

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
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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 \$ 117,296,208

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? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.SECONDHARVESTMIDTN.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1978

M State of legal domicile: TN

Part I Summary

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

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	28
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	155
6 Total number of volunteers (estimate if necessary)	6	28,529
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	59,474,443	76,520,081
9 Program service revenue (Part VIII, line 2g)	33,285,725	40,221,132
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,223	89,733
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	127,485	80,538
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	92,922,876	116,911,484
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,635,200	14,480,194
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,367,093	8,909,598
16a Professional fundraising fees (Part IX, column (A), line 11e)	516,287	375,723
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,040,713		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	75,115,621	82,403,012
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	89,634,201	106,168,527
19 Revenue less expenses. Subtract line 18 from line 12	3,288,675	10,742,957
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	34,570,319	47,193,793
21 Total liabilities (Part X, line 26)	9,674,873	11,508,408
22 Net assets or fund balances. Subtract line 21 from line 20	24,895,446	35,685,385

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2020-12-18
HEATHER VERBLE CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-12-17
Check if self-employed PTIN: P00263974
Firm's name ▶ KRAFTCPAS PLLC Firm's EIN ▶ 62-0713250
Firm's address ▶ 555 GREAT CIRCLE ROAD Phone no. (615) 242-7351
NASHVILLE, TN 37228

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 \$ 49,582,895 including grants of \$ 13,695,064) (Revenue \$ 633,033)
See Additional Data

4b (Code:) (Expenses \$ 36,444,326 including grants of \$) (Revenue \$ 39,588,099)
See Additional Data

4c (Code:) (Expenses \$ 9,377,314 including grants of \$) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ 6,523,641 including grants of \$ 785,130) (Revenue \$)

OTHER PROGRAM SERVICES INCLUDE: EMERGENCY FOOD BOX - PROVIDED NEARLY 2.4 MILLION POUNDS OF FOOD DURING 2020 IN EMERGENCY STAPLES AS WELL AS PRODUCE, MEAT, AND DAIRY TO FAMILIES IN NEED THROUGH ITS SIXTEEN SATELLITE CENTERS IN DAVIDSON COUNTY. 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 OVER 165,000 MEALS AND SNACKS DURING 2020. 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 2020, THE FOOD BANK DISTRIBUTED OVER 230,000 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. FORTY-FIVE SITES WERE OPERATED DURING 2020, PROVIDING OVER 275,000 POUNDS OF FOOD FOR FAMILIES IN NEED.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 6,523,641 including grants of \$ 785,130) (Revenue \$)

4e Total program service expenses ► 101,928,176

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 []

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (backup withholding rules).

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	155		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16			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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed TN
18 Section 6104 requires an organization to make its Form 1023 (or 1024-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.
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 VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Total compensation: 1,074,668.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 7

Questions 3, 4, and 5 regarding compensation reporting. Question 3: Did the organization list any former officer...? Question 4: For any individual listed... is the sum of reportable compensation... greater than \$150,000? Question 5: Did any person listed on line 1a receive or accrue compensation from any unrelated organization...

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Rows include RC MATHEWS CONTRACTOR LLC, REMAR INC, GREYPOINT INC, CH ROBINSON COMPANY INC, and ECHO GLOBAL LOGISTICS.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 12

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions.

Table for Program Service Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 2a-2f for PROJECT PRESERVE PROGR, SHARED MAINTENANCE, TRANSPORTATION REIMBUR, and OTHER INCOME.

Table for Other Revenue with columns for Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 3-12 for investment income, royalties, rental income, gain from sales of assets, fundraising events, gaming activities, and sales of inventory.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,778,148	11,778,148		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,702,046	2,702,046		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	759,222	299,387	189,650	270,185
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,164,879	4,745,199	277,061	1,142,619
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	366,155	282,794	16,921	66,440
9 Other employee benefits	1,131,690	830,493	82,089	219,108
10 Payroll taxes	487,652	358,221	32,196	97,235
11 Fees for services (non-employees):				
a Management	762	762		
b Legal				
c Accounting	57,500		57,500	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	375,723			375,723
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	57,186	37,709	4,927	14,550
12 Advertising and promotion	37,821	17,663		20,158
13 Office expenses	1,202,704	391,490	207,696	603,518
14 Information technology	434,562	264,286	30,375	139,901
15 Royalties				
16 Occupancy	1,798,289	1,751,170	30,504	16,615
17 Travel	46,630	28,587	10,125	7,918
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	180,443		180,443	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,236,350	1,148,500	45,439	42,411
23 Insurance	255,923	241,025	6,379	8,519
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONATED FOOD	38,148,600	38,148,600		
b FOOD SUPPLIES & DISTRIB	35,773,527	35,758,155	8,118	7,254
c PRODUCT TRANSPORTATION	2,880,847	2,878,164		2,683
d CONTRACT LABOR	267,637	265,777	523	1,337
e All other expenses	24,231		19,692	4,539
25 Total functional expenses. Add lines 1 through 24e	106,168,527	101,928,176	1,199,638	3,040,713
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	622,405	1	10,463,981
	2 Savings and temporary cash investments	242,091	2	185,627
	3 Pledges and grants receivable, net	4,808,711	3	3,733,475
	4 Accounts receivable, net	1,779,611	4	3,765,036
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	311,144	9	88,624
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	26,881,461		
	b Less: accumulated depreciation	8,022,531		
	11 Investments—publicly traded securities	1,879,002	11	2,018,479
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,769,169	15	8,079,641
16 Total assets. Add lines 1 through 15 (must equal line 34)	34,570,319	16	47,193,793	
Liabilities	17 Accounts payable and accrued expenses	3,054,837	17	5,656,669
	18 Grants payable		18	
	19 Deferred revenue	1,374,488	19	1,537,335
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	3,492,304	23	2,742,304
	24 Unsecured notes and loans payable to unrelated third parties		24	1,572,100
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,753,244	25	0
	26 Total liabilities. Add lines 17 through 25	9,674,873	26	11,508,408
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	22,091,235	27	33,199,074
	28 Net assets with donor restrictions	2,804,211	28	2,486,311
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	24,895,446	32	35,685,385	
33 Total liabilities and net assets/fund balances	34,570,319	33	47,193,793	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	116,911,484
2	Total expenses (must equal Part IX, column (A), line 25)	2	106,168,527
3	Revenue less expenses. Subtract line 2 from line 1	3	10,742,957
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,895,446
5	Net unrealized gains (losses) on investments	5	46,982
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	35,685,385

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
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 62-1049447

Name: SECOND HARVEST FOOD BANK OF MIDDLE TN
INC

Form 990 (2019)

Form 990, Part III, Line 4a:

COMMUNITY FOOD PARTNERS - PROVIDED OVER 27 MILLION POUNDS OF FOOD AND SUPPLIES DURING 2020 TO 450 NOT-FOR-PROFIT AGENCIES, INCLUDING SOUP KITCHENS AND EMERGENCY FOOD PROGRAMS. GROCERY RESCUE IS A PROGRAM THAT COLLECTS PERISHABLE AND NON-PERISHABLE FOOD FROM 280 GROCERY RETAILERS, WHICH IS THEN DISTRIBUTED TO OUR COMMUNITY FOOD PARTNERS AND PROGRAMS. THESE PRODUCTS INCLUDE MEATS, PRODUCE, DAIRY, BREAD, BAKERY ITEMS AND DRY PRODUCTS. DURING 2020, THE FOOD BANK COLLECTED OVER 7 MILLION POUNDS OF FOOD (EQUIVALENT TO MORE NEARLY 6 MILLION MEALS) UNDER 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-SCREEN POTENTIAL PARTICIPANTS, AND HELP PEOPLE FILL OUT THE SNAP APPLICATION. IN FY20, OUR COUNSELORS ASSISTED IN COMPLETING 3,224 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 2020, 22,036 BOXES WERE DISTRIBUTED TO QUALIFIED SENIORS IN DAVIDSON COUNTY. TORNADO AND COVID-19 RESPONSE - ON MARCH 3, 2020, DAVIDSON, PUTNAM AND WILSON COUNTIES WERE SEVERELY DAMAGED BY TORNADOES THAT TORE THROUGH THE COUNTIES. DURING THE FIRST WEEKS OF TORNADO RELIEF, SECOND HARVEST FOOD BANK WAS ABLE TO PROVIDE OVER 200,000 LBS OF MUCH NEEDED FOOD, WATER, AND SUPPLIES TO HARD HIT AREAS. COVID-19 RESPONSE BEGAN MID-MARCH 2020. FROM MARCH 16 - JUNE 30 2020, SECOND HARVEST FOOD BANK WAS ABLE TO EMPLOY INNOVATIVE MEASURES TO CONTINUE TO SAFELY SERVE PROGRAMS AND CLIENTS. OVER 2.7M POUNDS OF COVID-RELIEF FOOD WAS DISTRIBUTED DURING THE FIRST 3.5 MONTHS OF THE CRISIS. IN ADDITION TO COMMUNITY FOOD PARTNERS, THIS EFFORT IS ALSO INCLUDED IN THE FOOD BANK'S OTHER PROGRAM SERVICES.

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. ANOTHER COMPONENT OF PROJECT PRESERVE IS TO PROVIDE DISASTER RELIEF. PROJECT PRESERVE WAS ABLE TO RESPOND TO THE NEEDS OF FEEDING AMERICA NETWORK FOOD BANKS DURING THE COVID-19 PANDEMIC, MARCH - JUNE, BY PROVIDING NEARLY 256,000 ASSEMBLED FOOD BOXES FOR A TOTAL OF OVER \$3.7M.

Form 990, Part III, Line 4c:

MOBILE PANTRY IS NOT NEW TO SECOND HARVEST FOOD BANK, BUT WAS PREVIOUSLY PRESENTED COMBINED WITH COMMUNITY FOOD PARTNERS. THE MOBILE PANTRY PROGRAM 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 2020, OVER 6.6 MILLION POUNDS OF FOOD WERE DISTRIBUTED THROUGH THIS PROGRAM.

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 PRESIDENT/CEO - BEGIN 7/1/19	37.50			X				225,463	0	25,221
JAYNEE DAY PRESIDENT/CEO - END 7/1/19	37.50			X				207,003	0	38,900
KIM MOLNAR CHIEF OPERATING OFFICER	37.50				X			170,609	0	27,038
HEATHER VERBLE CHIEF FINANCIAL OFFICER	37.50			X				148,596	0	19,614
KARYN THOMPSON VICE PRESIDENT OF HUMAN RE	37.50					X		117,806	0	17,051
RICHARD BROWN SENIOR DIRECTOR OF DEVELOP	37.50					X		104,795	0	27,501
FRANK ELLMO SENIOR DIRECTOR OF OPERATIONS	37.50					X		100,396	0	25,949
DREW BERG BOARD TREASURER	1.30	X		X				0	0	0
LUCIA FOLK BOARD CHAIR	1.30	X		X				0	0	0
LISA GARDI BOARD SECRETARY	1.30	X		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			
SHAWN WILLIAMS BOARD VICE CHAIR	1.30	X		X				0	0	0
JEFF AIKEN BOARD OF DIRECTORS	1.30	X						0	0	0
GREG ALLEN BOARD OF DIRECTORS	1.30	X						0	0	0
MICHELLE BONNETT 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
JIM BURTON 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			
BRUCE ESWORDY BOARD OF DIRECTORS	1.30	X						0	0	0
TROY EDWARDS BOARD OF DIRECTORS	1.30	X						0	0	0
MELISSA EADS 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
DENNIS GEORGATOS BOARD OF DIRECTORS	1.30	X						0	0	0
DR SHANNA JACKSON BOARD OF DIRECTORS	1.30	X						0	0	0
JENNIFER PETERS 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

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			
UTE STRAND 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
KATHERINE TOSH BOARD OF DIRECTORS	1.30	X						0	0	0
KEN WATKINS BOARD OF DIRECTORS	1.30	X						0	0	0

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 for instructions and the latest information.

OMB No. 1545-0047
2019
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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	54,277,276	53,526,758	52,972,889	59,474,444	70,520,081	290,771,448
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	54,277,276	53,526,758	52,972,889	59,474,444	70,520,081	290,771,448
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						80,041,735
6	Public support. Subtract line 5 from line 4.						210,729,713

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.	54,277,276	53,526,758	52,972,889	59,474,444	70,520,081	290,771,448
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,643	60,360	44,885	34,163	43,485	203,536
9	Net income from unrelated business activities, whether or not the business is regularly carried on		153,357	197,413	127,485		478,255
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).					80,538	80,538
11	Total support. Add lines 7 through 10						291,533,777
12	Gross receipts from related activities, etc. (see instructions)					12	179,985,007

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

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	72.280 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	65.450 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
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? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	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? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	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
1	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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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 for instructions and the latest information.

OMB No. 1545-0047
2019
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	Employer identification number 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-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

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

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a-d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the 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:

- (i)** unrelated organizations
- (ii)** related organizations

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

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
1a Land		1,414,586		1,414,586
b Buildings		18,725,975	4,005,680	14,720,295
c Leasehold improvements				
d Equipment		6,740,900	4,016,851	2,724,049
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				18,858,930

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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	2,514,274
(2) COMMODITIES INVENTORY	1,537,335
(3) OTHER INVENTORY	4,028,032
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	8,079,641

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

1	Total revenue, gains, and other support per audited financial statements	1	116,959,137
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	46,982
b	Donated services and use of facilities	2b	671
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	47,653
3	Subtract line 2e from line 1	3	116,911,484
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	116,911,484

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

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

1	Total expenses and losses per audited financial statements	1	106,169,198
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	671
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	671
3	Subtract line 2e from line 1	3	106,168,527
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	106,168,527

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

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.

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 for instructions and the latest information.

OMB No. 1545-0047

2019

**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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BRAD CECIL & ASSOCIATES INC 2115 ARLINGTON DOWNS ROAD ARLINGTON, TX 76011	DIRECT MAIL CONSULTANT		No	3,087,675	375,723	2,711,952
Total				3,087,675	375,723	2,711,952

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) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

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

Name ▶

Address ▶

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

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

c If "Yes," enter 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 as Filed, 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**

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

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

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 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	78
3	Enter total number of other organizations listed in the line 1 table	38

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)			470,793	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. IN ORDER TO BE ELIGIBLE, ORGANIZATIONS SHOULD BE A 501(C)(3) ORGANIZATION OR AN EQUIVALENT UNINCORPORATED FAITH-BASED ORGANIZATION MEETING 12/14 CRITERIA ESTABLISHED BY THE FOOD BANK. 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. CASH GRANTS MADE DURING THE CURRENT YEAR ARE BASED ON FOOD PURCHASES MADE AND SHARED MAINTENANCE COSTS PAID BY PARTNER AGENCIES IN APRIL - JUNE 2020 IN RESPONSE TO THE COVID-19 PANDEMIC AND TENNESSEE TORNADOES.

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACEWORKS MINISTRIES 104 SOUTHEAST PARKWAY FRANKLIN, TN 37064	62-1584204	501(C)3	30,622	365,041	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
HELPING HANDS OF WARREN COUNTY 220 EAST MAIN STREET MCMINNVILLE, TN 37110	84-1719537	501(C)3	236	7,218	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACEWORKS WEST 2382 FAIRVIEW BLVD STE 102 FAIRVIEW, TN 37062	62-1584204	501(C)3	1,067	11,826	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
MIDLAND BAPTIST CHURCHJOURNEY OF HOPE 3114 MIDLAND FOSTERVILLE RD BELL BUCKLE, TN 37020			0	125,228	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAMPSHIRE FIRST BAPTIST CHURCH P O BOX 35 HAMPSHIRE, TN 38461			0	58,300	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
RADICAL MISSION COMPASIONATE MINISTRIES 150 RICHVIEW RD CLARKSVILLE, TN 37043	20-1630209	501(C)3	0	36,165	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANNA CAFE MINISTRIES 605 PROVIDENCE BLVD CLARKSVILLE, TN 37042	27-1699146	501(C)3	3,676	609,246	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
GRACE CHURCH OF THE NAZARENE 2302 HIGHLAND AVE COLUMBIA, TN 38401	62-6118755	501(C)3	1,327	49,977	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BRANCH 41 TUSCULUM ROAD ANTIOCH, TN 37013	46-3153789	501(C)3	66	355,256	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
LUKE 1412 705 DREXEL STREET NASHVILLE, TN 37203	62-1813012	501(C)3	43	12,663	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITHWORKSFIRST UMC 202 S MAIN STREET MT PLEASANT, TN 38474	62-1122919	501(C)3	801	45,050	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
KING'S DAUGHTERS' SCHOOL 412 WEST 9TH STREET COLUMBIA, TN 38401	62-0560293	501(C)3	0	23,162	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUFFALO VALLEY INC 415 SOUTH PARK STREET HOHENWALD, TN 38462	58-1374964	501(C)3	0	55,317	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
PATHFINDERSBUFFALO VALLEY 501 PARK AVE S HOHENWALD, TN 38462	58-1374964	501(C)3	0	6,586	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CHRISTIAN CHURCH OF DOVER 235 CHURCH ST DOVER, TN 37058			0	24,262	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
CATHOLIC CHARITIES LOAVES & FISHES 508 MAIN ST NASHVILLE, TN 37206	62-1451404	501(C)3	617	9,049	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CARE FELLOWSHIP 511 SOUTH 8TH STREET NASHVILLE, TN 37206	36-2167731	501(C)3	273	7,059	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
SAMARITAN SOUP KITCHEN 1041 28TH AVENUE NORTH NASHVILLE, TN 37208	62-1341004	501(C)3	642	19,024	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEVENS STREET BAPTIST CHURCH 327 W STEVENS STREET COOKEVILLE, TN 38501			5,356	0			TO ASSIST IN FEEDING HUNGRY PEOPLE
LOVE ONE ANOTHER JOSEPH'S STOREHOUSE 1960 SE TATER PEELER RD LEBANON, TN 37090	64-1641617	501(C)3	251	350,636	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROOM IN THE INN 532 8TH AVENUE SOUTH NASHVILLE, TN 37203	62-0811413	501(C)3	1,948	13,936	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
PERRY CO FOOD BANK PLUS FIRST BAPTIST CHURCH LINDEN, TN 37096			2,796	99,224	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUTNAM COUNTYHELPING HANDS 421 EAST BROAD STREET COOKEVILLE, TN 38501	62-1132736	501(C)3	2,925	82,437	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
HARDIN COUNTY CHRISTIAN MINISTRY (CAM) 230 EUREKA ST SAVANNAH, TN 38372	31-1569911	501(C)3	977	101,775	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MILAN MUSTARD SEED INC PO BOX 466 MILAN, TN 38358	62-1224019	501(C)3	855	196,278	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
HOPE MINISTRIES PO BOX 1098 LEXINGTON, TN 38351	62-1626556	501(C)3	860	28,809	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE GEN AWAY 104 SOUTHEAST PARKWAY SUITE 300 FRANKLIN, TN 37064	46-2741214	501(C)3	13,744	26,103	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
HOPEWELL BAPTIST CHURCH 9845 HWY 128 SAVANNAH, TN 38372			0	5,250	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMYRNA-LAVERGNE FOOD BANK - NOURISH FOOD BANK 1809 MEMORIAL BLVD MURFREESBORO, TN 37129	58-1565567	501(C)3	0	489,585	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
GALLATIN CARES 330 N DURHAM ROAD GALLATIN, TN 37066	62-1179969	501(C)3	5,227	0			TO ASSIST IN FEEDING HUNGRY PEOPLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABUNDANT LIFE ASSEMBLY OF GOD WINCHESTER 3310 COWAN HIGHWAY WINCHESTER, TN 37698			0	16,257	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
CLARKSVILLE URBAN MINISTRY 217 S 3RD ST CLARKSVILLE, TN 37041	62-1294095	501(C)3	2,163	167,657	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SAMARITANMANCHESTER PO BOX 281 MANCHESTER, TN 37349	58-1551456	501(C)3	6,136	14,072	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
GOD'S STOREHOUSELAWRENCEBURG 425 FRANK STREET LAWRENCEBURG, TN 38464	41-2108736	501(C)3	1,610	213,370	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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UNITED MINISTRIES 808 SOUTH MAIN STREET SPRINGFIELD, TN 37172	62-1581339	501(C)3	6,629	281,768	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
MONTEREY FOOD PANTRY 1123 E COMMERCIAL AVE MONTEREY, TN 38574	27-2987330	501(C)3	337	9,072	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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FIRST CHRISTIAN CHURCH TULLAHOMA 120 W GRUNDY STREET TULLAHOMA, TN 37388	62-1125519	501(C)3	1,232	11,613	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
FIRST CHRISTIAN CHURCH CLARKSVILLE 516 MADISON STREET CLARKSVILLE, TN 37040	62-6165692	501(C)3	1,949	33,396	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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BETHESDA CENTER 124 S MAIN STREET ASHLAND CITY, TN 37015	82-3055027	501(C)3	360	45,993	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
FIRST PENTACOSTAL CHURCH OF LEXINGTON 175 NATCHEZ TRACE DRIVE LEXINGTON, TN 38351			1,509	123,903	FAIR MAKET 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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HANDS OF MERCY OUTREACH 123 EASY ST FAYETTEVILLE, TN 37334	62-1147122	501(C)3	2,428	204,088	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
FIRST UMCPARISH NURSING MINISTRY 208 WEST LAUDERDALE STREET TULLAHOMA, TN 37388			7,108	0			TO ASSIST IN FEEDING HUNGRY PEOPLE

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DICKSON COUNTY HELP CTR 103 WEST COLLEGE STREET DICKSON, TN 37055	62-1075335	501(C)3	0	58,618	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
COMMUNITY HELP CTR TROUSDALE 120A MCMURRY BLVD HARTSVILLE, TN 37074	62-1530097	501(C)3	756	56,083	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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SALVATION ARMY MURFREESBORO 1137 WEST MAIN ST MURFREESBORO, TN 37133	58-0660607	501(C)3	0	10,636	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
SOUTH LAWRENCE FOOD CTR JOHN ALBRIGHT MEMORIAL/FAITH BAPTIST LORETTO, TN 38469			644	71,064	FAIR MARKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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AJAX TURNER CLARKSVILLE SR CITIZENS 953 CLARK STREET CLARKSVILLE, TN 37040	62-6051216	501(C)3	0	6,090	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
FIFTY FORWARD 174 RAINS AVE NASHVILLE, TN 37203	62-0566419	501(C)3	5,376	0			TO ASSIST IN FEEDING HUNGRY PEOPLE

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MADISON BENEVOLENCE CENTER 106 NORTH GALLATIN ROAD MADISON, TN 37115	62-0630112	501(C)3	1,788	265,887	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
CEDARCROFT HOME P O BOX 1266 LEBANON, TN 370881266	62-1641402	501(C)3	730	11,146	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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COLLINWOOD HELP CENTER 2460 SHAWNETTE ROAD COLLINWOOD, TN 38450	26-3630974	501(C)3	1,451	42,174	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
HELPING HAND OF HUMBOLDT 808 NORTH 22ND AVE HUMBOLDT, TN 38343	58-1556492	501(C)3	82	95,592	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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ARK COMMUNITY RESOURCE & ASSISTANCE CENTER P O BOX 224 KINGSTON SPRINGS, TN 37082	06-1640635	501(C)3	937	45,506	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
STEWART CO SENIORSDOVER 111 GENERAL RICE STREET DOVER, TN 37058	62-1048733	501(C)3	0	6,089	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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STAR MINISTRIES PO BOX 101482 NASHVILLE, TN 37224	62-1651528	501(C)3	547	90,102	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
AMAZING GRACE MISSION WESTMORELAND FOOD BANK WESTMORELAND, TN 37186	62-1768690	501(C)3	36	119,060	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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TNKIDS NUTRITION INC 1006 PEPPER STREET SPRINGFIELD, TN 37172	27-2268298	501(C)3	20,850	0			TO ASSIST IN FEEDING HUNGRY PEOPLE
LASCASSAS UNITED METHODIST CHURCH 821 JAY LANE LASCASSAS, TN 37085			0	107,285	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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THE WELL 5226 MAIN STREET SUITE C-5 SPRING HILL, TN 37174	32-0258525	501(C)3	1,454	34,979	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
BRIDGE MINISTRIES THE 533 BRICK CHURCH PARK DR NASHVILLE, TN 37207	01-0849577	501(C)3	64,649	135,318	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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NASHVILLE CARES 633 THOMPSON LANE NASHVILLE, TN 37204	62-1274532	501(C)3	27,047	0			TO ASSIST IN FEEDING HUNGRY PEOPLE
HERMITAGE HILLS BAPTISTRADICAL HEART 3475 LEBANON RD HERMITAGE, TN 37076			1,481	37,470	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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NEW BEGINNINGS CHURCH OF GOD 8125 HWY 69 A BIG SANDY, TN 38221			79	58,458	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
LAKESIDE CHRISTIAN FELLOWSHIP 2920 HWY 641 NORTH PARIS, TN 38242	62-1179857	501(C)3	0	6,598	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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HELPING HANDS OF HICKMAN COUNTY 10515 LIGON LOVE ROAD BON AQUA, TN 37025	20-3558685	501(C)3	46	74,371	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
TEMPLE OF PRAISE 1030 RAGSDALE LANE PULASKI, TN 38478			59	50,887	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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FIRST BAPTIST CHURCH OF HENDERSONVILLE 106 BLUEGRASS COMMONS BLVD HENDERSONVILLE, TN 37066			11,944	0			TO ASSIST IN FEEDING HUNGRY PEOPLE
EAST NASH COOPERATIVE MIN EFB 3115 GALLATIN PIKE NASHVILLE, TN 37216	62-6118270	501(C)3	0	53,580	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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CHRISTIAN COOP MINISTRY PO BOX 462 MADISON, TN 37116	58-1502903	501(C)3	0	67,582	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
HAMILTON UMC EFB 3105 HAMILTON CHURCH ROAD ANTIOCH, TN 37217			0	78,669	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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ST LUKE'S COMMUNITY HOUSE EFB 5601 NEW YORK AVENUE NASHVILLE, TN 37209	51-0185425	501(C)3	0	28,946	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
OLIVET MISSIONARY BAPTIST EFB 144 EWING DRIVE NASHVILLE, TN 37207	02-0674431	501(C)3	0	63,383	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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HIGHLAND HEIGHTS CHURCH OF CHRIST 785 SOUTH LOWREY STREET SMYRNA, TN 37167			0	45,622	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
FRIENDSHIP COMMUNITY CHURCH 15285 LEBANON ROAD SUITE A OLD HICKORY, TN 37138			305	21,053	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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LIFESONG MINISTRIES 1041 S ELLINGTON PARKWAY LEWISBURG, TN 37091			948	69,656	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
WOODBURY UNITED METHODIST CHURCH 502 WEST HIGH STREET WOODBURY, TN 37190			12,106	0			TO ASSIST IN FEEDING HUNGRY PEOPLE

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CONNECT US OUTREACH MINISTRY 804 YOUNGS LANE NASHVILLE, TN 37215	26-2551943	501(C)3	863	6,210	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
LIVING HOPE CHURCH 1020 EAST SPRING STREET COOKEVILLE, TN 38503			444	17,656	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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LAVERGNE FIRST UNITED METHODIST CHURCH 248 WALDRON ROAD LAVERGNE, TN 37086			1,097	9,882	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
OUR DAILY BREAD FOOD PANTRY 1180 WAYNE RD SAVANNAH, TN 38372	27-3220201	501(C)3	0	436,931	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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PUTNAM EDUCATION PARTNERSHIP FOUNDATION 1400 EAST SPRING ST COOKEVILLE, TN 38501	81-0657886	501(C)3	15,855	0			TO ASSIST IN FEEDING HUNGRY PEOPLE
VINESRIDGE BAPTIST CHURCH 5 LOAVES FOOD 602 VINE RIDGE ROAD CRAWFORD, TN 38554			4,056	6,262	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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BUFFALO VALLEYHOHENWALD WEST 118 KITTRELL STREET HOHENWALD, TN 38462	58-1374964	501(C)3	0	8,683	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
NASHVILLE RESCUE MISSION 639 LAFAYETTE STREET NASHVILLE, TN 37203	45-2424130	501(C)3	2,965	242,443	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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NEW HARMONY BAPTIST CHURCH 7050 HWY 69 SOUTH PARIS, TN 38242			112	74,454	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
GOD'S STOREHOUSEFIRST PRESBYTERIAN 947 EAST COLLEGE STREET PULASKI, TN 38478	46-1869765	501(C)3	21	296,761	FAIR MAKET 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	501(C)3	7,439	103,460	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
FIRST BAPTIST CHURCH OF MANCHESTER 1006 HILLSBORO BLVD MANCHESTER, TN 37355			387	23,621	FAIR MAKET 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	501(C)3	0	102,062	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
ST VINCENT DE PAUL-ST PATRICK CHURCH 175 ST PATRICK ST MCEWEN, TN 37101	61-1612647	501(C)3	0	18,826	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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BUT GOD MINISTRIES 861 FONNIC DRIVE NASHVILLE, TN 37207	46-3870845	501(C)3	0	233,174	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
THE FAMILY CENTER 921 SOUTH BECKETT STREET COLUMBIA, TN 38401	62-1597122	501(C)3	1,496	38,852	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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HERE AM I MISSIONS 243 FORREST AVE HOHENWALD, TN 38462	20-5589542	501(C)3	0	33,070	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
PICKETT COUNTY FOOD BANK 141 SKYLINE DRIVE BYRDSTOWN, TN 38549	47-3789352	501(C)3	0	65,398	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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BIG SANDY CHRISTIAN COMM OUTREACH 30 FRONT ST BIG SANDY, TN 38221	81-0705253	501(C)3	105	52,309	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
NEW BEGINNING ASSEMBLY OF GOD 2193 WBROAD ST COOKEVILLE, TN 38501			281	10,780	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HILLCREST UMC 5112 RAYWOOD LANE NASHVILLE, TN 37211			2,659	78,248	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
THE HELP CENTER 3918 DICKERSON PIKE STE E NASHVILLE, TN 37207	47-2594358	501(C)3	67	80,068	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITTAKER CHURCH OF GODWHEEL COMMUNITY FB 1200 BETHLEHEM CHURCH ROAD SHELBYVILLE, TN 37160			240	603,780	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
HICKMAN CARES 123 CHURCH STREET CENTERVILLE, TN 37033	62-0577038	501(C)3	187	104,657	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MACON HELPS 111 MAIN STREET LAFAYETTE, TN 37083	62-1500589	501(C)3	773	252,038	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
LEEVILLE UNITED METHODIST CHURCH 7019 HICKORY RIDGE ROAD LEBANON, TN 37090			525	21,565	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CONNECTION CHURCH 654 HWY 52 BYPASS W LAFAYETTE, TN 37083			0	56,657	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
HERMITAGE UNITED METHODIST CHURCH 205 BELINDA DRIVE HERMITAGE, TN 37076			16,031	0			TO ASSIST IN FEEDING HUNGRY PEOPLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARIS FIRST CHURCH OF THE NAZERENE 4220 HWY 218 BYPASS PARIS, TN 38242			0	71,979	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
COMMUNITY CARE MINISTRIES THE ATTIC 302 W HOGAN STREET TULLAHOMA, TN 37388	62-1778240	501(C)3	1,907	187,454	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND STREET BAPTIST CHURCH 608 CLEVELAND STREET NASHVILLE, TN 37207			0	9,021	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
SMITHVILLE CUMBERLAND PRESBYTERIAN CHURCH 201 S COLLEGE ST SMITHVILLE, TN 37166			6,933	59,089	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD TO THE RESCUE 370 S LOWE AVE SUITE A391 COOKEVILLE, TN 38501	81-4670942	501(C)3	25,965	0			TO ASSIST IN FEEDING HUNGRY PEOPLE
FIRST CHURCH OF GOD SAVANNAH 680 E MAIN ST SAVANNAH, TN 38372			0	15,501	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY RURAL FOOD DELIVERY 216 NORTH SECOND STREET PULASKI, TN 38478	82-5161641	501(C)3	7,365	0			TO ASSIST IN FEEDING HUNGRY PEOPLE
JOURNEY COMMUNITY CHURCH 916 DINAH DRIVE WINCHESTER, TN 37398			53	44,511	FAIR MAKET 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTSIDE CHURCH OF THE NAZARENE 123 WESTSIDE DRIVE TULLAHOMA, TN 37388			0	367,111	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
THE STORE 2007 12TH AVE S NASHVILLE, TN 37212	81-4247568	501(C)3	26,934	0			TO ASSIST IN FEEDING HUNGRY PEOPLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE GEN AWAY 1715 COLUMBIA AVENUE FRANKLIN, TN 37064	46-2741214	501(C)3	0	26,103	FAIR MAKET VALUE	USDA COMMODITIES	TO ASSIST IN FEEDING HUNGRY PEOPLE
WINCHESTER FIRST BAPTIST- MP 108 SOUTH HIGH STREET WINCHESTER, TN 37398			0	7,660	FAIR MAKET 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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer identification number
62-1049447

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 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 on Line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c 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>	4a	No								
	4b	Yes								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	Yes								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	Yes								
	6b	No								
<p>7 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>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

For each individual whose compensation must be reported 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				
1 NANCY KEIL PRESIDENT/CEO - BEGIN 7/1/19	(i)	206,380 -----	11,961 -----	7,122 -----	17,620 -----	7,601 -----	250,684 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 JAYNEE DAY PRESIDENT/CEO - END 7/1/19	(i)	132,635 -----	67,250 -----	7,118 -----	34,793 -----	4,107 -----	245,903 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
3 KIM MOLNAR CHIEF OPERATING OFFICER	(i)	153,829 -----	11,198 -----	5,582 -----	13,762 -----	13,276 -----	197,647 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
4 HEATHER VERBLE CHIEF FINANCIAL OFFICER	(i)	138,277 -----	9,954 -----	365 -----	12,013 -----	7,601 -----	168,210 -----	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	INCLUDED IN BONUS AND INCENTIVE COMPENSATION FOR JAYNEE K DAY IS \$19,000 OF NONQUALIFIED DEFERRED COMPENSATION UNDER 457B.
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.
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

2019

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

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 Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	33	364,290	SALES PRICE
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	31,209	50,806,132	RECORDS
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>GIFT CARDS</u>)	X	16	157,991	COMPARABLE SALES
26 Other ▶ (<u>SUPPLIES</u>)	X	17	36,235	COMPARABLE SALES
27 Other ▶ (<u>EQUIPMENT</u>)	X	1	3,000	COMPARABLE SALES
28 Other ▶ (_____)				

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

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

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

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 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 71,323 BY THE LENGTH OF THE 2.5 HOUR VOLUNTEER SHIFTS. THE BEFORE THE ESTIMATED NUMBER OF VOLUNTEERS FOR THE FISCAL YEAR 2020 IS 28,529.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 2	MOBILE PANTRY WAS PREVIOUSLY COMBINED WITH COMMUNITY FOOD PARTNERS BUT HAS BEEN BROKEN OUT AS A SEPARATE PROGRAM SERVICE IN THE CURRENT YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	NANCY KEIL, PRESIDENT/CEO 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 AVAILABLE TO THE PUBLIC. THE 990 AND AUDIT ARE ON THE SECOND HARVEST FOOD BANK AND GIVING MATTERS WEBSITES. THE FORM 990 IS ALSO AVAILABLE ON GUIDESTAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION B	THE TOTAL PAYMENTS TO CERTAIN INDEPENDENT CONTRACTORS INCLUDE CONSTRUCTION SERVICES AND THE COST OF MATERIALS (WHICH COULD NOT REASONABLY BE SEGREGATED), FOR CONSTRUCTING A VOLUNTEER ENGAGEMENT CENTER, EXPANDED FREEZER BUILDOUT AND A MARKET FOR AGENCY SHOPPING AT THE MAIN FACILITY. THESE CAPITAL CONSTRUCTION PROJECTS WERE FUNDED BY THE SETTING THE TABLE FOR THE FUTURE CAPITAL CAMPAIGN AND WERE NECESSARY TO SUPPORT THE GROWTH OF THE SHFB OPERATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.