Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the 2	003 calendar year, or tax year beginning $\mathtt{JUL}\ 1$, $\ 2003$ and ending $\mathtt{JUN}\ 30$, $\ 20$	004							
В	Check if	Rieses C Name of organization D Emp	loyer i	dentification number						
á	applicable:	use IRS SECOND HARVEST FOOD BANK OF MIDDLE TN,								
	Address change	label or print or INC.	2-1	049447						
	Name change	type. See Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Tele	phone	number						
	Initial return	Specific 331 GREAT CIRCLE ROAD	615)329-3491						
	Final return	Instruc- tions. City or town, state or country, and ZIP + 4								
	Amende return	MASHVILLE, TN 37228	Other specify)	>						
	Applicat pending	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts Hand lare not applicable	to sec	ction 527 organizations.						
		must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group return fo	r affilia	ates? Yes X No						
G	Website:	▶WWW.SECONDHARVESTNASHVILLE.ORG H(b) If "Yes," enter number o	f affilia	ites >						
J	Organiza	tion type (check only one) X 501(c) (3) (insert no.) 4947(a)(1) or 527 H(c) Are all affiliates included	d? :	N/A Yes No						
K	Check he	re if the organization's gross receipts are normally not more than \$25,000. The (If "No," attach a list.) (If "No," attach a list.) (If "No," attach a list.)	filed b	ov an or						
		ion need not file a return with the IRS; but if the organization received a Form 990 Package ganization covered by a	group	ruling? Yes X No						
	in the ma	il, it should file a return without financial data. Some states require a complete return . I Group Exemption Numb								
				tion is not required to attach						
		eipts: Add lines 6b, 8b, 9b, and 10b to line 12 14, 283, 296. Sch. B (Form 990, 990-	EZ, or	990-PF).						
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances								
	1	Contributions, gifts, grants, and similar amounts received:								
		Direct public support 1a 8,218,836.								
	b	Indirect public support 1b 174,178.								
	C .	Government contributions (grants) 1c 794,476.		0 107 400						
		Total (add lines 1a through 1c) (cash \$ 2,663,502. noncash \$ 6,523,988.)	1d	9,187,490.						
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	4,573,747.						
	3	Membership dues and assessments	3	18,300.						
	4	Interest on savings and temporary cash investments	4 5	10,300.						
	5	Dividends and interest from securities Gross rents SEE STATEMENT 2 $\boxed{6a}$ $\boxed{14,400}$.	5							
		Less: rental expenses 6b Net rental income or (loss) (subtract line 6b from line 6a)	6c	14,400.						
	7	Other investment income (describe)	7	11,1000						
Revenue	8 8	Gross amount from sales of assets other (A) Securities (B) Other								
ver	""	than inventory 87,632. 8a								
æ	Ь	Less: cost or other basis and sales expenses 82,178.8b								
		Gain or (loss) (attach schedule) 5 , 454 . 8c								
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 3	8d	5,454.						
	9	Special events and activities (attach schedule). If any amount is from gaming , check here ▶								
	a	Gross revenue (not including \$ 0 • of contributions								
		reported on line 1a) 9a 350,760.								
	b	Less: direct expenses other than fundraising expenses 9b 174,933.								
	С	Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 4	9с	175,827.						
	10 a	Gross sales of inventory, less returns and allowances								
	b	Less: cost of goods sold 10b								
	С	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c							
	11	Other revenue (from Part VII, line 103)	11	50,967.						
_	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	14,026,185.						
S	13	Program services (from line 44, column (B))	13	12,893,963.						
nse	14	Management and general (from line 44, column (C))	14	619,765.						
Expenses	15	Fundraising (from line 44, column (D))	15	607,674.						
ш		Payments to affiliates (attach schedule)	16	1/ 101 //00						
_	17	Total expenses (add lines 16 and 44, column (A)) Execute or (definit) for the year (subtreet line 17 from line 12)	17	14,121,402.						
.ب +ب	18	Excess or (deficit) for the year (subtract line 17 from line 12) Net assets or fund belances at beginning of year (from line 73, column (A))	18	<95,217.> 8,130,862.						
Net	20	Net assets or fund balances at beginning of year (from line 73, column (A)) Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 5	19 20	194,363.						
Ä	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	8,230,008.						
3230	10.1	LHA For Paperwork Reduction Act Notice, see the separate instructions.	۱ ک	Form 990 (2003)						

62-1049447

Statement of All organizations must complete column (A), Columns (B), (C), and (D) are required for section 501(c)(3) Page 2 Part II **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. (B) Program services (C) Management and general (A) Total (D) Fundraising 22 Grants and allocations (attach schedule) 31,868. 31,868.STATEMENT 9 cash \$ 31,868 • noncash \$ 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 302,325. 465,116. 83,721. Compensation of officers, directors, etc. 79,070. 25 164,782. 921,333. 600,060. 156,491. 26 Other salaries and wages 26 27 Pension plan contributions 27 162,588. 56,609. 43,204. 262,401. Other employee benefits 28 96,279. 20,219. 59,693. 16,367. 29 Payroll taxes 30 Professional fundraising fees 31 31 Accounting fees 32 32 Legal fees 33 33 Supplies 34 Telephone 35 Postage and shipping 35 242,174. 206,926. 31,308. 3,940. 36 36 Occupancy 37 Equipment rental and maintenance 37 Printing and publications 38 39 39 46,019. 14,837. 27,157. 4,025. Conferences, conventions, and meetings 52,745. 52,745. 360,690. 49,480. 297,818. 13,392. **42** Depreciation, depletion, etc. (attach schedule) 43 Other expenses not covered above (itemize): 43a 43b 43c 43d 133,744 11,642,777. SEE STATEMENT 6 11,217,848. 291,185 43e Total functional expenses (add lines 22 through 43).

Organizations completing columns (B)-(D), carry these totals to lines 13-15 14,121,402. 619,765. 12,893,963. **Joint Costs.** Check if you are following SOP 98-2. Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$ (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$ Part III Statement of Program Service Accomplishments What is the organization's primary exempt purpose? ► SEE STATEMENT Program Service Expenses All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and a EMERGENCY FOOD BOX PROGRAM: PROVIDES OVER 1,700,000 POUNDS OF IN EMERGENCY STAPLES TO FAMILIES IN NEED THROUGH FOURTEEN SATELLITE CENTERS IN DAVIDSON COUNTY. 2,741,636. (Grants and allocations \$ **b** FOOD RECOVERY PROGRAM: PROVIDES OVER 3,000,000 POUNDS OF FOOD ANNUALLY TO OVER 500 NOT-FOR-PROFIT AGENCIES INCLUDING SOUP KITCHENS, DAY CARE CENTERS AND EMERGENCY FOOD PROGRAMS. 5,528,810. (Grants and allocations \$ SEE STATEMENT 8 4,184,202. (Grants and allocations \$ d KID'S CAFE: OPERATES A WEEKLY FEEDING PROGRAM FOR CHILDREN AT RISK OF HUNGER AT SEVERAL AREA COMMUNITY CENTERS AND PROVIDED OVER 165,000 MEALS. (Grants and allocations \$ 31,868. 332,890. e Other program services (attach schedule) STATEMENT 10 (Grants and allocations \$ 106,425. 12,893,963. Total of Program Service Expenses (should equal line 44, column (B), Program services) 323011 12-17-03 Form 990 (2003)

Part IV Balance Sheets

Note:		re required, attached schedules and amounts v Id be for end-of-year amounts only.	vithin the a	lescription column	(A) Beginning of year		(B) End of year
	45				363,939. 1,937,667.	45	142,922. 683,352.
	46	Savings and temporary cash investments			1,937,007.	46	003,332.
		Accounts receivable Less; allowance for doubtful accounts		498,150.	276,318.	47c	498,150.
	48 a	Pledges receivable Less: allowance for doubtful accounts	48a	1,212,972.	1,586,376.	48c	1,212,972.
	49	Grants receivable			1,300,370.	49	1,212,572
	50	Receivables from officers, directors, trustees, and key employees			50		
Assets	51 a	Other notes and loans receivable	. 51a				
Ass	b	Less: allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			29,300.	53	46,245.
	54	Investments - securities STMT 11	>	Cost X FMV	915,879.	54	1,040,121.
	55 a	Investments - land, buildings, and equipment: basis	55a				
	b	Less: accumulated depreciation				55c	
	56	Investments - other				56	
	57 a	Land, buildings, and equipment: basis Less: accumulated depreciation	57a	8,454,772.	T 600 000		
	l		. 57b	1,050,242.	7,628,222.	57c	7,404,530.
	58	Other assets (describe	SEE ST	TATEMENT 12	1,591,604.	58	1,769,262.
	59	Total assets (add lines 45 through 58) (must equal	line 74)		14,329,305.	59	12,797,554.
	60	Accounts payable and accrued expenses			259,644.	60	12,797,554. 500,235.
	61	Grants payable				61	-
	62	Deferred revenue			203,689.	62	171,893.
Liabilities	63	Loans from officers, directors, trustees, and key em	ployees			63	
Ξ	64 a	a Tax-exempt bond liabilities			5,479,401.	64a	3,577,375.
Lia	l t	Mortgages and other notes payable			100,000.	64b	225,000.
	65	Other liabilities (describe	EASE C	BLIGATION)	155,709.	65	93,043.
	66	Total liabilities (add lines 60 through 65)			6,198,443.	66	4,567,546.
	Orgai	nizations that follow SFAS 117, check here ► \(\sum_{\text{\subset}}\)	and com	iplete lines 67 through			
es	67	69 and lines 73 and 74. Unrestricted			4,506,900.	67	6,613,345.
anc S	68	Unrestricted Temporarily restricted		-	3,623,962.	68	1,616,663.
Bala	69	Permanently restricted			3702373021	69	2702070030
P -		nizations that do not follow SFAS 117, check here	▶ ∏ aı	nd complete lines			
Fu		70 through 74.		Ta dempiete inice			
s or	70	Capital stock, trust principal, or current funds			70		
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and equ				71	
As	72	Retained earnings, endowment, accumulated incom				72	
Net	73	Total net assets or fund balances (add lines 67 thr		-			
_		column (A) must equal line 19; column (B) must eq	ual line 21)		8,130,862.	73	8,230,008.
	74	Total liabilities and net assets / fund balances (ac			14,329,305.	74	12,797,554.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return							
Return								
a Total revenue, gains, and other support per audited financial statements ▶ a 14,372,993.	a Total expenses and losses per audited financial statements a 14,273,847.							
b Amounts included on line a but not on line 12, Form 990:	b Amounts included on line a but not on line 17, Form 990: (1) Donated services							
(1) Net unrealized gains	and use of facilities \$ 22,500.							
on investments \$ 194,363.	(2) Prior year adjustments							
(2) Donated services	reported on line 20,							
and use of facilities \$ 22,500.	Form 990							
(3) Recoveries of prior year grants \$	(3) Losses reported on line 20, Form 990 \$							
(4) Other (specify):	(4) Other (specify):							
\$	STMT 13 \$ 129,945.							
Add amounts on lines (1) through (4) b 216,863.	Add amounts on lines (1) through (4) b 152, 445.							
c Line a minus line b c 14,156,130.								
d Amounts included on line 12, Form 990 but not on line a:	d Amounts included on line 17, Form 990 but not on line a:							
(1) Investment expenses	(1) Investment expenses							
not included on	not included on							
line 6b, Form 990 \$	line 6b, Form 990 \$							
(2) Other (specify): STMT 14 \$ <129,945.	(2) Other (specify):							
Add amounts on lines (1) and (2) b d <129,945.	Add amounts on lines (1) and (2) \blacksquare d 0.							
e Total revenue per line 12, Form 990	e Total expenses per line 17, Form 990							
(line c plus line d) \triangleright e 14,026,185.	(line c plus line d) \blacktriangleright e 14,121,402.							
Part V List of Officers, Directors, Trustees, and Key	Employees (List each one even if not compensated.)							
(A) Name and address	(B) Title and average hours per week devoted to position (If not paid, enter position (If not paid, enter plans & deferred compensation other allowances							
JAYNEE K. DAY	PRESIDENT/CEO							
331 GREAT CIRCLE ROAD NASHVILLE, TN 37228	50 117,177. 14,155. 0.							
SCOTT CORNWELL	VP OPERATIONS							
331 GREAT CIRCLE ROAD								
NASHVILLE, TN 37228	45 63,876. 12,414. 0.							
TERESA HAYDEN	VP FINANCE/HR							
331 GREAT CIRCLE ROAD NASHVILLE, TN 37228	45 61,254. 8,977. 0.							
CAROL MILLER	45 61,254. 8,977. 0. VP PROGRAM SERVICES							
331 GREAT CIRCLE ROAD	VI INCOMM BLICVICES							
NASHVILLE, TN 37228	45 55,138. 12,508. 0.							
ED O'KELLEY	VP IS/SPECIAL PROJECTS							
331 GREAT CIRCLE ROAD	60 160 16 107							
NASHVILLE, TN 37228 RICHARD REYNOLDS	45 60,162. 16,127. 0. VP DONOR RELATIONS							
331 GREAT CIRCLE ROAD	VP DONOR RELATIONS							
NASHVILLE, TN 37228	45 53,969. 12,403. 0.							
SUSANNAH SHUMATE	VP DEVELOPMENT							
331 GREAT CIRCLE ROAD								
NASHVILLE, TN 37228	45 53,540. 8,261. 0.							
SEE ATTACHED LISTING OF								
NONCOMPENSATED OFFICERS/DIRECTORS	5 HOURS/MONTH 0. 0. 0.							
	2 1100107 1101111 0 0 0 0 0 0 0 0 0 0 0 0							
75 Did any officer, director, trustee, or key employee receive aggregate compensation								
organizations, of which more than \$10,000 was provided by the related organiz	ations? If "Yes," attach schedule. 🕨 🔛 Yes 🐰 No							

Form 990 (2003) INC.

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n /. –	- 1	112	1 4	4	4	,

	990 (2003) INC. 62-1049	447		Page 5
Pai	t VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		X
	If "Yes," attach a statement			
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership,			
	governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization			
	and check whether it is exempt or nonexempt.			
	Enter direct or indirect political expenditures. See line 81 instructions 81a 0 •	0.41		37
	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than	000	х	
	fair rental value?	82a	Λ	
U	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 22,500.			
83 -	expense in Part II. (See instructions in Part III.) Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х	
oo a h	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	\vdash
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not	Ja		
-	tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		\vdash
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax			
	owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues			
	allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
00	against amounts due or received from them.) 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		x
8Q 2	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	00		
υσα	section 4911 0 • ; section 4912 0 • ; section 4955 0 •			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
3	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89b		Х
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
	List the states with which a copy of this return is filed TENNESSEE			
b	Number of employees employed in the pay period that includes March 12, 2003	000		36
91	The books are in care of ► JAYNEE K. DAY Telephone no. ► (615)	329	-34	91
	221 OPENE GIRGIE BOND MIGHTINE EN	700	_	
	Located at ► 331 GREAT CIRCLE ROAD NASHVILLE, TN ZIP+4 ► 3	122	Ö	
00	Continue 40.47(a)(1) paparament about table to rate filling Found 000 in the conf. Form 40.44 Charle have		_ □	\neg
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92	N/	. - ⊏∟ ∆	
32304	and onto the amount of tax-exempt interest received of accided during the tax year			(2003)

SECOND HARVEST FOOD BANK OF MIDDLE TN, INC.

	(2003) INC .	ı				62-1	.049447 Page 6
Part VI	II Analysis of Income	-Producing A	ctivities (See page 33 of the inst	ructions.)		
	ter gross amounts unless othe			d business income		by section 512, 513, or 514	/E\
indicated	_	, wise	(A)	(B)	(C)	(D)	(E)
			Business	Amount	Exclu- sion	Amount	Related or exempt function income
	ram service revenue:		code		code		
	PENSE SHARING C	CONTRIB					743,638.
b PR	OJECT PRESERVE						3,744,613.
c PR	ROGRAM						
d CU	LINARY ARTS PRO	GRAM					85,496.
e		-			1 1		
	agra/Madigaid naymanta				+ +		
	care/Medicaid payments						
	and contracts from government ag	-					
94 Mem	bership dues and assessments						
95 Intere	est on savings and temporary cash	investments			14	18,300.	
96 Divide	ends and interest from securities						
	ental income or (loss) from real es						
	financed property	_					
					30	14,400.	
	ebt-financed property				134	14,400.	
	ental income or (loss) from persor				-		
	r investment income						
	or (loss) from sales of assets						
other	than inventory				18	5,454. 175,827.	
	ncome or (loss) from special event				0.5	175,827.	
	s profit or (loss) from sales of inve	-					
103 Other		-	+		1 1		
	HER REVENUE						50,967.
. —	HER REVENOE		+		++-		30,301.
b							
c							
d							
e							
104 Subto	otal (add columns (B), (D), and (E)))			0.	213,981.	4,624,714.
105 Total	I (add line 104, columns (B), (D), a	ınd (E))				•	4,838,695.
	e 105 plus line 1d, Part I, shoul						
	III Relationship of Act				npt Purpo	ses (See page 34 of the in	nstructions.)
Line No				(F) of Part VII contribi	ited importantl	ly to the accomplishment of	the organization's
Line No.	Explain how each activity for wh	nich income is repor	ted in column		ıted importantl	y to the accomplishment of	the organization's
Line No. ▼	Explain how each activity for wl exempt purposes (other than b	nich income is repor y providing funds fo	ted in column		ıted importantl	y to the accomplishment of	the organization's
	Explain how each activity for wh	nich income is repor y providing funds fo	ted in column		uted importantl	y to the accomplishment of	the organization's
	Explain how each activity for wl exempt purposes (other than b	nich income is repor y providing funds fo	ted in column		uted importantl	y to the accomplishment of	the organization's
	Explain how each activity for wl exempt purposes (other than b	nich income is repor y providing funds fo	ted in column		uted importantl	y to the accomplishment of	the organization's
V	Explain how each activity for will exempt purposes (other than be SEE STATEMENT	nich income is repor y providing funds fo ? 15	ted in column r such purpos	es).			
	Explain how each activity for will exempt purposes (other than be SEE STATEMENT	nich income is repor y providing funds fo 15 15 Iing Taxable S	ted in column r such purpos	es). es and Disrega		t ies (See page 34 of the in	structions.)
▼ Part IX	Explain how each activity for will exempt purposes (other than be SEE STATEMENT Information Regard (A)	nich income is repor y providing funds fo 1 15 ling Taxable S	ted in column r such purpos	es). es and Disrega		ties (See page 34 of the in	structions.)
Part IX	Explain how each activity for will exempt purposes (other than be SEE STATEMENT	nich income is repor y providing funds fo 15 15 Iing Taxable S	ted in column r such purpos	es). es and Disrega		t ies (See page 34 of the in	structions.)
Part IX	Explain how each activity for will exempt purposes (other than be SEE STATEMENT SEE STATEMENT (Information Regard (A) address, and EIN of corporation,	hich income is reporty providing funds for 15 ling Taxable S (B) Percentage of	ted in column r such purpos Gubsidiari	es). es and Disrega		ties (See page 34 of the in	structions.) (E) End-of-year
Part IX	Explain how each activity for will exempt purposes (other than be SEE STATEMENT SEE STATEMENT (Information Regard (A) address, and EIN of corporation, nership, or disregarded entity	ling Taxable S (B) Percentage of ownership interest	ted in column r such purpos Gubsidiari	es). es and Disrega		ties (See page 34 of the in	structions.) (E) End-of-year
Part IX	Explain how each activity for will exempt purposes (other than be SEE STATEMENT SEE STATEMENT (Information Regard (A) address, and EIN of corporation,	inich income is reporty providing funds for 15 ling Taxable S Percentage of ownership interest 9 9	ted in column r such purpos Gubsidiari	es). es and Disrega		ties (See page 34 of the in	structions.) (E) End-of-year
Part IX	Explain how each activity for will exempt purposes (other than be SEE STATEMENT SEE STATEMENT (Information Regard (A) address, and EIN of corporation, nership, or disregarded entity	ling Taxable S Percentage of ownership interest	such purpos Gubsidiari	es). es and Disrega		ties (See page 34 of the in	structions.) (E) End-of-year
Part IX Name, a	Explain how each activity for will exempt purposes (other than by SEE STATEMENT (Information Regard (A) address, and EIN of corporation, nership, or disregarded entity N/A	ling Taxable S Percentage of ownership interest ownership interest of the percentage	subsidiari	es and Disrega (C) Nature of activities	rded Entit	ties (See page 34 of the in (D) Total income	structions.) (E) End-of-year assets
Part IX Name, a partr	Explain how each activity for will exempt purposes (other than by SEE STATEMENT (Information Regard (A) address, and EIN of corporation, nership, or disregarded entity N/A Information Regard	ling Taxable S Percentage of ownership interest y grant from the second	Gubsidiari Associat	es and Disrega (C) Nature of activities	rded Entit	ties (See page 34 of the ingology) Total income	structions.) (E) End-of-year assets 34 of the instructions.)
Part IX Name, a partr	Explain how each activity for will exempt purposes (other than by SEE STATEMENT (Information Regard (A) address, and EIN of corporation, nership, or disregarded entity N/A	ling Taxable S Percentage of ownership interest y grant from the second	Gubsidiari Associat	es and Disrega (C) Nature of activities	rded Entit	ties (See page 34 of the ingology) Total income	structions.) (E) End-of-year assets 34 of the instructions.) Yes X No
Part IX Name, a partr	Explain how each activity for will exempt purposes (other than by SEE STATEMENT (Information Regard (A) address, and EIN of corporation, nership, or disregarded entity N/A Information Regard	ling Taxable S (B) Percentage of ownership interest 9 United Taxable S (B) Percentage of ownership interest 9 9 9 1 1 1 1 1 1 1 1 1 1	Subsidiari Associat rectly or indire	es and Disrega (C) Nature of activities ed with Person actly, to pay premiums	rded Entit	ties (See page 34 of the ingology) Total income	structions.) (E) End-of-year assets 34 of the instructions.)
Part IX Name, a partr Part X (a) Did (b) Did	Explain how each activity for will exempt purposes (other than by SEE STATEMENT Information Regard (A) address, and EIN of corporation, nership, or disregarded entity N/A Information Regard the organization, during the year, in the organization of t	ling Taxable S Percentage of ownership interest own	Subsidiari Associat rectly or indirectly	es and Disrega (C) Nature of activities ed with Person ectly, to pay premiums /, on a personal benefi	rded Entit	ties (See page 34 of the ingology) Total income	structions.) (E) End-of-year assets 34 of the instructions.) Yes X No
Part IX Name, a partr Part X (a) Did (b) Did Note: If	Explain how each activity for will exempt purposes (other than be SEE STATEMENT SEE STATEMENT (A) address, and EIN of corporation, nership, or disregarded entity N/A Information Regard the organization, during the year, if the organization, during the year, if the organization, during the year, if yes" to (b), file Form 8870 and in the purpose of the total purpose of the organization in the year, if yes" to (b), file Form 8870 and in the purpose of the total purp	ling Taxable S (B) Percentage of ownership interest ownership interes	Subsidiari Associat rectly or indirectly instructions	es and Disrega (C) Nature of activities ed with Person actly, to pay premiums y, on a personal benefi	rded Entit	ties (See page 34 of the in (D) Total income t Contracts (See page benefit contract?	structions.) (E) End-of-year assets 34 of the instructions.) Yes X No Yes X No
Part IX Name, a partr Part X (a) Did (b) Did (b) Did: If Please	Explain how each activity for will exempt purposes (other than be SEE STATEMENT Information Regard (A) address, and EIN of corporation, nership, or disregarded entity N/A Information Regard the organization, during the year, if the organization is the property of the organization of the property of the organization is the property of the organization of the property of the organization is the property of the organization of	ling Taxable S (B) Percentage of ownership interest ownership interes	Subsidiari Associat rectly or indirectly instructions	es and Disrega (C) Nature of activities ed with Person actly, to pay premiums y, on a personal benefi	rded Entit	ties (See page 34 of the in (D) Total income t Contracts (See page benefit contract?	structions.) (E) End-of-year assets 34 of the instructions.) Yes X No Yes X No
Part IX Name, a partr Part X (a) Did (b) Did Note: If	Explain how each activity for will exempt purposes (other than be SEE STATEMENT SEE STATEMENT Information Regard (A) address, and EIN of corporation, nership, or disregarded entity N/A Information Regard the organization, during the year, I the organization, during the year, I the organization, during the year, I was to (b), file Form 8870 at Under penalties of perjury, I declare the correct, and complete. Declaration of particular than the correct, and complete.	ling Taxable S (B) Percentage of ownership interest ownership interes	Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari	es and Disrega (C) Nature of activities ed with Person actly, to pay premiums y, on a personal benefi	rded Entit	ties (See page 34 of the interpretation (D) Total income t Contracts (See page benefit contract?	structions.) (E) End-of-year assets 34 of the instructions.) Yes X No Yes X No
Part IX Name, a partr Part X (a) Did (b) Did Note: If Please Sign	Explain how each activity for will exempt purposes (other than be SEE STATEMENT SEE STATEMENT Information Regard (A) address, and EIN of corporation, nership, or disregarded entity N/A Information Regard the organization, during the year, if the organization of perjury, I declare the correct, and complete. Declaration of processing the process of the proc	ling Taxable S (B) Percentage of ownership interest ownership interes	Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari	es and Disrega (C) Nature of activities ed with Person actly, to pay premiums y, on a personal benefi b. accompanying schedules Il information of which pre	rded Entit nal Benefit on a personal t contract? and statements, parer has any kno	ties (See page 34 of the interpretation (D) Total income t Contracts (See page benefit contract? and to the best of my knowledge by benefit contract?	structions.) (E) End-of-year assets 34 of the instructions.) Yes X No Yes X No and belief, it is true,
Part IX Name, a partr Part X (a) Did (b) Did Note: If Please Sign	Explain how each activity for will exempt purposes (other than by SEE STATEMENT SEE STATEMENT (A) address, and EIN of corporation, nership, or disregarded entity N/A Information Regard the organization, during the year, if the organization, during the year, if the organization, during the year, if yes to (b), file Form 8870 at Under penalties of perjury, I declare the correct, and complete. Declaration of programmer's Signature of officer Preparer's	ling Taxable S (B) Percentage of ownership interest ownership interes	Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari	es and Disrega (C) Nature of activities ed with Person actly, to pay premiums y, on a personal benefi accompanying schedules Il information of which pre	rded Entit nal Benefit on a personal t contract? and statements, parer has any kno	ties (See page 34 of the in (D) Total income t Contracts (See page benefit contract? and to the best of my knowledge wiedge.	structions.) (E) End-of-year assets 34 of the instructions.) Yes X No Yes X No
Part IX Name, a partr Part X (a) Did (b) Did Note: If Please Sign Here	Explain how each activity for will exempt purposes (other than be SEE STATEMENT SEE STATEMENT Information Regard (A) address, and EIN of corporation, nership, or disregarded entity N/A Information Regard the organization, during the year, if the organization of the organization of perjury, I declare the correct, and complete. Declaration of property of the property	ling Taxable S (B) Percentage of ownership interest ownership interes	Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari Subsidiari	es and Disrega (C) Nature of activities ed with Person actly, to pay premiums y, on a personal benefi accompanying schedules Il information of which pre	rded Entit nal Benefit on a personal t contract? and statements, parer has any kno	ties (See page 34 of the interpretation (D) Total income t Contracts (See page benefit contract? and to the best of my knowledge by the best of my knowledge. Total income	structions.) (E) End-of-year assets 34 of the instructions.) Yes X No Yes X No and belief, it is true,
Part IX Name, a partr (a) Did (b) Did (b) Did (b) Did (c) Please Sign Here Paid Preparer's	Explain how each activity for will exempt purposes (other than be SEE STATEMENT SEE STATEMENT Information Regard (A) address, and EIN of corporation, nership, or disregarded entity N/A Information Regard the organization, during the year, if the organization of perjury, I declare the correct, and complete. Declaration of personal p	ling Taxable S (B) Percentage of ownership interest ownership interes	Subsidiari Subsidiari Associat rectly or indirectly instructions return, including er) is based on a	es and Disrega (C) Nature of activities ed with Person ectly, to pay premiums /, on a personal benefi). accompanying schedules Il information of which pre	rded Entit all Benefit on a personal t contract? and statements, parer has any known Type or print Date 12/21/0	ties (See page 34 of the in (D) Total income t Contracts (See page benefit contract? and to the best of my knowledge wiedge.	structions.) (E) End-of-year assets 34 of the instructions.) Yes X No Yes X No and belief, it is true,
Part IX Name, a partr Part X (a) Did (b) Did Note: If Please Sign Here	Explain how each activity for will exempt purposes (other than be seempt purposes (other than	ling Taxable S (B) Percentage of ownership interest ownership interes	Subsidiari Subsidiari Associat rectly or indirectly or indirectly instructions return, including er) is based on a	es and Disrega (C) Nature of activities ed with Person ectly, to pay premiums y, on a personal benefi accompanying schedules Il information of which pre	rded Entit all Benefit on a personal t contract? and statements, parer has any known Type or print Date 12/21/0	ties (See page 34 of the interpretation (D) Total income t Contracts (See page benefit contract? and to the best of my knowledge by the best	structions.) (E) End-of-year assets 34 of the instructions.) Yes X No Yes X No and belief, it is true,

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2003

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

SECOND HARVEST FOOD BANK OF MIDDLE TN,

Employer identification number

INC. 62 1049447 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (b) Litle and average hours (e) Expense account and other (a) Name and address of each employee paid employee benefit plans & deferred compensation per week devoted to (c) Compensation more than \$50,000 position allowances NONE Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service RANDSTAD TEMPORARY 500 CHURCH STREET, NASHVILLE, TN EMPLOYMENT SERVIC 97,791. LW ROBBINS DIRECT MAIL SERVICES 132,030. NOT AVAILABLE CH ROBINSON 8100 MITCHELL ROAD, EDEN PRAIRIE, MN FREIGHT 97,522. UNITED SHIPPERS OF AMERICA 1401 HIGHWAY 96 NORTH, FAIRVIEW, FREIGHT 77,983. Total number of others receiving over \$50,000 for professional services

23101/12-05-03 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2003

62-1049447 Page 2

Part III Statements About Activities (See page 2 of the instructions.)						
		e year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence inion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the				
		activities \(\bigs\) \(\bi				
	, ,	f Part VI-B.)	1		х	
		ions that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking				
	-	st complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During th	e year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors,				
	trustees,	directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such				
	person is	affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes,"				
		detailed statement explaining the transactions.)				
а	Sale, exc	nange, or leasing of property?	2a		Х	
			2b		x	
b Lending of money or other extension of credit?						
•	c Furnishing of goods, services, or facilities?					
U	ı urmamı	y or yours, services, or racinities?	2c		X	
d	Payment	of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	х		
е	Transfer	of any part of its income or assets?	2e		Х	
3 a	Do vou m	nake grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how				
	you deter	mine that recipients qualify to receive payments.)	3a		Х	
		ave a section 403(b) annuity plan for your employees?	3b	Х		
4	Did you r	naintain any separate account for participating donors where donors have the right to provide advice e or distribution of funds?	4		х	
	rt IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)	<u> </u>	1		
The	organizat	on is not a private foundation because it is: (Please check only ONE applicable box.)				
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).				
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)				
7	Щ	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).				
8		A Federal, state, or local government or governmental unit. Section $170(b)(1)(A)(v)$.				
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,				
40		and state				
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)	•			
11a	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public.				
110	21	Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)				
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)				
12		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross				
	<u> </u>	receipts from activities related to its charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)				
40		As a second section when the second s	00 - 11 to -			
13	Ш	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations descr (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)	ıpea in:			
		Provide the following information about the supported organizations. (See page 5 of the instructions.)				
			(b)l ir	ne num	ber	
		(a) Name(s) of supported organization(s)		om abo		
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)				

62-1049447

Page 3

	Note: You may use the	ne worksheet	in the ins	truction	ns for c	convertin	g from	the ac	crual to t	he cas	sh metho	d of acc	ounting.			
begi	ndar year (or fiscal year nning in)	(a) 20	02		(b) 200)1		(c) 20	00		(d) 199	9		(e) Tota	al	
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	11,820	,953.	17,:	385,	009.	15,	661	,727.	14,	467,	012.	59,	334,	70	1.
16	Membership fees received															
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	3,389	,402.	2,:	214,	206.	1,	441	,021.	1,	960,	868.	9,	005,	. 49	7.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		,724.	,		080.	•		,272.	•	217,			322,		
19	Net income from unrelated business		-						-							
	activities not included in line 18															
20	l ax revenues levied for the organization's benefit and either paid to it or expended on its behalf															
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge															
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	3	,292.		1,	484.	SEE	23	ATEME, 678.		23,	020.		51,	47	4.
23	Total of lines 15 through 22	15,250	,371.	19,0	631,	779.	17,	163	,698.	16,	667,	932.	68,	713,		
24	Line 23 minus line 17	11,860	,969.	17,4	417,	573.	15,	722	,677.	14,	707,	064.	59,	708,	, 28	3.
25	Enter 1% of line 23		,504.		196,	318.		171	,637 .		166,	679.				
26	Organizations described on lines 1	0 or 11 : a Er	nter 2% of	amount	in colu	mn (e), lin	e 24				>	► 26a	1,	194,	,16	6.
b	Prepare a list for your records to sho	ow the name of	and amou	ınt contr	ributed l	y each pe	erson (other tha	an a gover	nmenta	al					
	unit or publicly supported organizati	on) whose tota	l gifts for ¹	1999 thr	ough 20	002 excee	ded the	e amoun	t shown ir	line 2	6a.					
	Do not file this list with your return	. Enter the tota	l of all thes	se exces	s amou	nts)	► 26b		711,		
C	Total support for section 509(a)(1) t	est: Enter line 2)	► 26c	59,	708,	, 28	<u>3.</u>
d	Add: Amounts from column (e) for l	ines: 18	3	22,												
		22		51,4	<u>474.</u>	26b		2,71	11,34	8.)	► 26d		084,		
е	Public support (line 26c minus line 2	26d total))	► 26e		623,		
f	Public support percentage (line 26													94.8	<u> 333</u>	<u>3%</u>
27	Organizations described on line 12 records to show the name of, and to such amounts for each year: (2002)	otal amounts red N/A	ceived in e	ach yeai	r from, e	each "disq	ualified	l person.	." Do not f	ile this	list with	your retu	rn. Enter	the sum		
h	For any amount included in line 17 t															
	and amount received for each year, idescribed in lines 5 through 11, as with larger amount described in (1) o	that was more t well as individua	than the la als.) Do no	rger of	(1) the	amount o	n line 2 e turn . <i>l</i>	25 for th After cor	e year or (nputing th	2) \$5,0 e differ	000. (Inclu rence betw	ide in the	list orgar	nizations	3	
	(2002)											999)				
С	Add: Amounts from column (e) for li	ines.	15				16									
Ī	17		20				. 21				_ ,	► 27c		N/	/ A	
d	Add: Amounts from column (e) for line 17Add: Line 27a total		<u></u>	nd line 2	7b total						_ ··· þ	≥ 27d		N/		
e	Public support (line 27c total minus	line 27d total)												N/		
f	Total support for section 509(a)(2) t	test: Enter amo	unt on line	23, colu	ımn (e)		▶	27f		N/A	<u>.</u>	-				
a	Public support percentage (lin	e 27e (nume	rator) div	ided b	y line 2	27f (dend	_ omina	tor))		•	•	► 27g		N/	/A	%
h	Investment income percentag	e (line 18, co	olumn (e)	(nume	rator)	divided k	y line	27f (de	enomina	tor))		≥ 27h		N/		%
28	Unusual Grants: For an organization to show, for each year, the name of the your return. Do not include these gran	n described in l e contributor, th	line 10, 11, ne date and	or 12 tl d amour	hat rece	ived any ι	ınusua	grants	during 199	99 thro	ugh 2002	, prepare	a list for not file th	your rec	ords	
	1 12-05-03	10.	N	ONE								Schedu	ule A (Form	990 or 99	90-EZ) :	2003

Part V

Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing				
	instrument, or in a resolution of its governing body?	29			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,				
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of				
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known				
	to all parts of the general community it serves?	31			
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)				
		-			
		-			
32	Does the organization maintain the following:	-			
oz a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	32a			
a b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?				
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	. 320			
U	admissions, programs, and scholarships?	32c			
А	Copies of all material used by the organization or on its behalf to solicit contributions?	32d			
ŭ	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	. 524			
		_			
		-			
33	Does the organization discriminate by race in any way with respect to:				
a	Students' rights or privileges?	. 33a			
b	Admissions policies?	. 33b			
C	Employment of faculty or administrative staff?	33c			
d	Scholarships or other financial assistance?	. 33d			
e	Educational policies?				
Ī	Use of facilities?	_			
g	Athletic programs?				
n	Other extracurricular activities?	. 33h			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)				
		-			
	Does the organization receive any financial aid or assistance from a governmental agency?				
b	Has the organization's right to such aid ever been revoked or suspended?	. 34b			
	If you answered "Yes" to either 34a or b, please explain using an attached statement.				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,				
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	. 35			

Schedule A (Form 990 or 990-EZ) 2003

Page 5

Che	eck a if the organization	ation belongs to an affiliated	group. Check	b if	you che	ecked "a" and "limited	control		
		mits on Lobbying E	-			(a) Affiliated group totals		(b) To be completed for electing organizatio	
						N/A			
36	Total lobbying expenditures to	o influence public opinion (g	rassroots lobbying)		36				
	Total lobbying expenditures to				37				
	Total lobbying expenditures (38				
39	Other exempt purpose expend	ditures			39				
	Total exempt purpose expend				40				
41	Lobbying nontaxable amount		-						
	If the amount on line 40 is -	•	g nontaxable amount is -						
	Not over \$500,000								
	Over \$500,000 but not over \$1,000				44				
	Over \$1,000,000 but not over \$1,50				41				
	Over \$1,500,000 but not over \$17,0								
49	Over \$17,000,000				42				
	Subtract line 42 from line 36.				43				
	Subtract line 41 from line 38.				44				
	oubtract mile 41 from mile 66.	Entor o il illio 41 lo liloro ti	iaii iiiie 00						
	Caution: If there is an amo	unt on either line 43 or lir	ne 44, you must file Fort	m 4720.					
	-	Some organizations that ma below. See the ins	tructions for lines 45 throu	ugh 50 on page	11 of th		nns		
C a l	landar vaar (ar	(0)						N/A (e)	
	lendar year (or cal year beginning in)	(a) 2003	(b) 2002	(c) 200		(d) 2000		Total	
45	Lobbying nontaxable								
	amount								0
46	Lobbying ceiling amount								_
_	(150% of line 45(e))								0
47	Total lobbying								^
40	expenditures								0
48	Grassroots nontaxable								0
40	amount								
77	(150% of line 48(e))								0
50	Grassroots lobbying								
•	expenditures								0
P	art VI-B Lobbying A	Activity by Nonelec			ha!!	···ations \		/-	
_	· · · ·	nly by organizations that did	. , ,					N/A	
	ring the year, did the organization	•		on, including any	attemp	t to Yes	No	Amount	
	uence public opinion on a legis	,	3				1		
d	Volunteers Paid staff or management (Inc.)	clude companyation in over	nege reported on lines a th	rough h \					
L D	Media advertisements						1		
d	Mailings to members, legislat								
e	Publications, or published or						1		
f									
g	Direct contact with legislators	, their staffs, government off	icials, or a legislative body	·					
h	Rallies, demonstrations, semi								
i	Total lobbying expenditures (0

323141 12-05-03 Schedule A (Form 990 or 990-EZ) 2003

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Sche	Schedule A (Form 990 or 990-EZ) 2003 INC. 62						
Pa	rt VII Information Regarding Transfers To and Transactions and Relationships With Nonchari	table					
	Exempt Organizations (See page 12 of the instructions.)						
51	Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section						
	501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?						
а	Transfers from the reporting organization to a noncharitable exempt organization of:		Yes	N			
	(i) Cash	. 51a(i)		Σ			
	(ii) Other assets	a(ii)		Σ			

l	Transfers from the reporting organization to a noncharitable exempt organization of:		Yes	No
	(i) Cash	51a(i)		Х
	(ii) Other assets	a(ii)		Х
)	Other transactions:			
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		Х
	(iii) Rental of facilities, equipment, or other assets	b(iii)	Х	
	(iv) Reimbursement arrangements	b(iv)		X
	(v) Loans or loan guarantees	b(v)		X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
;	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	С		X
	If the appropriate any of the above is 11/40 11 complete the following cabadyle. Column (b) about delivers above the few grounds valve of the			

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	transaction of sharing arrangement, show in column (a) the value of the goods, other assets, or services received.								
(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization			(d) Description of transfers, transactions, and sharing arrangements				
,		WIC (WOMI	EN, INFANT	S, &	WIC :	RENTS	SPACE	FROM	SECOND
BIII	14,400.	CHILDREN))		HARV	EST			
		•			•				

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? If "Yes," complete the following schedule: N/AX No **b** If "Yes," complete the following schedule:

b in 163, complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
	1	1

323151 12-05-03

Schedule A

Identification of Excess Contributions Included on Part IV-A, Line 26b

2003

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
FLEMING	2,681,869.	1,487,703.
C.B. RAGLAND COMPANY	1,287,644.	93,478.
KROGER COMPANY	2,324,333.	1,130,167.
Fotal Excess Contributions to Schedule A, Line 26b		2,711,348.

323171/05-01-03

7,404,530.

	02-1049447
FOOTNOTES	STATEMENT 1
PROPERTY AND EQUIPMENT CONSISTED OF THE FOLLOWING AT JUNE 30, 2004:	
LAND BUILDING AND IMPROVEMENTS OFFICE AND WAREHOUSE EQUIPMENT TRANSPORTATION EQUIPMENT PROJECT PRESERVE EQUIPMENT CULINARY ARTS CENTER EQUIPMENT	1,334,586. 5,445,378. 923,679. 364,343. 308,096. 78,690.
LESS:ACCUMULATED DEPRECIATION	8,454,772. 1,050,242.

PROPERTY AND EQUIPMENT ARE REPORTED AT COST ON THE DATE OF PURCHASE, AT FAIR MARKET VALUE AT THE DATE OF GIFT IF THE VALUE IS READILY DETERMINABLE, OR OTHER REASONABLE BASIS, AS DETERMINED BY THE BOARD OF DIRECTORS, IF COST IS UNKNOWN. DEPRECIATION IS CALCULATED BY THE STRAIGHT-LINE METHOD, DOWN TO THE ESTIMATED SALVAGE VALUE OF THE ASSETS, OVER THEIR ESTIMATED USEFUL LIVES.

TOTAL

FORM 990	RENTA	L INCOM	E				STATE	MENT	2
KIND AND LOCATION OF PROPE	RTY					VITY IBER		ROSS L INCC)ME
OFFICE AND STORAGE SPACE F WIC (A 501(C)(3) ENTITY)	ENTED AT B	ELOW FM	V TO			1		14,40	00.
TOTAL TO FORM 990, PART I,	LINE 6A					=		14,40	0.
FORM 990 GAIN (LOSS	3) FROM PUB	LICLY T	RADEI) SECURI	TIES		STATE	MENT	3
DESCRIPTION		OSS PRICE		OST OR ER BASIS		PENSE SALE	-	T GAIN	-
SALE OF HCA STOCK	8	87,632. 82,178.		0		5,45		54.	
TO FORM 990, PART I, LINE 8 87,632. 82,178.					0	5,454.			
FORM 990 S	PECIAL EVE	NTS AND	ACT]	IVITIES			STATE	MENT	4
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRI		GROSS REVENU		DIRE(NET INCOME	2
HARVEST MOON BALL CHILDREN'S PATRON PARTY FASHION SHOW OTHER SPECIAL EVENTS &	136,340. 4,335. 2,525.				40. 35. 25.	9:	09. 22. 68.	85,63 3,41 1,65	L3.
ACTIVITIES	207,560.			207,5	60.	122,43	34.	85,12	<u> </u> 26.
TO FM 990, PART I, LINE 9	350,760.			350,7	60.	174,9	33.	175,82	27.
FORM 990 OTHER CHAN	GES IN NET	ASSETS	OR I	FUND BAL	ANCE	ES	STATE	MENT	5
DESCRIPTION							AM	OUNT	
NET UNREALIZED GAIN (LOSS)	ON INVEST	MENTS				_		194,36	53.
TOTAL TO FORM 990, PART I,	LINE 20					_		194,36	 53.

FORM 990	OTHE	STATEMENT		
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISING
FOOD SUPPLIES &	······································			
DISTRIBUTION	4,287,498.	4,287,478.		20.
PROFESSIONAL FEES	85,178.		55,314.	29,864.
INSURANCE	78,677.	50,354.	14,517.	13,806.
PRODUCT				
TRANSPORTATION	327,632.	327,545.		87.
OFFICE AND ADMINISTRATION	154,991.	41,451.	59,100.	54,440.
DONATED FOOD	6,468,244.	6,468,244.	39,100.	34,440.
COMMUNICATIONS	0,400,244.	0,400,244.		
EXPENSE	240,557.	42,776.	4,813.	192,968.
TOTAL TO FM 990, LN 43	11,642,777.	11,217,848.	133,744.	291,185.
=				
FORM 990 STATEMENT OF	F ORGANIZATION PART	~	EMPT PURPOSE	STATEMENT 7

EXPLANATION

SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE, INC. WAS FOUNDED IN 1978. ITS MISSION IS TO FEED THE HUNGRY IN MIDDLE TENNESSEE WHILE REDUCING FOOD WASTE THROUGH AN EFFICIENT SYSTEM OF COLLECTION AND DISTRIBUTION.

EXPENSES

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE THREE

PROJECT PRESERVE PROGRAM: OPERATES A UNIQUE PROGRAM THAT CANS, LABELS AND DISTRIBUTES PRODUCT TO LOCAL AGENCIES AND AFFILIATES. THROUGH ITS CANNING OF SOUPS AND STEWS. THE AGENCY IS ABLE TO PRESERVE PERISHABLE FOOD THAT WOULD OTHERWISE BE WASTED. THIS PROGRAM IS HIGHLY COST EFFECTIVE -CANNING PRODUCTS FOR ABOUT HALF THE COST OF COMMERCIAL SOUP. THE PROGRAM ALSO OPERATES AS A BROKERAGE SERVICE TO OTHER FOOD BANKS THROUGHOUT THE COUNTRY IN ORDER TO OFFER A WIDER VARIETY OF PRODUCTS AT A SIGNIFICANTLY LOWER PRICE. IN ADDITION, THE AGENCY HAS A COOK/CHILL OPERATION. THIS IS A METHOD OF FOOD MANUFACTURING THAT INVOLVES HEATING FOOD, PUMPING THE PRODUCT INTO A FORM-FILL PLASTIC BAG THAT IS HEAT SEALED AND SUPER COOLED IN APPROXIMATELY 45 MINUTES PRIOR TO FREEZING THE PRODUCT. DURING 2004, THE AGENCY HAS DISTRIBUTED OVER 870,000 MEALS THROUGH THIS PROGRAM.

TO FORM 990, PART III, LINE C			IMMID I			
				4,184,202.		
FORM 990	CASH GRANT	'S AND ALLOCATIONS	STA	TEMENT 9		
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT		
GENERAL FUND	BETHLEHEM CENTERS OF NASHVILLE	1417 CHARLOTTE AVE. NASHVILLE, TN 37203	NONE	9,603.		
GENERAL FUND	LUTHERAN SERVICES IN TENNESSEE	3508 MARYVILLE PIKE, KNOXVILLE, TN 37920	NONE	3,666.		
GENERAL FUND	NEW LIFE SEVENTH DAY ADVENTIST	P.O. BOX 70246, NASHVILLE, TN 37207	NONE	3,667.		
GENERAL FUND	MARTHA O'BRYAN CENTER	711 SOUTH SEVENTH STREET NASHVILLE, TN 37216	NONE	9,000.		
GENERAL FUND	RED CROSS	2201 CHARLOTTE AVENUE, NASHVILLE, TN 37203	NONE	2,265.		

GRANTS

GENERAL F	'UND
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WOODBINE CUMERLAND 3016 NOLENSVILLE NONE PRESB. CHURCH RD. NASHVILLE, TN

37211

3,667.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

31,868.

FORM 990	ОТНЕ	ER PROGRAM S	ERVICES	S	TATEMENT	10
DESCRIPTION			GRANT ALLOC	S AND ATIONS	EXPENSES	;
CULINARY ARTS					106,4	25.
TOTAL TO FORM 990, PA	RT III, LINE	ЕЕ			106,4	25.
FORM 990	NON-GOVE	ERNMENT SECU	RITIES	S	TATEMENT	11
SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV SECURITI	
BOND FUND OF AMERICA EURO PACIFIC GROWTH				76,459.	76,4	59.
FUND GROWTH MUTUAL OF AMERICA SMALL CAP WORLD FUND WASHINGTON MUTUAL				99,584. 290,684. 174,879.		84.
INVESTMENTS HCA	83,180.			315,335.	315,3 83,1	
TO 990, LN 54 COL B	83,180.			956,941.	1,040,1	21.
FORM 990		OTHER ASSET	S	S	TATEMENT	12
DESCRIPTION					AMOUNT	
USDA INVENTORY DONATED FOOD INVENTOR OTHER INVENTORY BOND ISSUE COSTS	Y				1,107,0 76,4 478,8 106,9	14. 73.
TOTAL TO FORM 990, PA	RT IV, LINE	58, COLUMN	В		1,769,2	62.

FORM 990 OTHER EXPENS	SES NOT INCLU	DED ON FORM	990	STATEMENT	13
DESCRIPTION				AMOUNT	
SPECIAL EVENTS EXPENSES			_	129,9	45.
TOTAL TO FORM 990, PART IV-B			=	129,9	45.
FORM 990 OTHER REVEN	NUE INCLUDED	ON FORM 990		STATEMENT	14
DESCRIPTION				AMOUNT	
SPECIAL EVENTS EXPENSES			_	<129,9	45.>
TOTAL TO FORM 990, PART IV-A			_	<129,9	45.>
FORM 990 PART VIII - REI ACCOMPLISH	LATIONSHIP OF MENT OF EXEMP		ТО	STATEMENT	<u>——</u> 15
LINE EXPLANATION OF RELATIONS					
93A EXPENSE SHARING CONTRIBUTED TO DEFRAY THE COST OF RESERVE SALVAGED THIS ENABLES THEM TO PROSEE ALSO PART III(C) (ST	ECEIVING, STO FOR DISTRIBUT ES PERISHABLE OVIDE LOW COS	RING, SORTII ION TO THE I FOOD ITEMS	NG AND DIST NEEDY. BY CANNING	RIBUTING PRODUCTS.	
93D INCOME FROM FOOD PREPARA 103A MISCELLANEOUS INCOME DEF	ATION CENTER	NDUCTING EX	EMPT ACTIVI	TIES	
SCHEDULE A	OTHER INC	OME		STATEMENT	16
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1
OTHER INCOME/LOSS	3,292.	1,484.	23,678	. 23,0	20.
TOTAL TO SCHEDULE A, LINE 22	3,292.	1,484.	23,678	. 23,0	20.