

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 private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

B Check if applicable
Address change
Name change
Initial return
Final 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) Room/suite
331 GREAT CIRCLE ROAD
City or town, state or province, country, and ZIP or foreign postal code
NASHVILLE, TN 37228

D Employer identification number
62-1049447
E Telephone number
(615) 329-3491
G Gross receipts \$ 93,451,615

F Name and address of principal officer
HEATHER VERBLE
331 GREAT CIRCLE ROAD
NASHVILLE, TN 37228

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
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

1 Briefly describe the organization's mission or most significant activities
TO FEED HUNGRY PEOPLE AND WORK TO SOLVE HUNGER ISSUES IN OUR COMMUNITY

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 4 columns: Description, Prior Year, Current Year, End of Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses, 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

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: HEATHER VERBLE CFO
Date: 2019-12-20

Paid Preparer Use Only
Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

SECOND HARVEST 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, THE NATION'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?  Yes  No  
 If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 48,408,716 including grants of \$ 5,421,111 ) (Revenue \$ 608,078 )  
 See Additional Data

**4b** (Code ) (Expenses \$ 31,008,266 including grants of \$ ) (Revenue \$ 32,677,647 )  
 See Additional Data

**4c** (Code ) (Expenses \$ 4,222,631 including grants of \$ 214,089 ) (Revenue \$ )  
 See Additional Data

(Code ) (Expenses \$ 2,133,669 including grants of \$ ) (Revenue \$ )  
 CHILDREN'S PROGRAMS - INCLUDES KIDS CAFE, AT RISK AFTER SCHOOL PROGRAM AND THE BACKPACK PROGRAM KIDS CAFE AND AT RISK AFTER SCHOOL PROGRAM OPERATES A WEEKLY FEEDING PROGRAM FOR CHILDREN AT RISK OF HUNGER AT SEVERAL AREA COMMUNITY CENTERS AND PROVIDED NEARLY 200,000 MEALS AND SNACKS DURING 2019 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 2019, THE FOOD BANK DISTRIBUTED NEARLY 250,000 BACKPACKS TO HUNGRY CHILDREN THE SCHOOL FOOD PANTRY PROGRAM IS DESIGNED TO INCREASE FOOD ACCESS FOR FAMILIES IN NEED AND MAY HAVE A PERMANENT RESIDENCE WITHIN A SCHOOL OR MAY OPERATE THROUGH A MOBILE PANTRY DISTRIBUTION WHERE FOOD IS BROUGHT TO THE SCHOOL CAMPUS AND DISTRIBUTED ONCE A MONTH TWENTY-NINE SITES WERE OPERATED DURING 2019, PROVIDING NEARLY 150,000 POUNDS OF FOOD FOR FAMILIES IN NEED

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 2,133,669 including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ 85,773,282

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, political activities, and financial reporting.

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

		Yes	No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23 Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a	No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b	No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26	No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</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
<b>c</b>	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
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29 Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32	No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a 78	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c Yes	

<b>2a</b> 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 . . . . .		<b>2a</b>	135		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		No	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>	<b>3b</b>			
<b>4a</b>	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)? . . . . .	<b>4a</b>		No	
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		No	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No	
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		No	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	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? . . . . .	<b>7a</b>	Yes		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	Yes		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		No	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>			
<b>b</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 . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .	<b>15</b>		No	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .	<b>16</b>		No	

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 or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (28); 1b Enter the number of voting members included in line 1a, above, who are independent (28); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [X] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: HEATHER VERBLE CFO 331 GREAT CIRCLE ROAD NASHVILLE, TN 37228 (615) 329-3491







**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>			
	<b>b</b> Membership dues . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . .	<b>1c</b>	513,676		
	<b>d</b> Related organizations	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>	7,372,008		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	51,588,759		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____		44,703,825		
	<b>h Total.</b> Add lines 1a-1f . . . . .		59,474,443		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> PROJECT PRESERVE PROGR		624200	32,677,647	32,677,647		
<b>b</b> SHARED MAINTENANCE		624200	354,810	354,810			
<b>c</b> TRANSPORTATION REIMBUR		624000	215,783	215,783			
<b>d</b> OTHER INCOME		624000	37,485	37,485			
<b>e</b> _____							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f . . . . .			33,285,725				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			34,163			34,163
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less cost or other basis and sales expenses	350,053	31,230				
	<b>c</b> Gain or (loss)	295,388	84,835				
	<b>d</b> Net gain or (loss) . . . . .	54,665	-53,605		1,060		1,060
	<b>8a</b> Gross income from fundraising events (not including \$ 513,676 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	179,148				
	<b>c</b> Net income or (loss) from fundraising events . . . . .		148,516		30,632		30,632
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> SPECIAL EVENTS - OTHER		624200	96,853			96,853	
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			96,853				
<b>12 Total revenue.</b> See Instructions . . . . .			92,922,876	33,285,725	0	162,708	

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	5,214,056	5,214,056		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	421,144	421,144		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	882,785	459,897	220,722	202,166
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	5,562,170	4,263,194	163,641	1,135,335
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	307,306	239,684	9,880	57,742
<b>9</b> Other employee benefits.	1,163,330	931,102	10,010	222,218
<b>10</b> Payroll taxes.	451,502	341,598	16,836	93,068
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	56,973	910	56,063	
<b>b</b> Legal.	5,218		5,218	
<b>c</b> Accounting.	56,447		56,447	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.	516,287			516,287
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	48,314	44,313		4,001
<b>12</b> Advertising and promotion.	66,534	28,901	13,283	24,350
<b>13</b> Office expenses.	941,839	387,688	137,877	416,274
<b>14</b> Information technology.	378,412	252,579	13,841	111,992
<b>15</b> Royalties.				
<b>16</b> Occupancy.	1,816,352	1,779,640	27,389	9,323
<b>17</b> Travel.	108,086	56,532	25,651	25,903
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.	118,649	24,851	93,798	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	957,943	908,627	24,407	24,909
<b>23</b> Insurance.	226,744	215,071	4,755	6,918
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> DONATED FOOD	38,190,567	38,190,567		
<b>b</b> FOOD SUPPLIES & DISTRIB	29,118,294	29,096,983	7,595	13,716
<b>c</b> PRODUCT TRANSPORTATION	2,718,955	2,718,120	75	760
<b>d</b> CONTRACT LABOR	280,038	197,825		82,213
<b>e</b> All other expenses	26,256		26,256	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	89,634,201	85,773,282	913,744	2,947,175
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	3,013,866	<b>1</b>	622,405	
	<b>2</b> Savings and temporary cash investments . . . . .	222,215	<b>2</b>	242,091	
	<b>3</b> Pledges and grants receivable, net . . . . .	3,863,844	<b>3</b>	4,808,711	
	<b>4</b> Accounts receivable, net . . . . .	1,592,610	<b>4</b>	1,779,611	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .			<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .			<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	243,182	<b>9</b>	311,144	
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	26,052,491			
	<b>b</b> Less accumulated depreciation	6,894,305			
		12,227,304	<b>10c</b>	19,158,186	
	<b>11</b> Investments—publicly traded securities . . . . .			<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	1,795,157	<b>12</b>	1,879,002	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .			<b>13</b>	
	<b>14</b> Intangible assets . . . . .			<b>14</b>	
<b>15</b> Other assets See Part IV, line 11 . . . . .	3,443,667	<b>15</b>	5,769,169		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	26,401,845	<b>16</b>	34,570,319		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,881,925	<b>17</b>	3,054,837	
	<b>18</b> Grants payable . . . . .			<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	247,974	<b>19</b>	1,374,488	
	<b>20</b> Tax-exempt bond liabilities . . . . .			<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,042,621	<b>23</b>	3,492,304	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D . . . . .	628,300	<b>25</b>	1,753,244	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	4,800,820	<b>26</b>	9,674,873	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets	18,923,546	<b>27</b>	22,091,235	
	<b>28</b> Temporarily restricted net assets . . . . .	2,677,479	<b>28</b>	2,804,211	
	<b>29</b> Permanently restricted net assets			<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	21,601,025	<b>33</b>	24,895,446		
<b>34</b> Total liabilities and net assets/fund balances . . . . .	26,401,845	<b>34</b>	34,570,319		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	92,922,876
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	89,634,201
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	3,288,675
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	21,601,025
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,746
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	24,895,446

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  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?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 62-1049447

**Name:** SECOND HARVEST FOOD BANK OF MIDDLE TN  
INC

Form 990 (2018)

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### **Form 990, Part III, Line 4a:**

COMMUNITY FOOD PARTNERS - PROVIDED NEARLY 25 MILLION POUNDS OF FOOD DURING 2019 TO OVER 450 NOT-FOR-PROFIT AGENCIES, INCLUDING SOUP KITCHENS AND EMERGENCY FOOD PROGRAMS THE GROCERY RESCUE PROGRAM COLLECTS PERISHABLE AND NON-PERISHABLE FOOD FROM 280 FOOD DONORS, SUCH AS GROCERY STORES, RETAILERS, WHOLESALERS AND BAKERIES, WHICH IS THEN DISTRIBUTED TO OUR COMMUNITY FOOD PARTNERS AND PROGRAMS THESE PRODUCTS INCLUDE MEATS, PRODUCE, DAIRY, BREAD, BAKERY ITEMS AND DRY PRODUCTS DURING 2019, THE FOOD BANK DISTRIBUTED OVER 12.8 MILLION POUNDS OF FOOD (EQUIVALENT TO MORE THAN 10.6 MILLION MEALS) UNDER THIS PROGRAM ANOTHER PROGRAM WITHIN 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 2019, NEARLY 6.2 MILLION POUNDS OF FOOD WERE DISTRIBUTED THROUGH THIS PROGRAM SECOND HARVEST ALSO OFFERS SNAP OUTREACH THROUGH OUR EMERGENCY FOOD BOX SITES, MOBILE PANTRY DISTRIBUTIONS, AND PARTNER AGENCIES SNAP, ALSO KNOWN AS FOOD STAMPS, IS FOR PEOPLE AND FAMILIES WITH LOW INCOMES, INCLUDING WORKING PEOPLE, HOUSEHOLDS WITH CHILDREN, SENIORS, UNEMPLOYED PEOPLE, IMMIGRANT FAMILIES AND PEOPLE WITH DISABILITIES SNAP HELPS THEM BUY THE FOOD THEY NEED FOR GOOD HEALTH SECOND HARVEST'S BENEFITS OUTREACH COUNSELORS SHARE INFORMATION ABOUT THE NUTRITION BENEFITS OF SNAP, PRE-SCREENS POTENTIAL PARTICIPANTS, AND HELPS PEOPLE FILL OUT THE SNAP APPLICATION IN FY19, OUR COUNSELOR ASSISTED IN COMPLETING APPROXIMATELY 800 APPLICATIONS IN OCTOBER 2018, SECOND HARVEST FOOD BANK BEGAN OPERATING CSFP (COMMODITY SUPPLEMENTAL FOOD PROGRAM) WHICH WORKS TO IMPROVE THE HEALTH OF LOW INCOME PERSONS AT LEAST 60 YEARS OF AGE BY SUPPLEMENTING THEIR DIETS WITH NUTRITIOUS USDA FOODS IN 2019, 16,989 BOXES WERE DISTRIBUTED TO QUALIFIED SENIORS IN DAVIDSON COUNTY

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**Form 990, Part III, Line 4b:**

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 ADDITIONALLY, THIS OPERATION PRODUCES TRAY PACK MEALS FOR CHILDREN'S FEEDING, SENIOR NUTRITION AND PARTNER AGENCIES THAT DO DIRECT HOME DISTRIBUTION TO CLIENTS IN NEED IN 2017, AN INNOVATIVE SOLUTION TO PRODUCE SHELF STABLE SPAGHETTI SAUCE FROM DONATED TOMATOES BEGAN PROJECT PRESERVE WAS ABLE TO PRODUCE NEARLY 140,000 13 OUNCE POUCHES OF THIS HIGHLY NUTRITIOUS AND DESIRABLE PRODUCT DURING 2019 ANOTHER COMPONENT OF PROJECT PRESERVE IS TO PROVIDE DISASTER RELIEF DURING 2019, PROJECT PRESERVE WAS ABLE TO PROVIDE NEARLY \$1M IN PURCHASED FOOD EITHER IN CASE LOT OR ASSEMBLED FOOD BOXES TO AFFECTED FEEDING AMERICA NETWORK FOOD BANKS IN ADDITION, PROJECT PRESERVE PROVIDED OVER 42 MILLION POUNDS OF QUALITY FIRST LINE PURCHASED FOOD ITEMS TO THE FEEDING AMERICA NETWORK OF FOODBANKS

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**Form 990, Part III, Line 4c:**

EMERGENCY FOOD BOX - PROVIDED NEARLY 2.4 MILLION POUNDS OF FOOD DURING 2019 IN EMERGENCY STAPLES TO FAMILIES IN NEED THROUGH ITS SIXTEEN SATELLITE CENTERS IN DAVIDSON COUNTY. ADDITIONALLY, THE PRODUCE TRUCK WAS LAUNCHED IN MARCH 2018 TO SUPPLEMENT THE EMERGENCY FOOD BOX NETWORK WITH WEEKLY DELIVERIES OF FRUITS AND VEGETABLES. THE PRODUCE TRUCK DELIVERS TO 8 LOCATIONS IN DAVIDSON COUNTY INCLUDING SENIOR TOWERS AND SAFETY NET CLINICS, DURING THE MONTHS MARCH-OCTOBER. THE PRODUCE TRUCK AVERAGE DISTRIBUTION IS NEARLY 20,000 POUNDS TO APPROXIMATELY 50 HOUSEHOLDS PER WEEK IN DAVIDSON COUNTY.

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**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JONATHAN FLACK ..... BOARD CHAIR	1 30 .....	X		X				0	0	0
LUCIA FOLK ..... VICE BOARD CHAIR	1 30 .....	X		X				0	0	0
GABRIELA LIRA ..... BOARD SECRETARY	1 30 .....	X		X				0	0	0
SHAWN WILLIAMS ..... BOARD TREASURER	1 30 .....	X		X				0	0	0
GREG ALLEN ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
SCOTT BOWERS ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
BRIAN BOWMAN ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
DAVID BRADLEY ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
SUZANNE BUCHANAN ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
JOHN BUMPUS ..... 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR JIM BURTON ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
MELISSA EADS ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
BRUCE ESWORTHY ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
ANDY FLATT ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
DAVE FULMER ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
LISA GARDI ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
DENNIS GEORGATOS ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
AMY JOHNSTON-LITTLE ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
DREW BERG ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
LEE CUNNINGHAM ..... 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LYN PLANTINGA ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
TROY EDWARDS ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
TONY ROSE ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
LAQUITA STRIBLING ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
DAVID JOHNSON ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
SHARON W REYNOLDS ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
DEREK SCHRAW ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
KEN WATKINS ..... BOARD OF DIRECTORS	1 30 .....	X						0	0	0
JAYNEE DAY UNTIL 63019 ..... PRESIDENT/CEO	37 50 .....			X				298,279	0	34,532
HEATHER VERBLE ..... CHIEF FINANCIAL OFFICER	37 50 .....			X				136,192	0	20,225

**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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY KEIL ..... CHIEF DEVELOPMENT AND MARK	37 50 .....				X			167,013	0	22,761
KIM MOLNAR ..... CHIEF OPERATING OFFICER	37 50 .....					X		149,800	0	28,237
KARYN THOMPSON ..... VICE PRESIDENT OF HUMAN RESOURCES	37 50 .....					X		105,583	0	17,590
RICHARD BROWN ..... SENIOR DIRECTOR OF DEVELOPMENT	37 50 .....					X		101,872	0	21,748

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	48,644,262	54,277,276	53,526,758	52,972,889	59,474,444	268,895,629
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	48,644,262	54,277,276	53,526,758	52,972,889	59,474,444	268,895,629
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						92,468,980
<b>6 Public support.</b> Subtract line 5 from line 4						176,426,649

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4	48,644,262	54,277,276	53,526,758	52,972,889	59,474,444	268,895,629
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,929	20,643	60,360	44,885	34,163	176,980
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on			153,357	197,413	127,485	478,255
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						269,550,864

**12** Gross receipts from related activities, etc (see instructions) **12** 171,869,361

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	65.450 %
<b>15</b> Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	63.700 %

**16a 33 1/3% support test—2018.** 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—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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



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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 62-1049447

**Name:** SECOND HARVEST FOOD BANK OF MIDDLE TN  
INC

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

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization SECOND HARVEST FOOD BANK OF MIDDLE TN INC	<b>Employer identification number</b>  62-1049447
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				



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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?	Yes		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?		No	
<b>j</b> Total. Add lines 1c through 1i			0
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1	LOBBYING ACTIVITIES CONSIST PRIMARILY OF GETTING THE STATE OF TENNESSEE BUDGET AMENDMENT ON THE DOCKET FOR A STATE APPROPRIATION THAT THE 5 FOOD BANKS ACROSS THE STATE SPLIT

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**► Attach to Form 990.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**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" on Form 990, Part IV, line 6.

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

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

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

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

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

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		1,414,586		1,414,586
<b>b</b> Buildings . . . . .		18,137,601	3,464,435	14,673,166
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		6,500,304	3,429,870	3,070,434
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				19,158,186



**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) EUROPACIFIC GROWTH FUND	155,879	F
(B) GROWTH FUND OF AMERICA	331,070	F
(C) SMALL CAP WORLD FUND	205,229	F
(D) WASHIGTON MUTUAL INVESTORS	342,363	F
(E) BOND FUND OF AMERICA	292,741	F
(F) ISHARES RUSSELL 2000 EFT	93,300	F
(G) ISHARES US PREFERRED STOCK EFT	84,755	F
(H) SHORT TERM BOND OF AMERICA	373,665	F
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	1,879,002	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DONATED FOOD INVENTORY	2,144,554
(2) COMMODITIES INVENTORY	1,374,488
(3) OTHER INVENTORY	2,250,127
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	5,769,169

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
LINE OF CREDIT	1,753,244
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	1,753,244

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	92,957,175
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	5,746
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	19,768
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-139,814
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-114,300
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	93,071,475
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-148,599
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-148,599
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	92,922,876

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	89,802,568
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	19,768
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	148,599
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	168,367
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	89,634,201
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	89,634,201

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 62-1049447

**Name:** SECOND HARVEST FOOD BANK OF MIDDLE TN  
INC

### Form 990, Schedule D, Part VII - Investments Other Securities

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(A) EUROPACIFIC GROWTH FUND	155,879	F
(A) GROWTH FUND OF AMERICA	331,070	F
(B) SMALL CAP WORLD FUND	205,229	F
(C) WASHIGTON MUTUAL INVESTORS	342,363	F
(D) BOND FUND OF AMERICA	292,741	F
(E) ISHARES RUSSELL 2000 EFT	93,300	F
(F) ISHARES US PREFERRED STOCK EFT	84,755	F
(G) SHORT TERM BOND OF AMERICA	373,665	F

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2	MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE FOOD BANK'S INCOME TAX RETURNS TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION OF ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT" STANDARD. ACCORDINGLY, THERE ARE NO PROVISIONS FOR INCOME TAXES, PENALTIES OR INTEREST RECEIVABLE OR PAYABLE RELATING TO UNCERTAIN INCOME TAX POSITIONS IN THE ACCOMPANYING FINANCIAL STATEMENTS.

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	ELIMINATE DIRECT DONOR BENEFIT -139,814

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSES -148,599

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSES 148,599



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BRAD CECIL & ASSOCIATES INC 2115 ARLINGTON DOWNS ROAD ARLINGTON, TX 76011	DIRECT MAIL CONSULTANT		No	1,841,480	516,287	1,325,193
<b>Total</b>				1,841,480	516,287	1,325,193

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

TN

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

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		<b>HARVEST MOON BALL</b> (event type)	<b>STARS</b> (event type)	<b>2</b> (total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	232,203	229,824	230,797	692,824
	<b>2</b> Less Contributions . . . . .	197,503	107,804	208,369	513,676
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	34,700	122,020	22,428	179,148
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	19,355	27,947	8,720	56,022
	<b>7</b> Food and beverages . . . . .	21,807		21,982	43,789
	<b>8</b> Entertainment . . . . .	8,800	6,775		15,575
	<b>9</b> Other direct expenses . . . . .	22,004	2,109	9,017	33,130
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				148,516
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				30,632

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

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

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in
- |          |                             |   |
|----------|-----------------------------|---|
| <b>a</b> | The organization's facility | % |
| <b>b</b> | An outside facility         | % |

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer       Employee       Independent contractor

**17** Mandatory distributions

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

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

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

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

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

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

Employer identification number  
62-1049447

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 80

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)	4330		421,144	FAIR MARKET VALUE	CSFP COMMODITIES
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	TEFAP COMMODITIES ELIGIBILITY CRITERIA - PARTNER AGENCIES ARE MONITORED BY SITE VISITS BY SECOND HARVEST STAFF AND ARE REQUIRED TO SUBMIT MONTHLY INVENTORY LISTINGS OF USDA COMMODITIES RECEIVED AND USED IN FEEDING PROGRAMS CSFP - PARTICIPATING CLIENTS MUST BE 60 YEARS OF AGE OR OLDER, LIVE IN DAVIDSON COUNTY, AND MEET INCOME GUIDELINES CSFP PARTNER AGENCIES ARE MONITORED BY SECOND HARVEST PERSONNEL AND CLIENTS PROVIDE PROOF OF AGE, ADDRESS AND INCOME WITH THEIR CSFP APPLICATION

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 62-1049447  
**Name:** SECOND HARVEST FOOD BANK OF MIDDLE TN  
INC

### Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MANNA CAFE MINISTRIES 1960-J MADISON STREET 312 CLARKSVILLE, TN 37043	27-1699146	501C3		508,390	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
WHITTAKER CHURCH OF GODWHEEL COMMUNITY FB 1200 BETHLEHEM CHURCH ROAD SHELBYVILLE, TN 37160		501C3		252,274	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

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OUR DAILY BREAD FOOD PANTRY 1180 WAYNE RD SAVANNAH, TN 38372	27-3220201	501C3		246,382	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
UNITED MINISTRIES P O BOX 1094 SPRINGFIELD, TN 37172	62-1581339	501C3		230,992	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

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THE BRANCH 2620 UNA ANTIOCH PIKE NASHVILLE, TN 37013	46-3153789	501C3		221,928	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
GOD'S STOREHOUSE LAWRENCEBURG 425 FRANK STREET LAWRENCEBURG, TN 38464	41-2108736	501C3		202,388	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE



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

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MADISON BENEVOLENCE CENTER 106 NORTH GALLATIN ROAD MADISON, TN 37115	62-0630112	501C3		191,465	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
GOD'S STOREHOUSE FIRST PRESBYTERIAN 947 EAST COLLEGE STREET PULASKI, TN 38478	46-1869765	501C3		191,452	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

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LOVE ONE ANOTHER JOSEPH'S STOREHOUSE JOSEPHS STOREHOUSE LEBANON, TN 37090	64-1641617	501C3		185,508	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
NASHVILLE RESCUE MISSION 639 LAFAYETTE STREET NASHVILLE, TN 37203	45-2424130	501C3		146,365	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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BUT GOD MINISTRIES 861 FONNIC DRIVE NASHVILLE, TN 37207	46-3870845	501C3		132,669	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
THE MILAN MUSTARD SEED INC PO BOX 466 MILAN, TN 38358	62-1224019	501C3		115,009	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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GRACEWORKS MINISTRIES 104 SOUTHEAST PARKWAY FRANKLIN, TN 37064	62-1584204	501C3		110,169	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
HANDS OF MERCY OUTREACH 28 DEER TRACE FAYETTEVILLE, TN 37334	62-1147122	501C3		98,748	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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MACON HELPS 111 MAIN STREET LAFAYETTE, TN 37083	62-1500589	501C3		98,597	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
AMAZING GRACE MISSION WESTMORELAND FOOD BANK WESTMORELAND, TN 37186	62-1768690	501C3		92,702	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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HELPING HAND OF HUMBOLDT PO BOX 8 HUMBOLDT, TN 38343	58-1556492	501C3		86,877	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
STAR MINISTRIES PO BOX 101482 NASHVILLE, TN 37224	62-1651528	501C3		81,566	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

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LASCASSAS UNITED METHODIST CHURCH 821 JAY LANE LASCASSAS, TN 37085		501C3		72,441	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
PERRY CO FOOD BANK PLUS FIRST BAPTIST CHURCH LINDEN, TN 37096		501C3		71,077	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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PUTNAM COUNTYHELPING HANDS 421 EAST BROAD STREET COOKEVILLE, TN 38501	62-1132736	501C3		69,656	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
CHRISTIAN COOP MINISTRY PO BOX 462 MADISON, TN 37116	58-1502903	501C3		68,322	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE



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LIMESTONE BAPTIST CHURCH 1613 WEST MAIN STREET FRANKLIN, TN 37064	37-1462595	501C3		66,381	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
COMMUNITY CARE MINISTRIES THE ATTIC 302 W HOGAN STREET TULLAHOMA, TN 37388	62-1778240	501C3		65,452	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

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HICKMAN CARES 123 CHURCH STREET CENTERVILLE, TN 37033		501C3		60,597	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
HARDIN COUNTY CHRISTIAN MINISTRY (CAM) 230 EUREKA ST SAVANNAH, TN 38372	31-1569911	501C3		55,610	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

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ST LUKE'S COMMUNITY HOUSE EFB 5601 NEW YORK AVENUE NASHVILLE, TN 37209	51-0185425	501C3		55,414	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
BUFFALO VALLEY INC 415 SOUTH PARK STREET HOHENWALD, TN 38462	58-1374964	501C3		53,530	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

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HELPING HANDS OF WARREN COUNTY 220 EAST MAIN STREET MCMINNVILLE, TN 37110		501C3		53,302	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
HAMPSHIRE FIRST BAPTIST CHURCH P O BOX 35 HAMPSHIRE, TN 38461		501C3		53,154	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

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BRIDGE MINISTRIES THE 533 BRICK CHURCH PARK DR NASHVILLE, TN 27207	01-0849577	501C3		51,591	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
GRACEWORKS WEST 2382 FAIRVIEW BLVD STE 102 FAIRVIEW, TN 37062	62-1584204	501C3		50,886	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EAST NASH COOPERATIVE MIN EFB 3115 GALLATIN PIKE NASHVILLE, TN 37216	62-6118270	501C3		49,218	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
HELPING HANDS OF HICKMAN COUNTY 10515 LIGON LOVE ROAD BON AQUA, TN 37025	20-3558685	501C3		45,498	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE HELP CENTER 3918 DICKERSON PIKE STE E NASHVILLE, TN 37207	47-2594358	501C3		45,329	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
SOUTH LAWRENCE FOOD CTR JOHN ALBRIGHT MEMORIAL/FAITH BAPTIST LORETTO, TN 38469		501C3		41,151	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

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OLIVET MISSIONARY BAPTIST EFB 144 EWING DRIVE NASHVILLE, TN 37207		501C3		37,086	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
THE FAMILY CENTER PO BOX 576 COLUMBIA, TN 38401	62-1597122	501C3		35,141	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE



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THE LITTLE PANTRY THAT COULD 2011 24TH AVENUE NORTH NASHVILLE, TN 37208	45-3746317	501C3		34,749	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
HERE AM I MISSIONS 222 NESTOR ROAD HOHENWALD, TN 38462	20-5589542	501C3		31,773	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

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GRACE CHURCH OF THE NAZARENE 2302 HIGHLAND AVE COLUMBIA, TN 38401	62-6118755	501C3		29,866	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
BETHESDA CENTER 124 S MAIN STREET ASHLAND CITY, TN 37015	82-3055027	501C3		29,547	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

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FIRST CHRISTIAN CHURCH CLARKSVILLE 516 MADISON STREET CLARKSVILLE, TN 37040	62-6165692	501C3		26,841	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
DICKSON COUNTY HELP CTR 103 WEST COLLEGE STREET DICKSON, TN 37055	62-1075335	501C3		25,516	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

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KING'S DAUGHTERS' SCHOOL 412 WEST 9TH STREET COLUMBIA, TN 38401	62-0560293	501C3		24,651	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
MILAN MUSTARD SEED-SOUP KITCHEN 2027 SECOND STREET MILAN, TN 38358	62-1224019	501C3		24,565	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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FAITHWORKSFIRST UMC 202 S MAIN STREET MT PLEASANT, TN 38474	62-1122919	501C3		24,466	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
HILLCREST UMC 5112 RAYWOOD LANE NASHVILLE, TN 37211		501C3		23,819	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HIGHLAND HEIGHTS CHURCH OF CHRIST 785 SOUTH LOWREY STREET SMYRNA, TN 37167		501C3		22,777	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
PARIS FIRST CHURCH OF THE NAZERENE 4220 HWY 218 BYPASS PARIS, TN 38242		501C3		21,299	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MP-MIDLAND BAPTIST CHURCH 3114 MIDLAND FOSTERVILLE RD BELL BUCKLE, TN 37020		501C3		21,116	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
BIG SANDY CHRISTIAN COMM OUTREACH 30 FRONT ST BIG SANDY, TN 38221	81-0705253	501C3		18,395	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY HELP CTR TROUSDALE 120A MCMURRY BLVD HARTSVILLE, TN 37074	62-1530097	501C3		17,445	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
COLLINWOOD HELP CENTER P O BOX 293 COLLINWOOD, TN 38450	26-3630974	501C3		17,393	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST PENTACOSTAL CHURCH OF LEXINGTON 175 NATCHEZ TRACE DRIVE LEXINGTON, TN 38351	62-1158715	501C3		16,992	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
THE WELL 5226 MAIN STREET SPRING HILL, TN 37174	32-0258525	501C3		16,400	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LUKE 1412 705 DREXEL STREET NASHVILLE, TN 37203	62-1813012	501C3		15,874	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
NEW BEGINNINGS CHURCH OF GOD 8125 HWY 69 A BIG SANDY, TN 38221		501C3		14,858	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MP MANNA CAFE STEWART COUNTY 1319 E FRANKLIN ST CLARKSVILLE, TN 37043	27-1699146	501C3		13,196	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
CEDARCROFT HOME P O BOX 1266 LEBANON, TN 370881266	62-1641402	501C3		12,238	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LADIES OF CHARITY WELFARE 2212 STATE STREET NASHVILLE, TN 37203	62-0481799	501C3		11,970	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
RADICAL MISSION COMPASIONATE MINISTRIES 150 RICHVIEW RD CLARKSVILLE, TN 37043	20-1630209	501C3		11,630	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOPE MINISTRIES PO BOX 1098 LEXINGTON, TN 38351	62-1626556	501C3		11,576	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
CATHOLIC CHARITIES LOAVES & FISHES 508 MAIN ST NASHVILLE, TN 37206		501C3		11,386	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ROOM IN THE INN 532 8TH AVENUE SOUTH NASHVILLE, TN 37202	62-0811413	501C3		11,162	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
SAMARITAN SOUP KITCHEN 1041 28TH AVENUE NORTH NASHVILLE, TN 37208	62-1341004	501C3		11,008	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EDMONDSON CHAPEL CHURCH 5222 HICKORY HOLLOW PARKWAY ANTIOCH, TN 37013		501C3		9,855	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
PICKETT COUNTY FOOD BANK 141 SKYLINE DRIVE BYRDSTOWN, TN 38549	47-3789352	501C3		9,643	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST BAPTIST CHURCH OF MANCHESTER 1006 HILLSBORO BLVD MANCHESTER, TN 37355		501C3		8,724	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
FRIENDSHIP COMMUNITY CHURCH 15285 LEBANON ROAD OLD HICKORY, TN 37138	86-1155845	501C3		8,657	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SMITHVILLE CUMBERLAND PRESBYTERIAN CHURCH 201 S COLLEGE ST SMITHVILLE, TN 37166		501C3		8,594	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
MID CUMBERLAND COMM ACTION OF RUTHERFORD MID-CUMBERLAND CAA LEBANON, TN 370880310	62-0859072	501C3		8,310	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST CHRISTIAN CHURCH TULLAHOMA PO BOX 606 TULLAHOMA, TN 37388	62-1125519	501C3		7,666	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
MONTEREY FOOD PANTRY 1123 E COMMERCIAL AVE MONTEREY, TN 38574	27-2987330	501C3		7,568	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CLEVELAND STREET BAPTIST CHURCH 608 CLEVELAND STREET NASHVILLE, TN 37207		501C3		7,202	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
ONE GENERATION AWAY 1715 COLUMBIA AVENUE FRANKLIN, TN 37064	46-2741214	501C3		7,117	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BONDECROFT BAPTIST CHRUCHGOD'S PANTRY PO BOX 337 SPARTA, TN 38583		501C3		6,583	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
AJAX TURNER CLARKSVILLE SR CITIZENS 953 CLARK STREET CLARKSVILLE, TN 37040	62-6051216	501C3		6,337	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LAKESIDE CHRISTIAN FELLOWSHIP PO BOX 189 PARIS, TN 38242	62-1179857	501C3		6,213	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
NEW HARMONY BAPTIST CHURCH 7050 HWY 69 SOUTH PARIS, TN 38242		501C3		6,119	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization SECOND HARVEST FOOD BANK OF MIDDLE TN INC	Employer identification number 62-1049447
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**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                         </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</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 of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>				
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>				
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                         </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4a</b>		No		
	<b>4b</b>	Yes			
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5a</b>	Yes			
	<b>5b</b>		No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6a</b>	Yes			
	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>		No		
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> JAYNEE DAY UNTIL 63019 PRESIDENT/CEO	(i)	222,739	50,000	25,540	21,675	12,857	332,811	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> HEATHER VERBLE CHIEF FINANCIAL OFFICER	(i)	125,238	10,681	273	11,006	9,219	156,417	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> NANCY KEIL CHIEF DEVELOPMENT AND MARK	(i)	152,430	12,836	1,747	13,226	9,535	189,774	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> KIM MOLNAR CHIEF OPERATING OFFICER	(i)	135,415	12,017	2,368	12,386	15,851	178,037	0
	(ii)	0	0	0	0	0	0	0

**Part III** Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	INLCUED IN BONUS AND INCENTIVE COMPENSATION FOR JAYNEE K DAY IS \$18,500 OF NONQUALIFIED DEFERRED COMPENSATION UNDER 457B



<b>Return Reference</b>	<b>Explanation</b>
PART I, LINE 5	THE EXECUTIVE COMPENSATION COMMITTEE HAS A THREE-PART REVIEW TO DETERMINE IF AND HOW MUCH IN EXECUTIVE BONUSES WILL BE PAID. THEY LOOK AT 1) NET INCOME VERSUS BUDGET, 2) ATTAINING THE GOALS SET AS CRITICAL MEASURES FOR THE YEAR (POUNDS OF FOOD DONATED, POUNDS OF FOOD DISTRIBUTED, PROJECT PRESERVE NET REVENUE, DEVELOPMENT REVENUE), AND 3) POSITIVE CASH FLOW FOR THE YEAR.

<b>Return Reference</b>	<b>Explanation</b>
PART I, LINE 6	THE EXECUTIVE COMPENSATION COMMITTEE HAS A THREE-PART REVIEW TO DETERMINE IF AND HOW MUCH IN EXECUTIVE BONUSES WILL BE PAID. THEY LOOK AT 1) NET INCOME VERSUS BUDGET, 2) ATTAINING THE GOALS SET AS CRITICAL MEASURES FOR THE YEAR (POUNDS OF FOOD DONATED, POUNDS OF FOOD DISTRIBUTED, PROJECT PRESERVE NET REVENUE, DEVELOPMENT REVENUE), AND 3) POSITIVE CASH FLOW FOR THE YEAR.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

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 Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X	7	97,205	FAIR MARKET VALUE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	33	349,947	MARKET VALUE
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	578	44,242,728	RECORDS
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( OTHER SPECIAL EVENTS ) . . . . .	X	57	23,785	FAIR MARKET VALUE
26 Other ▶ ( OTHER SUPPLIES ) . . . . .	X	23	13,005	FAIR MARKET VALUE
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

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

**29**

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

	Yes	No
<b>30a</b>		No
<b>31</b>		No
<b>32a</b>		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 nonstandard contributions?

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

**b** If "Yes," describe in Part II

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

**Part II Supplemental Information.**

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

Return Reference	Explanation
PART I, COLUMN (B)	COLUMN B SHOWS NUMBER OF CONTRIBUTIONS

**SCHEDULE O**  
(Form 990 or 990-EZ)

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

OMB No 1545-0047

**2018**

**Open to Public Inspection**

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

SECOND HARVEST FOOD BANK OF MIDDLE TN  
INC

Employer identification number

62-1049447

**990 Schedule O, Supplemental Information**

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 87,199 BY THE LENGTH OF THE 2 5 HOUR VOLUNTEER SHIFTS THE BEFORE THE ESTIMATED NUMBER OF VOLUNTEERS FOR THE FISCAL YEAR 2019 IS 34,879

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	NANCY KEIL, PRESIDENT/CEO AS OF 7/1/19 AND HEATHER VERBLE, CFO, WILL REVIEW THE 990 FOR ACCURACY ONCE APPROVED BY THEM, IT WILL BE REVIEWED AND APPROVED BY THE AUDIT COMMITTEE OF THE BOARD FOLLOWING THE AUDIT COMMITTEE APPROVAL, THE 990 WILL BE PROVIDED TO THE FULL BOARD PRIOR TO FILING WITH THE IRS

# 990 Schedule O, Supplemental Information

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



## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILAB LE 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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION B	THE TOTAL PAYMENTS TO CERTAIN INDEPENDENT CONTRACTORS INCLUDES SERVICES AND THE COST OF MATERIALS TO EXPAND THEIR EXISTING FACILITY, WHICH COULD NOT REASONABLY BE SEGREGATED

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, 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