><div>18,689</div></td><td><div>35,803</div></td></tr><tr><td><div><div>11</div><div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div></div></td><td><div>-83,416</div></td><td><div>28,884</div></td></tr><tr><td><div><div>12</div><div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div></div></td><td><div>50,208,543</div></td><td><div>53,125,780</div></td></tr></table>		Prior Year	Current Year	<div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div></div>	<div>22,356,558</div>	<div>24,462,330</div>	<div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div></div>	<div>27,916,712</div>	<div>28,598,763</div>	<div><div>10</div><div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div></div>	<div>18,689</div>	<div>35,803</div>	<div><div>11</div><div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div></div>	<div>-83,416</div>	<div>28,884</div>	<div><div>12</div><div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div></div>	<div>50,208,543</div>	<div>53,125,780</div>						
	Prior Year	Current Year																							
<div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div></div>	<div>22,356,558</div>	<div>24,462,330</div>																							
<div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div></div>	<div>27,916,712</div>	<div>28,598,763</div>																							
<div><div>10</div><div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div></div>	<div>18,689</div>	<div>35,803</div>																							
<div><div>11</div><div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div></div>	<div>-83,416</div>	<div>28,884</div>																							
<div><div>12</div><div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div></div>	<div>50,208,543</div>	<div>53,125,780</div>																							
Expenses	<table><tr><td><div><div>13</div><div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div></div></td><td><div>0</div></td><td><div>0</div></td></tr><tr><td><div><div>14</div><div>Benefits paid to or for members (Part IX, column (A), line 4)</div></div></td><td><div>0</div></td><td><div>0</div></td></tr><tr><td><div><div>15</div><div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div></div></td><td><div>4,589,972</div></td><td><div>4,426,257</div></td></tr><tr><td><div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div></div></td><td><div>4,200</div></td><td><div>3,775</div></td></tr><tr><td><div><div>7b</div><div>Total fundraising expenses (Part IX, column (D), line 25)</div></div></td><td></td><td></td></tr><tr><td><div><div>17</div><div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)</div></div></td><td><div>44,633,608</div></td><td><div>49,731,822</div></td></tr><tr><td><div><div>18</div><div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div></div></td><td><div>49,227,780</div></td><td><div>54,161,854</div></td></tr><tr><td><div><div>19</div><div>Revenue less expenses Subtract line 18 from line 12</div></div></td><td><div>980,763</div></td><td><div>-1,036,074</div></td></tr></table>	<div><div>13</div><div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div></div>	<div>0</div>	<div>0</div>	<div><div>14</div><div>Benefits paid to or for members (Part IX, column (A), line 4)</div></div>	<div>0</div>	<div>0</div>	<div><div>15</div><div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div></div>	<div>4,589,972</div>	<div>4,426,257</div>	<div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div></div>	<div>4,200</div>	<div>3,775</div>	<div><div>7b</div><div>Total fundraising expenses (Part IX, column (D), line 25)</div></div>			<div><div>17</div><div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)</div></div>	<div>44,633,608</div>	<div>49,731,822</div>	<div><div>18</div><div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div></div>	<div>49,227,780</div>	<div>54,161,854</div>	<div><div>19</div><div>Revenue less expenses Subtract line 18 from line 12</div></div>	<div>980,763</div>	<div>-1,036,074</div>
<div><div>13</div><div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div></div>	<div>0</div>	<div>0</div>																							
<div><div>14</div><div>Benefits paid to or for members (Part IX, column (A), line 4)</div></div>	<div>0</div>	<div>0</div>																							
<div><div>15</div><div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div></div>	<div>4,589,972</div>	<div>4,426,257</div>																							
<div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div></div>	<div>4,200</div>	<div>3,775</div>																							
<div><div>7b</div><div>Total fundraising expenses (Part IX, column (D), line 25)</div></div>																									
<div><div>17</div><div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)</div></div>	<div>44,633,608</div>	<div>49,731,822</div>																							
<div><div>18</div><div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div></div>	<div>49,227,780</div>	<div>54,161,854</div>																							
<div><div>19</div><div>Revenue less expenses Subtract line 18 from line 12</div></div>	<div>980,763</div>	<div>-1,036,074</div>																							
Net Assets or Fund Balances	<table><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td><div><div>20</div><div>Total assets (Part X, line 16)</div></div></td><td><div>18,048,186</div></td><td><div>18,837,394</div></td></tr><tr><td><div><div>21</div><div>Total liabilities (Part X, line 26)</div></div></td><td><div>3,287,261</div></td><td><div>5,530,739</div></td></tr><tr><td><div><div>22</div><div>Net assets or fund balances Subtract line 21 from line 20</div></div></td><td><div>14,760,925</div></td><td><div>13,306,655</div></td></tr></table>		Beginning of Current Year	End of Year	<div><div>20</div><div>Total assets (Part X, line 16)</div></div>	<div>18,048,186</div>	<div>18,837,394</div>	<div><div>21</div><div>Total liabilities (Part X, line 26)</div></div>	<div>3,287,261</div>	<div>5,530,739</div>	<div><div>22</div><div>Net assets or fund balances Subtract line 21 from line 20</div></div>	<div>14,760,925</div>	<div>13,306,655</div>												
	Beginning of Current Year	End of Year																							
<div><div>20</div><div>Total assets (Part X, line 16)</div></div>	<div>18,048,186</div>	<div>18,837,394</div>																							
<div><div>21</div><div>Total liabilities (Part X, line 26)</div></div>	<div>3,287,261</div>	<div>5,530,739</div>																							
<div><div>22</div><div>Net assets or fund balances Subtract line 21 from line 20</div></div>	<div>14,760,925</div>	<div>13,306,655</div>																							

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

JAYNEE K DAY PRESIDENT & CEO

Type or print name and title

2012-03-01

Date

Paid Preparer Use Only

Print/Type preparer's name

VALERIE SHELTON

Preparer's signature

VALERIE SHELTON

Date

2012-03-01

Check if self-employed

☐

PTIN

Firm's name

KRAFTCPAS PLLC

Firm's EIN

Firm's address

555 GREAT CIRCLE ROAD

NASHVILLE, TN 37228

Phone no

(615) 242-7351

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part IIIStatement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE, INC (THE "FOOD BANK") WAS FOUNDED IN 1978 ITS MISSION IS TO FEED HUNGRY PEOPLE AND WORK TO SOLVE HUNGER ISSUES IN OUR COMMUNITY THE FOOD BANK IS ONE OF OVER 200 CERTIFIED MEMBERS OF FEEDING AMERICA (PREVIOUSLY KNOWN AS AMERICA'S SECOND HARVEST), THE NATIONS'S LARGEST FOOD BANK NETWORK

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 26,814,518 including grants of \$) (Revenue \$ 27,738,449)

PROJECT PRESERVE - OPERATES A UNIQUE PROGRAM THAT DISTRIBUTES PURCHASED PRODUCT TO LOCAL AGENCIES AND OTHER FEEDING AMERICA AFFILIATES IN ADDITION, THE PROGRAM HAS A COOK/CHILL OPERATION, WHICH IS A METHOD OF FOOD MANUFACTURING THAT INVOLVES HEATING FOOD, PUMPING THE PRODUCT INTO FORM-FILL PLASTIC BAGS THAT ARE HEAT SEALED, THEN SUPER COOLED FOR APPROXIMATELY 45 MINUTES PRIOR TO FREEZING THE PRODUCT IT HAS UTILIZED LARGE AMOUNTS OF DONATED INGREDIENTS THAT WOULD HAVE OTHERWISE BEEN WASTED ANOTHER COMPONENT OF PROJECT PRESERVE IS CUSTOM PRODUCT ASSEMBLY FOR NATIONAL DISTRIBUTION DURING 2011, THIS PRODUCTION ASSEMBLED APPROXIMATELY 1,060,900 INDIVIDUAL BACKPACKS (508,900 BACKPACKS IN 2010) ADDITIONALLY, 49,200 EMERGENCY FOOD BOXES WERE ASSEMBLED AND SHIPPED TO FEEDING AMERICA AFFILIATES IN 2011 (24,300 BOXES IN 2010)

4b

(Code) (Expenses \$ 3,961,261 including grants of \$) (Revenue \$ 0)

EMERGENCY FOOD BOX - PROVIDED OVER 2,342,000 POUNDS OF FOOD DURING 2011 (2,560,000 POUNDS IN 2010) IN EMERGENCY STAPLES TO FAMILIES IN NEED THROUGH ITS SEVENTEEN SATELLITE CENTERS IN DAVIDSON COUNTY

4c

(Code) (Expenses \$ 18,167,881 including grants of \$) (Revenue \$ 694,208)

COMMUNITY FOOD PARTNERS - PROVIDED OVER 9,400,000 POUNDS OF FOOD DURING 2011 (9,940,000 POUNDS IN 2010) TO OVER 450 NOT-FOR-PROFIT AGENCIES, INCLUDING SOUP KITCHENS, DAYCARE CENTERS AND EMERGENCY FOOD PROGRAMS THE MIDDLE TENNESSEE'S TABLE PROGRAM COLLECTS PERISHABLE AND NON-PERISHABLE FOOD FROM MORE THAN 189 FOOD DONORS, SUCH AS GROCERY STORES, RETAILERS, WHOLESALERS AND BAKERIES, WHICH IS THEN DISTRIBUTED TO MORE THAN 450 NONPROFIT PARTNER AGENCIES SUCH AS LOW-INCOME DAYCARE CENTERS, SOUP KITCHENS, DOMESTIC VIOLENCE SHELTERS, REHABILITATION CENTERS, AND SENIOR CITIZENS' CENTERS IN MARCH 2008, THE FOOD BANK BEGAN THE GROCERY RESCUE PROGRAM, WHICH PICKS UP EXCESS PERISHABLE PRODUCTS FROM PARTICIPATING GROCERY STORES AND DISTRIBUTES TO AGENCIES IN THE SERVICE AREA THESE PRODUCTS INCLUDE MEATS, PRODUCE, DAIRY, BREAD, BAKERY ITEMS AND DRY PRODUCTS DURING 2011, THE FOOD BANK DISTRIBUTED OVER 2,700,000 POUNDS OF FOOD (EQUIVALENT TO MORE THAN 2 MILLION MEALS) UNDER THIS PROGRAM (THE FOOD BANK DISTRIBUTED 2,073,000 POUNDS EQUIVALENT TO MORE THAN 1 5 MILLION MEALS IN 2010) ALSO INCLUDED IN COMMUNITY FOOD PARTNERS IS THE MOBILE PANTRY PROGRAM MOBILE PANTRY TRAVELS TO THE FORTY-SIX COUNTY SERVICE AREA AND DELIVERS LARGE BOXES OF PERISHABLE AND NON-PERISHABLE FOOD AND SUPPLIES THAT ARE DISTRIBUTED TO PEOPLE IN NEED DURING 2011, OVER 3,000,000 POUNDS OF FOOD (3,098,000 POUNDS OF FOOD IN 2010) WERE DISTRIBUTED THROUGH THIS PROGRAM THE FOOD BANK PROVIDED DISASTER RELIEF SUPPORT IN 2011 AND 2010 IN RESPONSE TO THE MAY 2010 FLOODING THAT OCCURRED IN MIDDLE TENNESSEE THE COSTS OF PROVIDING THE DISASTER RELIEF SUPPORT WAS NOT CLASSIFIED AS A SEPARATE PROGRAM SERVICE BUT IS REPORTED WITHIN BOTH THE EMERGENCY FOOD BOX AND COMMUNITY FOOD PARTNERS PROGRAM SERVICES FUNCTIONAL EXPENSES DISASTER RELIEF SUPPORT OPERATED 77 MOBILE PANTRIES IN ALL FEDERALLY DECLARED DISASTER COUNTIES IN ADDITION, OVER 1 75 MILLION POUNDS OF FOOD WAS DISTRIBUTED THROUGH THE DISASTER RELIEF SUPPORT DURING 2011 (OVER 829,000 POUNDS OF FOOD IN 2010)

4d

Other program services (Describe in Schedule O) See also Additional Data for Description
















(Expenses \$ 3,065,246 including grants of \$) (Revenue \$ 172,023)

4e

Total program service expenses \$ 52,008,906

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> 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes	
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>	3		No
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>	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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> 	6		No
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> 	7		No
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> 	8		No
9	Did the organization report an amount in Part X, line 21, 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> 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10		No
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> 	11a	Yes	
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> 	11b	Yes	
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> 	11c		No
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> 	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes	
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> 	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes	
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, XII, and XIII is optional.</i> 	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	17		No
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>	18	Yes	
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>	19		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a	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> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	41		
b	Enter the number of Forms W-2G included in 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	Yes		
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	98		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b			
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)?	4a			No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
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?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
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?	7a	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
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?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				13a	
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?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			14b	

Part VI

Governance, Management, and Disclosure For each “Yes” response to lines 2 through 7b below, and for a “No” response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26	
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26	
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization’s assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If “Yes,” does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If “No,” go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If “Yes” to line 15a or 15b, describe the process in 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		No
b	If “Yes,” has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization’s exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶TN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CHARLES D HAMILTON CPA 331 GREAT CIRCLE ROAD NASHVILLE, TN 37228 (615) 627-1586

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

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

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

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

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

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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								898,696	0	149,018

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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>	4	Yes
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>	5	No

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a		24,462,330					
	b	Membership dues	1b							
	c	Fundraising events	1c	353,964						
	d	Related organizations	1d							
	e	Government grants (contributions)	1e	2,724,970						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	21,383,396						
	g	Noncash contributions included in lines 1a-1f \$		16,049,275						
	h	Total. Add lines 1a-1f								
	Program Service Revenue	2a						Business Code	27,738,479	27,738,479
		PROJECT PRESERVE PROGR		624200						
b		SHARED MAINTENANCE FEE		624200	555,928	555,928				
c		CULINARY ARTS PROGRAM		624200	166,076	166,076				
d		MOBILE PANTRY PROGRAM		624000	138,280	138,280				
e										
f		All other program service revenue								
g		Total. Add lines 2a-2f			28,598,763					
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)			35,803		35,803		
	4	Income from investment of tax-exempt bond proceeds . .								
	5	Royalties								
	6a	Gross Rents	(i) Real	(ii) Personal						
		b	Less rental expenses							
		c	Rental income or (loss)							
		d	Net rental income or (loss)							
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	0					
		b	Less cost or other basis and sales expenses							
		c	Gain or (loss)							
		d	Net gain or (loss)							
	8a	Gross income from fundraising events (not including \$ 353,964 of contributions reported on line 1c) See Part IV, line 18	a	219,995	22,967		22,967			
		b	Less direct expenses	b				197,028		
		c	Net income or (loss) from fundraising events . .							
	9a	Gross income from gaming activities See Part IV, line 19 . .	a							
		b	Less direct expenses	b						
		c	Net income or (loss) from gaming activities . .							
	10a	Gross sales of inventory, less returns and allowances	a							
		b	Less cost of goods sold	b						
		c	Net income or (loss) from sales of inventory . .							
	Miscellaneous Revenue				Business Code	5,917	5,917			
	11a	MISCELLANEOUS INCOME			624200					
	b									
c										
d	All other revenue									
e	Total. Add lines 11a-11d			5,917						
12	Total revenue. See Instructions			53,125,780	28,604,680	0	58,770			

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,193,132	821,965	154,018	217,149
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	2,497,742	2,031,408	36,302	430,032
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	180,749	140,275	8,653	31,821
9	Other employee benefits	275,354	224,733	-453	51,074
10	Payroll taxes	279,280	216,744	13,369	49,167
a	Fees for services (non-employees) Management	83,024	69,449		13,575
b	Legal	302		302	
c	Accounting	60,663		60,663	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	3,775			3,775
f	Investment management fees				
g	Other	108,912		108,912	
12	Advertising and promotion	355,326	82,628	26,575	246,123
13	Office expenses	551,457	303,162	170,365	77,930
14	Information technology				
15	Royalties				
16	Occupancy	792,288	703,301	35,294	53,693
17	Travel	102,511	46,741	45,797	9,973
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	647,995	541,096	19,040	87,859
23	Insurance	103,847	76,848	9,576	17,423
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	FOOD SUPPLIES & DISTRIB	28,252,979	28,225,989	21,763	5,227
b	DONATED FOOD	15,683,139	15,683,139	0	0
c	PRODUCT TRANSPORTATION	2,247,293	2,187,480	59,798	15
d	CONTRACT LABOR	339,296	265,696	58,053	15,547
e	CREDITS PROVIDED TO AGE	301,041	301,041	0	0
f	All other expenses	101,749	87,211	14,538	
25	Total functional expenses. Add lines 1 through 24f	54,161,854	52,008,906	842,565	1,310,383
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			540,946	1	465,098
	2	Savings and temporary cash investments			551,684	2	572,222
	3	Pledges and grants receivable, net			1,451,482	3	375,200
	4	Accounts receivable, net			1,535,315	4	1,643,989
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			18,258	9	12,848
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	11,854,188			
	b	Less: accumulated depreciation	10b	3,978,298	8,023,052	10c	7,875,890
	11	Investments—publicly traded securities			34,496	11	33,420
	12	Investments—other securities. See Part IV, line 11			1,429,896	12	1,813,069
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,463,057	15	6,045,658
16	Total assets. Add lines 1 through 15 (must equal line 34)			18,048,186	16	18,837,394	
Liabilities	17	Accounts payable and accrued expenses			1,475,643	17	3,808,316
	18	Grants payable				18	
	19	Deferred revenue			744,933	19	264,506
	20	Tax-exempt bond liabilities			350,000	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties			716,685	24	457,917
	25	Other liabilities. Complete Part X of Schedule D			0	25	1,000,000
	26	Total liabilities. Add lines 17 through 25			3,287,261	26	5,530,739
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			12,872,095	27	12,807,723
	28	Temporarily restricted net assets			1,888,830	28	498,932
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			14,760,925	33	13,306,655
34	Total liabilities and net assets/fund balances			18,048,186	34	18,837,394	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,125,780
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,161,854
3	Revenue less expenses Subtract line 2 from line 1	3	-1,036,074
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,760,925
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-418,196
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	13,306,655

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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 in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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 separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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 in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SECOND HARVEST FOOD BANK OF MIDDLE TN INC

Employer identification number
62-1049447

Part I

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

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	14,833,142	14,738,300	21,035,769	22,356,558	24,462,330	97,426,099
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	14,833,142	14,738,300	21,035,769	22,356,558	24,462,330	97,426,099
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)						2,354,046
6 Public Support. Subtract line 5 from line 4						95,072,053

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	14,833,142	14,738,300	21,035,769	22,356,558	24,462,330	97,426,099
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	117,427	65,773	10,576	18,597	35,803	248,176
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 IV.)		466,257				466,257
11 Total support (Add lines 7 through 10)						98,140,532
12 Gross receipts from related activities, etc. (See instructions.)					12	116,226,207
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	96.870 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	99.140 %
16a 33 1/3% support test—2010. 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 ▶		
b 33 1/3% support test—2009. If the organization did not check the 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 ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ▶		
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 ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 62-1049447

Name: SECOND HARVEST FOOD BANK OF MIDDLE TN INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
JAYNEE K DAY PRESIDENT/CEO/NON-VOTING	37 50	X		X				231,129	0	32,232	
JOSEPH M IVEY BOARD CHAIR	1 30	X		X				0	0	0	
ANN JARVIS PRUITT BOARD SECRETARY	1 30	X		X				0	0	0	
D SCOTT TURNER BOARD TREASURER	1 30	X		X				0	0	0	
ERIC KRUSE VICE BOARD CHAIR	1 30	X		X				0	0	0	
CRISTINA OAKELEY ALLEN BOARD OF DIRECTORS	1 30	X						0	0	0	
KATHLEEN H COTTER BOARD OF DIRECTORS	1 30	X						0	0	0	
JONATHAN B FLACK BOARD OF DIRECTORS	1 30	X						0	0	0	
WILLIAM MT FORRESTER SR BOARD OF DIRECTORS	1 30	X						0	0	0	
FLETCHER FOSTER BOARD OF DIRECTORS	1 30	X						0	0	0	
SUSAN GOODWIN BOARD OF DIRECTORS	1 30	X						0	0	0	
KATHLEEN C GUION BOARD OF DIRECTORS	1 30	X						0	0	0	
MARK GWYN BOARD OF DIRECTORS	1 30	X						0	0	0	
H WYNNE JAMES III BOARD OF DIRECTORS	1 30	X						0	0	0	
WILLIAM J KRUEGER BOARD OF DIRECTORS	1 30	X						0	0	0	
MARK OLDHAM BOARD OF DIRECTORS	1 30	X						0	0	0	
LYN PLANTINGA BOARD OF DIRECTORS	1 30	X						0	0	0	
JOHN G ROBERTS BOARD OF DIRECTORS/NON VOTING	1 30	X						0	0	0	
RONALD Q ROBERTS BOARD OF DIRECTORS	1 30	X						0	0	0	
SYLVIA ROBERTS AD HOC BOARD MEMBER/NON VOTING	1 30	X						0	0	0	
PAUL ROBINSON BOARD OF DIRECTORS	1 30	X						0	0	0	
BOB SPIETH BOARD OF DIRECTORS	1 30	X						0	0	0	
NED SPITZER BOARD OF DIRECTORS	1 30	X						0	0	0	
HOWARD STRINGER BOARD OF DIRECTORS	1 30	X						0	0	0	
DEE TANNER BOARD OF DIRECTORS	1 30	X						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MIMI VAUGHN PAST BOARD CHAIR	1 30	X						0	0	0
JEFFREY D WARNE BOARD OF DIRECTORS	1 30	X						0	0	0
DAWN WEAVER BOARD OF DIRECTORS	1 30	X						0	0	0
JOHN WEST BOARD OF DIRECTORS	1 30	X						0	0	0
MATTHEW BOURLAKAS COO	37 50			X				126,531	0	10,251
REBECCA GUNN CO-CFO	37 50			X				93,945	0	13,926
RICHARD REYNOLDS VP, FOOD RESOURCES	37 50			X				73,946	0	16,081
CAROL MILLER VP, STRATEGIC PARTNERSHIPS	37 50			X				72,650	0	16,550
CYNTHIA PATTERSON VP, DEVELOPMENT	37 50			X				87,677	0	13,248
JOHN COSMA VP, PROJECT RESERVE	37 50			X				20,596	0	0
TASHA KENNARD VP, MARKETING & COMMUNICATION	37 50			X				62,479	0	13,676
BRANDON BROWN DIRECTOR OF IT	37 50			X				56,170	0	13,769
KIM MOLNAR VP, PROGRAM & AGENCY SERVICE	37 50			X				73,573	0	19,285
CYNTHIA ACKERSLOOT CO-CFO	37 50			X				0	0	0

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code)	(Expenses \$ 311,207	including grants of \$	(Revenue \$ 172,023)
CULINARY ARTS CENTER - OPERATES A STATE-OF-THE-ART FOOD PREPARATION FACILITY LOCATED AT THE FOOD BANK THE PURPOSE OF THE CENTER IS TO EDUCATE THE PUBLIC ON ISSUES RELATED TO NUTRITION AND FOOD PREPARATION THE CENTER IS USED FOR FOOD HANDLING SAFETY CLASSES, FOOD PRODUCT TESTING AND DEMONSTRATIONS, NUTRITION TRAINING AND CATERING FOR THE FOOD BANK'S PARTNER AGENCIES, SUPPORTERS AND CLIENTS THE CULINARY ARTS CENTER ALSO OFFERS A LUNCH OPPORTUNITY EVERY FRIDAY THAT IS OPEN TO THE PUBLIC CALLED FIRST HARVEST CAFE FIRST HARVEST CAFE USES ONLY PURCHASED PRODUCT AND THE REVENUE GENERATED THROUGH CUSTOMER SALES GOES TO SUPPORT THE FOOD BANK'S MISSION			
(Code)	(Expenses \$ 2,754,039	including grants of \$	(Revenue \$ 0)
CHILDREN'S PROGRAMS - INCLUDES KIDS CAFE AND THE BACKPACK PROGRAM KIDS CAFE OPERATES A WEEKLY FEEDING PROGRAM FOR CHILDREN AT RISK OF HUNGER AT SEVERAL AREA COMMUNITY CENTERS AND PROVIDED OVER 150,000 MEALS DURING 2011 (176,000 MEALS IN 2010) THE MISSION OF THE BACKPACK PROGRAM IS TO MEET THE NEEDS OF HUNGRY CHILDREN BY PROVIDING THEM WITH NUTRITIOUS AND EASY TO PREPARE FOOD TO TAKE HOME ON WEEKENDS WHEN OTHER RESOURCES ARE NOT AVAILABLE DURING 2011, THE FOOD BANK DISTRIBUTED NEARLY 205,000 BACKPACKS TO HUNGRY CHILDREN (137,000 BACKPACKS IN 2010)			

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization SECOND HARVEST FOOD BANK OF MIDDLE TN INC	Employer identification number 62-1049447
--	---

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶_____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ _____

8

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

☐ Yes ☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,334,586		1,334,586
b Buildings		6,897,483	1,484,930	5,412,553
c Leasehold improvements				
d Equipment		2,169,273	1,537,504	631,769
e Other		1,452,846	955,864	496,982
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				7,875,890

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	53,125,780
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	54,161,854
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,036,074
4	Net unrealized gains (losses) on investments	4	367,988
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-786,184
9	Total adjustments (net) Add lines 4 - 8	9	-418,196
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,454,270

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	52,920,416
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	367,988
b	Donated services and use of facilities	2b	76,339
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-786,184
e	Add lines 2a through 2d	2e	-341,857
3	Subtract line 2e from line 1	3	53,262,273
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 XIV)	4b	-136,493
c	Add lines 4a and 4b	4c	-136,493
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	53,125,780

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	54,374,686
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	76,339
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	136,493
e	Add lines 2a through 2d	2e	212,832
3	Subtract line 2e from line 1	3	54,161,854
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 XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	54,161,854

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
PART XI, LINE 8 - OTHER ADJUSTMENTS		REDUCTION ON TEMP RESTRICTED PLEDGE REC DUE TO CHANGE IN DONOR INTENT -786,184
PART XII, LINE 2D - OTHER ADJUSTMENTS		REDUCTION ON TEMP RESTRICTED PLEDGE REC DUE TO CHANGE IN DONOR INTENT -786,184
PART XII, LINE 4B - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSES -197,028 DIRECT DONOR BENEFIT 60,535
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENTS EXPENSES 197,028 DIRECT DONOR BENEFIT -60,535

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SECOND HARVEST FOOD BANK OF MIDDLE TN INC

Employer identification number
62-1049447

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			HARVEST MOON BALL	GENEROUS HELPINGS	8	(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	227,138	78,055	214,765	519,958
	2	Less Charitable contributions	135,750	56,390	107,823	299,963
3	Gross income (line 1 minus line 2)		91,388	21,665	106,942	219,995
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes	1,466	855		2,321
	6	Rent/facility costs		1,000	18,134	19,134
	7	Food and beverages	45,801	82	0	45,883
	8	Entertainment	5,250			5,250
	9	Other direct expenses	25,581	12,272	6,731	44,584
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				117,172
	11	Net income summary Combine lines 3 and 10 in column (d). ▶				102,823

Part III Gaming.

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

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
1	Gross revenue					
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes % <input type="checkbox"/> No</div>	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

☐ Yes

☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes

☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

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

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes

☐ No

b

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

c

If "Yes," enter name and address

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
SECOND HARVEST FOOD BANK OF MIDDLE TN INC

Employer identification number
62-1049447

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAYNEE K DAY	(i)	199,129	32,000	0	15,222	17,010	263,361	237,003
	(ii)	0	0	0	0	0	0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 4A	
SUPPLEMENTAL INFORMATION	PART III	PART I, LINE #4A- FOR THE CALENDAR YEAR, RICHARD REYNOLDS RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$19,015 THAT WAS REPORTED ON THE 2010 FORM 1099

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
SECOND HARVEST FOOD BANK OF MIDDLE TN INC

Employer identification number
62-1049447

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 oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory	X	1,000	15,958,270	RECORDS
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
NISSAN				
25 Other ► (TRUCK)	X	1	43,172	FMV
FOOD & BEVERAGE NON-				
26 Other ► (INVENTORY)	X	13	32,224	COST
DONATED				
27 Other ► (LIQUOR)	X	1	15,609	COST
28 Other ► ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization SECOND HARVEST FOOD BANK OF MIDDLE TN INC	Employer identification number 62-1049447
---	--

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE CEO AND CFO REVIEW THE FORM 990 THE AUDIT COMMITTEE REVIEWS AND APPROVES THE FORM 990 FOR FILING WITH THE IRS THE BOARD IS PROVIDED A COPY OF THE FORM 990 AFTER IT IS FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	AT NEW MEMBER BOARD ORIENTATION, BOARD MEMBERS ARE GIVEN A CONFLICT OF INTEREST FORM TO READ AND SIGN THE CEO AND BOARD CHAIR REVIEW ANY ISSUES THAT COME UP

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION BENEFITS COMMITTEE, COMPRISED OF BOARD MEMBERS, REVIEW THE CEO, OFFICERS, AND OTHER KEY EMPLOYEES SALARIES AND BENEFITS THE BOARD APPROVES THE CEO COMPENSATION, AND THE CEO APPROVES ALL OTHER SALARY CHANGES AFTER CONSULTING WITH THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THE 990 AND AUDIT ARE ON THE SECOND HARVEST FOOD BANK AND GIVING MATTERS WEBSITES THE FORM 990 IS ALSO AVAILABLE ON GUIDESTAR

Identifier	Return Reference	Explanation
	FORM 990, PART VII, COLUMN D & F	PER THE FORM 990 INSTRUCTIONS THE OFFICER COMPENSATION AMOUNTS LISTED ON PART VII, COLUMNS D & F ARE FOR THE 2010 CALENDAR YEAR THE FISCAL YEAR COMPENSATION AMOUNTS FOR THE OFFICERS ARE LISTED ON PART IX LINE 5 THERE IS NO REPORTED CALENDAR YEAR COMPENSATION FOR CYNTHIA ACKERSLOOT BECAUSE SHE BEGAN WORKING FOR THE ORGANIZATION ON MAY 5, 2011 HER FISCAL YEAR COMPENSATION IS INCLUDED ON PART IX LINE 5 OF THE FORM 990

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 367,988 REDUCTION ON TEMP RESTRICTED PLEDGE REC DUE TO CHANGE IN DONOR INTENT -786,184 TOTAL TO FORM 990, PART XI, LINE 5 -418,196

Identifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 2C	THE ORGANIZATION'S OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS OR THE SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART I, LINE #6	TO DETERMINE THE NUMBER OF VOLUNTEERS THE ORGANIZATION DIVIDES THE TOTAL NUMBER OF VOLUNTEER HOURS FOR THE FISCAL YEAR OF 58,972 BY THE LENGTH OF THE 2 5 HOUR VOLUNTEER SHIFTS THEREFORE THE ESTIMATED NUMBER OF VOLUNTEERS FOR THE FISCAL YEAR IS 23,588