

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

**2010****Open to Public Inspection****A** For the **2010** calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

|  |  |  |
|--|--|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending  | <b>C</b> Name of organization<br><b>SECOND HARVEST FOOD BANK OF MIDDLE TN, INC.</b><br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>331 GREAT CIRCLE ROAD</b><br>City or town, state or country, and ZIP + 4<br><b>NASHVILLE, TN 37228</b><br><b>F</b> Name and address of principal officer: <b>JAYNEE K. DAY</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>62-1049447</b><br><b>E</b> Telephone number<br><b>(615) 329-3491</b><br><b>G</b> Gross receipts \$ <b>53,388,587.</b><br><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527<br><b>J</b> Website: ▶ <b>WWW.SECONDHARVESTMIDTN.ORG</b><br><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1978</b> <b>M</b> State of legal domicile: <b>TN</b> |  |  |

**Part I Summary**

| <b>Activities &amp; Governance</b> | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE, INC. (THE "FOOD BANK") WAS FOUNDED IN 1978. ITS</b><br><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.<br><b>3</b> Number of voting members of the governing body (Part VI, line 1a) <span style="float: right;"><b>3</b> 26</span><br><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float: right;"><b>4</b> 26</span><br><b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) <span style="float: right;"><b>5</b> 98</span><br><b>6</b> Total number of volunteers (estimate if necessary) <span style="float: right;"><b>6</b> 23588</span><br><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <span style="float: right;"><b>7a</b> 0.</span><br><b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <span style="float: right;"><b>7b</b> 0.</span> |  |                           |              |                    |                    |                    |                    |                    |                    |                 |                |                    |                    |                    |                    |                 |                    |
|------------------------------------|---|--|---------------------------|--------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|-----------------|----------------|--------------------|--------------------|--------------------|--------------------|-----------------|--------------------|
| <b>Revenue</b>                     | <b>8</b> Contributions and grants (Part VIII, line 1h) <span style="float: right;"><b>22,356,558.</b></span><br><b>9</b> Program service revenue (Part VIII, line 2g) <span style="float: right;"><b>27,916,712.</b></span><br><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <span style="float: right;"><b>18,689.</b></span><br><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <span style="float: right;"><b>-83,416.</b></span><br><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <span style="float: right;"><b>50,208,543.</b></span>   | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> </thead> <tbody> <tr><td><b>22,356,558.</b></td><td><b>24,462,330.</b></td></tr> <tr><td><b>27,916,712.</b></td><td><b>28,598,763.</b></td></tr> <tr><td><b>18,689.</b></td><td><b>35,803.</b></td></tr> <tr><td><b>-83,416.</b></td><td><b>28,884.</b></td></tr> <tr><td><b>50,208,543.</b></td><td><b>53,125,780.</b></td></tr> </tbody> </table>   | Prior Year                | Current Year | <b>22,356,558.</b> | <b>24,462,330.</b> | <b>27,916,712.</b> | <b>28,598,763.</b> | <b>18,689.</b>     | <b>35,803.</b>     | <b>-83,416.</b> | <b>28,884.</b> | <b>50,208,543.</b> | <b>53,125,780.</b> |                    |                    |                 |                    |
| Prior Year                         | Current Year  |  |                           |              |                    |                    |                    |                    |                    |                    |                 |                |                    |                    |                    |                    |                 |                    |
| <b>22,356,558.</b>                 | <b>24,462,330.</b>  |  |                           |              |                    |                    |                    |                    |                    |                    |                 |                |                    |                    |                    |                    |                 |                    |
| <b>27,916,712.</b>                 | <b>28,598,763.</b>  |  |                           |              |                    |                    |                    |                    |                    |                    |                 |                |                    |                    |                    |                    |                 |                    |
| <b>18,689.</b>                     | <b>35,803.</b>  |  |                           |              |                    |                    |                    |                    |                    |                    |                 |                |                    |                    |                    |                    |                 |                    |
| <b>-83,416.</b>                    | <b>28,884.</b>  |  |                           |              |                    |                    |                    |                    |                    |                    |                 |                |                    |                    |                    |                    |                 |                    |
| <b>50,208,543.</b>                 | <b>53,125,780.</b>  |  |                           |              |                    |                    |                    |                    |                    |                    |                 |                |                    |                    |                    |                    |                 |                    |
| <b>Expenses</b>                    | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <span style="float: right;"><b>0.</b></span><br><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <span style="float: right;"><b>0.</b></span><br><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <span style="float: right;"><b>4,589,972.</b></span><br><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <span style="float: right;"><b>4,200.</b></span><br><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,310,383.</b><br><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <span style="float: right;"><b>44,633,608.</b></span><br><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <span style="float: right;"><b>49,227,780.</b></span><br><b>19</b> Revenue less expenses. Subtract line 18 from line 12 <span style="float: right;"><b>980,763.</b></span>  | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> </thead> <tbody> <tr><td><b>0.</b></td><td><b>0.</b></td></tr> <tr><td><b>0.</b></td><td><b>0.</b></td></tr> <tr><td><b>4,589,972.</b></td><td><b>4,426,257.</b></td></tr> <tr><td><b>4,200.</b></td><td><b>3,775.</b></td></tr> <tr><td><b>44,633,608.</b></td><td><b>49,731,822.</b></td></tr> <tr><td><b>49,227,780.</b></td><td><b>54,161,854.</b></td></tr> <tr><td><b>980,763.</b></td><td><b>-1,036,074.</b></td></tr> </tbody> </table> | Prior Year                | Current Year | <b>0.</b>          | <b>0.</b>          | <b>0.</b>          | <b>0.</b>          | <b>4,589,972.</b>  | <b>4,426,257.</b>  | <b>4,200.</b>   | <b>3,775.</b>  | <b>44,633,608.</b> | <b>49,731,822.</b> | <b>49,227,780.</b> | <b>54,161,854.</b> | <b>980,763.</b> | <b>-1,036,074.</b> |
| Prior Year                         | Current Year  |  |                           |              |                    |                    |                    |                    |                    |                    |                 |                |                    |                    |                    |                    |                 |                    |
| <b>0.</b>                          | <b>0.</b>   |  |                           |              |                    |                    |                    |                    |                    |                    |                 |                |                    |                    |                    |                    |                 |                    |
| <b>0.</b>                          | <b>0.</b>   |  |                           |              |                    |                    |                    |                    |                    |                    |                 |                |                    |                    |                    |                    |                 |                    |
| <b>4,589,972.</b>                  | <b>4,426,257.</b>   |  |                           |              |                    |                    |                    |                    |                    |                    |                 |                |                    |                    |                    |                    |                 |                    |
| <b>4,200.</b>                      | <b>3,775.</b>   |  |                           |              |                    |                    |                    |                    |                    |                    |                 |                |                    |                    |                    |                    |                 |                    |
| <b>44,633,608.</b>                 | <b>49,731,822.</b>  |  |                           |              |                    |                    |                    |                    |                    |                    |                 |                |                    |                    |                    |                    |                 |                    |
| <b>49,227,780.</b>                 | <b>54,161,854.</b>  |  |                           |              |                    |                    |                    |                    |                    |                    |                 |                |                    |                    |                    |                    |                 |                    |
| <b>980,763.</b>                    | <b>-1,036,074.</b>  |  |                           |              |                    |                    |                    |                    |                    |                    |                 |                |                    |                    |                    |                    |                 |                    |
| <b>Net Assets or Fund Balances</b> | <b>20</b> Total assets (Part X, line 16) <span style="float: right;"><b>18,048,186.</b></span><br><b>21</b> Total liabilities (Part X, line 26) <span style="float: right;"><b>3,287,261.</b></span><br><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <span style="float: right;"><b>14,760,925.</b></span>  | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Beginning of Current Year</th> <th style="width:50%;">End of Year</th> </tr> </thead> <tbody> <tr><td><b>18,048,186.</b></td><td><b>18,837,394.</b></td></tr> <tr><td><b>3,287,261.</b></td><td><b>5,530,739.</b></td></tr> <tr><td><b>14,760,925.</b></td><td><b>13,306,655.</b></td></tr> </tbody> </table>  | Beginning of Current Year | End of Year  | <b>18,048,186.</b> | <b>18,837,394.</b> | <b>3,287,261.</b>  | <b>5,530,739.</b>  | <b>14,760,925.</b> | <b>13,306,655.</b> |                 |                |                    |                    |                    |                    |                 |                    |
| Beginning of Current Year          | End of Year   |  |                           |              |                    |                    |                    |                    |                    |                    |                 |                |                    |                    |                    |                    |                 |                    |
| <b>18,048,186.</b>                 | <b>18,837,394.</b>  |  |                           |              |                    |                    |                    |                    |                    |                    |                 |                |                    |                    |                    |                    |                 |                    |
| <b>3,287,261.</b>                  | <b>5,530,739.</b>   |  |                           |              |                    |                    |                    |                    |                    |                    |                 |                |                    |                    |                    |                    |                 |                    |
| <b>14,760,925.</b>                 | <b>13,306,655.</b>  |  |                           |              |                    |                    |                    |                    |                    |                    |                 |                |                    |                    |                    |                    |                 |                    |

**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.

|                               |  |  |
|-------------------------------|--|--|
| <b>Sign Here</b>              | Signature of officer<br><b>JAYNEE K. DAY, PRESIDENT &amp; CEO</b><br>Type or print name and title  | Date   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>VALERIE SHELTON</b><br>Firm's name ▶ <b>KRAFTCPAS PLLC</b><br>Firm's address ▶ <b>555 GREAT CIRCLE ROAD</b><br><b>NASHVILLE, TN 37228</b> | Preparer's signature<br>Date <b>02/13/12</b><br>Check <input type="checkbox"/> if self-employed<br>PTIN<br>Firm's EIN ▶<br>Phone no. <b>615-242-7351</b> |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

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

- 1 Briefly describe the organization's mission:  
SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE, INC. (THE "FOOD BANK") WAS FOUNDED IN 1978. ITS MISSION IS TO FEED HUNGRY PEOPLE AND WORK TO SOLVE HUNGER ISSUES IN OUR COMMUNITY. THE FOOD BANK IS ONE OF OVER 200 CERTIFIED MEMBERS OF FEEDING AMERICA. (PREVIOUSLY KNOWN AS AMERICA'S
- 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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a (Code: ) (Expenses \$ 26,814,518. including grants of \$ ) (Revenue \$ 27,738,449. )  
PROJECT PRESERVE - OPERATES A UNIQUE PROGRAM THAT DISTRIBUTES PURCHASED PRODUCT TO LOCAL AGENCIES AND OTHER FEEDING AMERICA AFFILIATES. IN ADDITION, THE PROGRAM HAS A COOK/CHILL OPERATION, WHICH IS A METHOD OF FOOD MANUFACTURING THAT INVOLVES HEATING FOOD, PUMPING THE PRODUCT INTO FORM-FILL PLASTIC BAGS THAT ARE HEAT SEALED, THEN SUPER COOLED FOR APPROXIMATELY 45 MINUTES PRIOR TO FREEZING THE PRODUCT. IT HAS UTILIZED LARGE AMOUNTS OF DONATED INGREDIENTS THAT WOULD HAVE OTHERWISE BEEN WASTED.  
  
ANOTHER COMPONENT OF PROJECT PRESERVE IS CUSTOM PRODUCT ASSEMBLY FOR NATIONAL DISTRIBUTION. DURING 2011, THIS PRODUCTION ASSEMBLED APPROXIMATELY 1,060,900 INDIVIDUAL BACKPACKS (508,900 BACKPACKS IN
- 4b (Code: ) (Expenses \$ 3,961,261. including grants of \$ ) (Revenue \$ 0. )  
EMERGENCY FOOD BOX - PROVIDED OVER 2,342,000 POUNDS OF FOOD DURING 2011 (2,560,000 POUNDS IN 2010) IN EMERGENCY STAPLES TO FAMILIES IN NEED THROUGH ITS SEVENTEEN SATELLITE CENTERS IN DAVIDSON COUNTY.
- 4c (Code: ) (Expenses \$ 18,167,881. including grants of \$ ) (Revenue \$ 694,208. )  
COMMUNITY FOOD PARTNERS - PROVIDED OVER 9,400,000 POUNDS OF FOOD DURING 2011 (9,940,000 POUNDS IN 2010) TO OVER 450 NOT-FOR-PROFIT AGENCIES, INCLUDING SOUP KITCHENS, DAYCARE CENTERS AND EMERGENCY FOOD PROGRAMS. THE MIDDLE TENNESSEE'S TABLE PROGRAM COLLECTS PERISHABLE AND NON-PERISHABLE FOOD FROM MORE THAN 189 FOOD DONORS, SUCH AS GROCERY STORES, RETAILERS, WHOLESALERS AND BAKERIES, WHICH IS THEN DISTRIBUTED TO MORE THAN 450 NONPROFIT PARTNER AGENCIES SUCH AS LOW-INCOME DAYCARE CENTERS, SOUP KITCHENS, DOMESTIC VIOLENCE SHELTERS, REHABILITATION CENTERS, AND SENIOR CITIZENS' CENTERS. IN MARCH 2008, THE FOOD BANK BEGAN THE GROCERY RESCUE PROGRAM, WHICH PICKS UP EXCESS PERISHABLE PRODUCTS FROM PARTICIPATING GROCERY STORES AND DISTRIBUTES TO AGENCIES IN THE SERVICE AREA. THESE PRODUCTS INCLUDE MEATS, PRODUCE, DAIRY,
- 4d Other program services. (Describe in Schedule O.)  
(Expenses \$ 3,065,246. including grants of \$ ) (Revenue \$ 172,023. )
- 4e Total program service expenses ▶ 52,008,906.

**Part IV Checklist of Required Schedules**

|   | Yes          | No |
|---|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | <b>1</b> X   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?   | <b>2</b> X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  | <b>3</b>     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   | <b>4</b>     | X  |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>                         | <b>5</b>     |    |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  | <b>6</b>     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                      | <b>7</b>     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   | <b>8</b>     | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | <b>9</b>     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   | <b>10</b>    | X  |
| <b>11</b> 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.   |              |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | <b>11a</b> X |    |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>   | <b>11b</b> X |    |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>   | <b>11c</b>   | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  | <b>11d</b> X |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | <b>11e</b> X |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>      | <b>11f</b>   | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>   | <b>12a</b> X |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>           | <b>12b</b>   | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  | <b>13</b>    | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?  | <b>14a</b>   | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>                     | <b>14b</b>   | X  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>                              | <b>15</b>    | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>                                  | <b>16</b>    | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>   | <b>17</b>    | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   | <b>18</b> X  |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   | <b>19</b>    | X  |
| <b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>   | <b>20a</b>   | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)                        | <b>20b</b>   |    |

Form 990 (2010)

**SECOND HARVEST FOOD BANK OF MIDDLE TN,  
INC.**

Form 990 (2010)

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

|   | Yes        | No       |
|---|------------|----------|
| <b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   | <b>21</b>  | <b>X</b> |
| <b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  | <b>22</b>  | <b>X</b> |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....                           | <b>23</b>  | <b>X</b> |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> ..... | <b>24a</b> | <b>X</b> |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  | <b>24b</b> |          |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   | <b>24c</b> |          |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  | <b>24d</b> |          |
| <b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  | <b>25a</b> | <b>X</b> |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....             | <b>25b</b> | <b>X</b> |
| <b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....   | <b>26</b>  | <b>X</b> |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....                 | <b>27</b>  | <b>X</b> |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):   |            |          |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....   | <b>28a</b> | <b>X</b> |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....  | <b>28b</b> | <b>X</b> |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....  | <b>28c</b> | <b>X</b> |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   | <b>29</b>  | <b>X</b> |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   | <b>30</b>  | <b>X</b> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....  | <b>31</b>  | <b>X</b> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....   | <b>32</b>  | <b>X</b> |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....   | <b>33</b>  | <b>X</b> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity?<br><i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....   | <b>34</b>  | <b>X</b> |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....   | <b>35</b>  | <b>X</b> |
| <b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |            |          |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....  | <b>36</b>  | <b>X</b> |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....  | <b>37</b>  | <b>X</b> |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O .....   | <b>38</b>  | <b>X</b> |

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**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 41  |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 0   |    |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | X   |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | 98  |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   |     |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   |     | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>c</b>   | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  |     | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | X   |    |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | X   |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  |     |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966?  |     |    |
| <b>b</b>   | Did the organization make a distribution to a donor, donor advisor, or related person?   |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   |     |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>a</b>   | Gross income from members or shareholders  |     |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   |     |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  |     |    |
| <b>c</b>   | Enter the amount of reserves on hand   |     |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   |     | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  |     |    |

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒ **X**

**Section A. Governing Body and Management**

|   | Yes      | No       |
|---|----------|----------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year <b>1a</b> 26  |          |          |
| <b>b</b> Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 26  |          |          |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? <b>2</b>   |          | <b>X</b> |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? <b>3</b> |          | <b>X</b> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? <b>4</b>  |          | <b>X</b> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? <b>5</b>  |          | <b>X</b> |
| <b>6</b> Does the organization have members or stockholders? <b>6</b>   |          | <b>X</b> |
| <b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? <b>7a</b>   |          | <b>X</b> |
| <b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? <b>7b</b>  |          | <b>X</b> |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |          |          |
| <b>a</b> The governing body? <b>8a</b>  | <b>X</b> |          |
| <b>b</b> Each committee with authority to act on behalf of the governing body? <b>8b</b>  | <b>X</b> |          |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O <b>9</b>        |          | <b>X</b> |

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

|  | Yes      | No       |
|--|----------|----------|
| <b>10a</b> Does the organization have local chapters, branches, or affiliates? <b>10a</b>  |          | <b>X</b> |
| <b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? <b>10b</b>   |          |          |
| <b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? <b>11a</b>   |          | <b>X</b> |
| <b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.   |          |          |
| <b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 <b>12a</b>   | <b>X</b> |          |
| <b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? <b>12b</b>  | <b>X</b> |          |
| <b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done <b>12c</b>   | <b>X</b> |          |
| <b>13</b> Does the organization have a written whistleblower policy? <b>13</b>   | <b>X</b> |          |
| <b>14</b> Does the organization have a written document retention and destruction policy? <b>14</b>  | <b>X</b> |          |
| <b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |          |          |
| <b>a</b> The organization's CEO, Executive Director, or top management official <b>15a</b>   | <b>X</b> |          |
| <b>b</b> Other officers or key employees of the organization <b>15b</b>  | <b>X</b> |          |
| If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)   |          |          |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? <b>16a</b>  |          | <b>X</b> |
| <b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? <b>16b</b> |          |          |

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CHARLES D. HAMILTON, CPA - (615) 627-1586**  
**331 GREAT CIRCLE ROAD, NASHVILLE, TN 37228**

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

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

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A)<br>Name and Title                             | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| JAYNEE K. DAY<br>PRESIDENT/CEO/NON-VOTING         | 37.50  | X                                      |                       | X       |              |                              |        | 231,129.   | 0.  | 32,232.   |
| JOSEPH M. IVEY<br>BOARD CHAIR                     | 1.30   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ANN JARVIS PRUITT<br>BOARD SECRETARY              | 1.30   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| D. SCOTT TURNER<br>BOARD TREASURER                | 1.30   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ERIC KRUSE<br>VICE BOARD CHAIR                    | 1.30   | X                                      |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| CRISTINA OAKELEY ALLEN<br>BOARD OF DIRECTORS      | 1.30   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| KATHLEEN H. COTTER<br>BOARD OF DIRECTORS          | 1.30   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| JONATHAN B. FLACK<br>BOARD OF DIRECTORS           | 1.30   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| WILLIAM M.T. FORRESTER, SR.<br>BOARD OF DIRECTORS | 1.30   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| FLETCHER FOSTER<br>BOARD OF DIRECTORS             | 1.30   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| SUSAN GOODWIN<br>BOARD OF DIRECTORS               | 1.30   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| KATHLEEN C. GUION<br>BOARD OF DIRECTORS           | 1.30   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MARK GWYN<br>BOARD OF DIRECTORS                   | 1.30   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| H. WYNNE JAMES, III<br>BOARD OF DIRECTORS         | 1.30   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| WILLIAM J. KRUEGER<br>BOARD OF DIRECTORS          | 1.30   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MARK OLDHAM<br>BOARD OF DIRECTORS                 | 1.30   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| LYN PLANTINGA<br>BOARD OF DIRECTORS               | 1.30   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |

**SECOND HARVEST FOOD BANK OF MIDDLE TN,  
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**Part VII** Section A. **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| JOHN G. ROBERTS<br>BOARD OF DIRECTORS/NON VOTING               | 1.30   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| RONALD Q. ROBERTS<br>BOARD OF DIRECTORS                        | 1.30   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| SYLVIA ROBERTS<br>AD HOC BOARD MEMBER/NON VOTING               | 1.30   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| PAUL ROBINSON<br>BOARD OF DIRECTORS                            | 1.30   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| BOB SPIETH<br>BOARD OF DIRECTORS                               | 1.30   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| NED SPITZER<br>BOARD OF DIRECTORS                              | 1.30   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| HOWARD STRINGER<br>BOARD OF DIRECTORS                          | 1.30   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| DEE TANNER<br>BOARD OF DIRECTORS                               | 1.30   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| MIMI VAUGHN<br>PAST BOARD CHAIR                                | 1.30   | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |  |                       |         |              |                              |        | 231,129.   | 0.  | 32,232.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |  |                       |         |              |                              |        | 667,567.   | 0.  | 116,786.  |
| <b>d Total (add lines 1b and 1c)</b>                           |  |  |                       |         |              |                              |        | 898,696.   | 0.  | 149,018.  |

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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

| (A)<br>Name and title                          | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position<br>(check all that apply) |                       |         |              |                              |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|---|--|
|  |  | Individual trustee or director            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |   |  |
| JEFFREY D. WARNE<br>BOARD OF DIRECTORS         | 1.30                                   | X   |                       |         |              |                              |        | 0.  | 0.  | 0.   |
| DAWN WEAVER<br>BOARD OF DIRECTORS              | 1.30                                   | X   |                       |         |              |                              |        | 0.  | 0.  | 0.   |
| JOHN WEST<br>BOARD OF DIRECTORS                | 1.30                                   | X   |                       |         |              |                              |        | 0.  | 0.  | 0.   |
| MATTHEW BOURLAKAS<br>COO                       | 37.50                                  |   |                       | X       |              |                              |        | 126,531.  | 0.  | 10,251.  |
| REBECCA GUNN<br>CO-CFO                         | 37.50                                  |   |                       | X       |              |                              |        | 93,945.   | 0.  | 13,926.  |
| RICHARD REYNOLDS<br>VP, FOOD RESOURCES         | 37.50                                  |   |                       | X       |              |                              |        | 73,946.   | 0.  | 16,081.  |
| CAROL MILLER<br>VP, STRATEGIC PARTNERSHIPS     | 37.50                                  |   |                       | X       |              |                              |        | 72,650.   | 0.  | 16,550.  |
| CYNTHIA PATTERSON<br>VP, DEVELOPMENT           | 37.50                                  |   |                       | X       |              |                              |        | 87,677.   | 0.  | 13,248.  |
| JOHN COSMA<br>VP, PROJECT RESERVE              | 37.50                                  |   |                       | X       |              |                              |        | 20,596.   | 0.  | 0.   |
| TASHA KENNARD<br>VP, MARKETING & COMMUNICATION | 37.50                                  |   |                       | X       |              |                              |        | 62,479.   | 0.  | 13,676.  |
| BRANDON BROWN<br>DIRECTOR OF IT                | 37.50                                  |   |                       | X       |              |                              |        | 56,170.   | 0.  | 13,769.  |
| KIM MOLNAR<br>VP, PROGRAM & AGENCY SERVICE     | 37.50                                  |   |                       | X       |              |                              |        | 73,573.   | 0.  | 19,285.  |
| CYNTHIA ACKERSLOOT<br>CO-CFO                   | 37.50                                  |   |                       | X       |              |                              |        | 0.  | 0.  | 0.   |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
|  |  |   |                       |         |              |                              |        |   |   |  |
| Total to Part VII, Section A, line 1c          |  |   |                       |         |              |                              |        | 667,567.  |   | 116,786.   |

**SECOND HARVEST FOOD BANK OF MIDDLE TN,  
INC.**

Form 990 (2010)

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**Part VIII Statement of Revenue**

|  |   |  |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |
|--|---|--|---------------|----------------------|---|---|--|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b>          | <b>1 a</b> Federated campaigns .....  | <b>1a</b>  |               |                      |   |   |  |
|  | <b>b</b> Membership dues .....  | <b>1b</b>  |               |                      |   |   |  |
|  | <b>c</b> Fundraising events .....   | <b>1c</b>  | 353,964.      |                      |   |   |  |
|  | <b>d</b> Related organizations .....  | <b>1d</b>  |               |                      |   |   |  |
|  | <b>e</b> Government grants (contributions) .....  | <b>1e</b>  | 2,724,970.    |                      |   |   |  |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....  | <b>1f</b>  | 21383396.     |                      |   |   |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....  |  | 16049275.     |                      |   |   |  |
|  | <b>h Total.</b> Add lines 1a-1f .....   |  |               | 24462330.            |   |   |  |
|  | <b>Program Service<br/>Revenue</b>  | <b>2 a</b> PROJECT PRESERVE PROGR .....  | Business Code | 624200               | 27738479.                                       | 27738479.                               |  |
| <b>b</b> SHARED MAINTENANCE FEE .....                                      |   |  | 624200        | 555,928.             | 555,928.  |   |  |
| <b>c</b> CULINARY ARTS PROGRAM .....                                       |   |  | 624200        | 166,076.             | 166,076.  |   |  |
| <b>d</b> MOBILE PANTRY PROGRAM .....                                       |   |  | 624000        | 138,280.             | 138,280.  |   |  |
| <b>e</b> .....   |   |  |               |                      |   |   |  |
| <b>f</b> All other program service revenue .....                           |   |  |               |                      |   |   |  |
| <b>g Total.</b> Add lines 2a-2f .....                                      |   |  |               | 28598763.            |   |   |  |
| <b>Other Revenue</b>   |   | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) ..... |               |                      | 35,803.   |   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds .....   |  |               |                      |   |   |  |
|  | <b>5</b> Royalties .....  |  |               |                      |   |   |  |
|  | <b>6 a</b> Gross Rents .....  | (i) Real   | (ii) Personal |                      |   |   |  |
|  | <b>b</b> Less: rental expenses .....  |  |               |                      |   |   |  |
|  | <b>c</b> Rental income or (loss) .....  |  |               |                      |   |   |  |
|  | <b>d</b> Net rental income or (loss) .....  |  |               |                      |   |   |  |
|  | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....  | (i) Securities   | (ii) Other    |                      |   |   |  |
|  | <b>b</b> Less: cost or other basis<br>and sales expenses .....  |  |               |                      |   |   |  |
|  | <b>c</b> Gain or (loss) .....   |  |               |                      |   |   |  |
|  | <b>d</b> Net gain or (loss) .....   |  |               | 0.                   |   |   |  |
|  | <b>8 a</b> Gross income from fundraising events (not<br>including \$ 353,964. of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... |  |               | 219,995.             |   |   |  |
|  | <b>b</b> Less: direct expenses .....  |  |               | 197,028.             |   |   |  |
|  | <b>c</b> Net income or (loss) from fundraising events .....   |  |               | 22,967.              |   |   | 22,967.  |
|  | <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 .....   |  |               |                      |   |   |  |
| <b>b</b> Less: direct expenses .....                                       |   |  |               |                      |   |   |  |
| <b>c</b> Net income or (loss) from gaming activities .....                 |   |  |               |                      |   |   |  |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances ..... |   |  |               |                      |   |   |  |
| <b>b</b> Less: cost of goods sold .....                                    |   |  |               |                      |   |   |  |
| <b>c</b> Net income or (loss) from sales of inventory .....                |   |  |               |                      |   |   |  |
| <b>Miscellaneous Revenue</b>   |   |  | Business Code |                      |   |   |  |
| <b>11 a</b> MISCELLANEOUS INCOME .....                                     |   | 624200   | 5,917.        | 5,917.               |   |   |  |
| <b>b</b> .....   |   |  |               |                      |   |   |  |
| <b>c</b> .....   |   |  |               |                      |   |   |  |
| <b>d</b> All other revenue .....   |   |  |               |                      |   |   |  |
| <b>e Total.</b> Add lines 11a-11d .....                                    |   |  | 5,917.        |                      |   |   |  |
| <b>12 Total revenue.</b> See instructions. ....                            |   |  | 53125780.     | 28604680.            | 0.  | 58,770.                                 |  |

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Form **990** (2010)

**SECOND HARVEST FOOD BANK OF MIDDLE TN,  
INC.**

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**Part IX Statement of Functional Expenses**

*Section 501(c)(3) and 501(c)(4) organizations must complete all columns.*

*All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).*

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....  |                       |                                 |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....  |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| 4 Benefits paid to or for members .....  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....   | 1,193,132.            | 821,965.                        | 154,018.                               | 217,149.                    |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....  |                       |                                 |  |                             |
| 7 Other salaries and wages .....   | 2,497,742.            | 2,031,408.                      | 36,302.                                | 430,032.                    |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....  | 180,749.              | 140,275.                        | 8,653.                                 | 31,821.                     |
| 9 Other employee benefits .....  | 275,354.              | 224,733.                        | -453.                                  | 51,074.                     |
| 10 Payroll taxes .....   | 279,280.              | 216,744.                        | 13,369.                                | 49,167.                     |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management .....   | 83,024.               | 69,449.                         |  | 13,575.                     |
| b Legal .....  | 302.                  |                                 | 302.                                   |                             |
| c Accounting .....   | 60,663.               |                                 | 60,663.                                |                             |
| d Lobbying .....   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 .....  | 3,775.                |                                 |  | 3,775.                      |
| f Investment management fees .....   |                       |                                 |  |                             |
| g Other .....  | 108,912.              |                                 | 108,912.                               |                             |
| 12 Advertising and promotion .....   | 355,326.              | 82,628.                         | 26,575.                                | 246,123.                    |
| 13 Office expenses .....   | 551,457.              | 303,162.                        | 170,365.                               | 77,930.                     |
| 14 Information technology .....  |                       |                                 |  |                             |
| 15 Royalties .....   |                       |                                 |  |                             |
| 16 Occupancy .....   | 792,288.              | 703,301.                        | 35,294.                                | 53,693.                     |
| 17 Travel .....  | 102,511.              | 46,741.                         | 45,797.                                | 9,973.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....  |                       |                                 |  |                             |
| 20 Interest .....  |                       |                                 |  |                             |
| 21 Payments to affiliates .....  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....   | 647,995.              | 541,096.                        | 19,040.                                | 87,859.                     |
| 23 Insurance .....   | 103,847.              | 76,848.                         | 9,576.                                 | 17,423.                     |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)  |                       |                                 |  |                             |
| a <b>FOOD SUPPLIES &amp; DISTRIB</b> .....   | 28,252,979.           | 28,225,989.                     | 21,763.                                | 5,227.                      |
| b <b>DONATED FOOD</b> .....  | 15,683,139.           | 15,683,139.                     | 0.                                     | 0.                          |
| c <b>PRODUCT TRANSPORTATION</b> .....  | 2,247,293.            | 2,187,480.                      | 59,798.                                | 15.                         |
| d <b>CONTRACT LABOR</b> .....  | 339,296.              | 265,696.                        | 58,053.                                | 15,547.                     |
| e <b>CREDITS PROVIDED TO AGE</b> .....   | 301,041.              | 301,041.                        | 0.                                     | 0.                          |
| f All other expenses .....   | 101,749.              | 87,211.                         | 14,538.                                |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24f .....   | 54,161,854.           | 52,008,906.                     | 842,565.                               | 1,310,383.                  |
| 26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ..... |                       |                                 |  |                             |

**SECOND HARVEST FOOD BANK OF MIDDLE TN,  
INC.**

Form 990 (2010)

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**Part X Balance Sheet**

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

Form **990** (2010)

**SECOND HARVEST FOOD BANK OF MIDDLE TN,  
INC.**

Form 990 (2010)

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**Part XI Reconciliation of Net Assets**

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

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

**Part XII Financial Statements and Reporting**

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

| <p><b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br/>         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p> <p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____</p> <p><b>b</b> Were the organization's financial statements audited by an independent accountant? _____</p> <p><b>c</b> 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? _____<br/>         If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p> <p><b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:<br/> <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> <p><b>3a</b> 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? _____</p> <p><b>b</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. _____</p> | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td><b>2a</b></td> <td></td> <td align="center"><b>X</b></td> </tr> <tr> <td><b>2b</b></td> <td align="center"><b>X</b></td> <td></td> </tr> <tr> <td><b>2c</b></td> <td align="center"><b>X</b></td> <td></td> </tr> <tr> <td><b>3a</b></td> <td align="center"><b>X</b></td> <td></td> </tr> <tr> <td><b>3b</b></td> <td align="center"><b>X</b></td> <td></td> </tr> </tbody> </table> |          | Yes | No | <b>2a</b> |  | <b>X</b> | <b>2b</b> | <b>X</b> |  | <b>2c</b> | <b>X</b> |  | <b>3a</b> | <b>X</b> |  | <b>3b</b> | <b>X</b> |  |
|--|---|----------|-----|----|-----------|--|----------|-----------|----------|--|-----------|----------|--|-----------|----------|--|-----------|----------|--|
|  | Yes   | No       |     |    |           |  |          |           |          |  |           |          |  |           |          |  |           |          |  |
| <b>2a</b>  |   | <b>X</b> |     |    |           |  |          |           |          |  |           |          |  |           |          |  |           |          |  |
| <b>2b</b>  | <b>X</b>  |          |     |    |           |  |          |           |          |  |           |          |  |           |          |  |           |          |  |
| <b>2c</b>  | <b>X</b>  |          |     |    |           |  |          |           |          |  |           |          |  |           |          |  |           |          |  |
| <b>3a</b>  | <b>X</b>  |          |     |    |           |  |          |           |          |  |           |          |  |           |          |  |           |          |  |
| <b>3b</b>  | <b>X</b>  |          |     |    |           |  |          |           |          |  |           |          |  |           |          |  |           |          |  |

Form **990** (2010)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

# 2010

**Open to Public Inspection**

|                          |  |
|--------------------------|--|
| Name of the organization | SECOND HARVEST FOOD BANK OF MIDDLE TN,<br>INC. |
|--------------------------|--|

|                                |
|--------------------------------|
| Employer identification number |
| 62-1049447                     |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions. |
|---------------|--|

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

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

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

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

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

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

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

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

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

h ☐ Provide the following information about the supported organization(s).

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

[illegible]

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2010

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2006  | (b) 2007  | (c) 2008  | (d) 2009  | (e) 2010  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 14833142. | 14738300. | 21035769. | 22356558. | 24462330. | 97426099. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |           |           |           |           |           |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |           |           |           |           |           |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 14833142. | 14738300. | 21035769. | 22356558. | 24462330. | 97426099. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |           |           |           |           |           | 2354046.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |           |           |           |           |           | 95072053. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2006  | (b) 2007  | (c) 2008  | (d) 2009  | (e) 2010        | (f) Total                |
|--|-----------|-----------|-----------|-----------|-----------------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 14833142. | 14738300. | 21035769. | 22356558. | 24462330.       | 97426099.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | 117,427.  | 65,773.   | 10,576.   | 18,597.   | 35,803.         | 248,176.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |           |           |           |           |                 |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  |           | 466,257.  |           |           |                 | 466,257.                 |
| <b>11 Total support.</b> Add lines 7 through 10 .....  |           |           |           |           |                 | 98140532.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |           |           |           |           | 12 116,226,207. |                          |
| <b>13 First five years.</b> 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 <b>stop here</b> ..... |           |           |           |           |                 | <input type="checkbox"/> |

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

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b> | 96.87 %                             |
| <b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....  | <b>15</b> | 99.14 %                             |
| <b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

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

|  |           |  |   |
|--|-----------|--|---|
| <b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> |  | % |
| <b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....                      | <b>16</b> |  | % |

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

|  |           |  |   |
|--|-----------|--|---|
| <b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> |  | % |
| <b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....                        | <b>18</b> |  | % |

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

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



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

Name of the organization

SECOND HARVEST FOOD BANK OF MIDDLE TN,  
INC.

Employer identification number

62-1049447

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

## Name of organization

SECOND HARVEST FOOD BANK OF MIDDLE TN,  
INC.

## Employer identification number

62-1049447

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|--------------------------------|--|
| 1          |                                   | \$ 4,316,857.                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          |                                   | \$ 1,828,785.                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          |                                   | \$ 1,689,664.                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          |                                   | \$ 947,876.                    | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          |                                   | \$ 913,969.                    | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6          |                                   | \$ 781,760.                    | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

## Name of organization

SECOND HARVEST FOOD BANK OF MIDDLE TN,  
INC.

## Employer identification number

62-1049447

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|--------------------------------|--|
| 7          |                                   | \$ 591,664.                    | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            |                                   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |                                   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |                                   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |                                   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |                                   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |                                   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |                                   | \$                             | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

|  |  |
|--|--|
| Name of organization<br>SECOND HARVEST FOOD BANK OF MIDDLE TN,<br>INC. | Employer identification number<br>62-1049447 |
|--|--|

**Part II Noncash Property** (see instructions)

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|------------------------------|--|--|----------------------|
| 1                            | 2,600,516 POUNDS OF FOOD                     | \$ 4,316,857.                                  | 06/30/11             |
| 2                            | 1,101,678 POUNDS OF FOOD                     | \$ 1,828,785.                                  | 06/30/11             |
| 3                            | 1,017,870 POUNDS OF FOOD                     | \$ 1,689,664.                                  | 06/30/11             |
| 4                            | 571,010 POUNDS OF FOOD                       | \$ 947,876.                                    | 06/30/11             |
| 5                            | 550,584 POUNDS OF FOOD                       | \$ 913,969.                                    | 06/30/11             |
| 6                            | 470,940 POUNDS OF FOOD                       | \$ 781,760.                                    | 06/30/11             |

Employer identification number

62-1049447

[illegible]

|  |   |
|--|---|
| Name of organization<br><b>SECOND HARVEST FOOD BANK OF MIDDLE TN,<br/>INC.</b> | Employer identification number<br><b>62-1049447</b> |
|--|---|

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

| (a) No.<br>from<br>Part I | (b) Purpose of gift                     | (c) Use of gift | (d) Description of how gift is held      |
|---------------------------|---|-----------------|--|
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

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

**Employer identification number**  
**62-1049447**

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

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

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

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

|  |  |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space  |  |

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

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ .....

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

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

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ .....

b Assets included in Form 990, Part X ..... ▶ \$ .....

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

|                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c 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 year end balance held as:

a Board designated or quasi-endowment ☐ %b Permanent endowment ☐ %c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

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

Schedule D (Form 990) 2010



**SECOND HARVEST FOOD BANK OF MIDDLE TN,  
INC.**

Schedule D (Form 990) 2010

62-1049447 Page **3**

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security) | (b) Book value    | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|-------------------|--|
| (1) Financial derivatives .....   |                   |  |
| (2) Closely-held equity interests .....                                 |                   |  |
| (3) Other   |                   |  |
| (A) BOND FUND OF AMERICA  | 174,482.          | END-OF-YEAR MARKET VALUE                                     |
| (B) EURO PACIFIC GROWTH FUND  | 277,881.          | END-OF-YEAR MARKET VALUE                                     |
| (C) GROWTH MUTUAL OF AMERICA  | 465,505.          | END-OF-YEAR MARKET VALUE                                     |
| (D) SMALL CAP WORLD FUND  | 403,976.          | END-OF-YEAR MARKET VALUE                                     |
| (E) WASHINGTON MUTUAL   |                   |  |
| (F) INVESTMENTS   | 491,225.          | END-OF-YEAR MARKET VALUE                                     |
| (G)   |                   |  |
| (H)   |                   |  |
| (I)   |                   |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶ | <b>1,813,069.</b> |  |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                      | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| (10)  |                |  |
| <b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ |                |  |

**Part IX Other Assets.** See Form 990, Part X, line 15.

| (a) Description  | (b) Book value    |
|--|-------------------|
| (1) DONATED FOOD INVENTORY   | 1,780,730.        |
| (2) USDA INVENTORY   | 240,355.          |
| (3) OTHER INVENTORY  | 4,024,573.        |
| (4)  |                   |
| (5)  |                   |
| (6)  |                   |
| (7)  |                   |
| (8)  |                   |
| (9)  |                   |
| (10)   |                   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶ | <b>6,045,658.</b> |

**Part X Other Liabilities.** See Form 990, Part X, line 25.

| (a) Description of liability   | (b) Amount        |  |
|--|-------------------|--|
| 1. (1) Federal income taxes  |                   |  |
| (2) LINE OF CREDIT   | 1,000,000.        |  |
| (3)  |                   |  |
| (4)  |                   |  |
| (5)  |                   |  |
| (6)  |                   |  |
| (7)  |                   |  |
| (8)  |                   |  |
| (9)  |                   |  |
| (10)   |                   |  |
| (11)   |                   |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶ | <b>1,000,000.</b> |  |

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**SECOND HARVEST FOOD BANK OF MIDDLE TN,  
INC.**

Schedule D (Form 990) 2010

62-1049447 Page **4**

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

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

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

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 52,920,416. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |             |
| <b>a</b> | Net unrealized gains on investments  | <b>2a</b> | 367,988.    |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 76,339.     |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIV.)  | <b>2d</b> | -786,184.   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | -341,857.   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 53,262,273. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                   |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIV.)  | <b>4b</b> | -136,493.   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | -136,493.   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 53,125,780. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 54,374,686. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |             |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 76,339.     |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |             |
| <b>c</b> | Other losses  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIV.)   | <b>2d</b> | 136,493.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 212,832.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 54,161,854. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                      |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIV.)   | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 0.          |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 54,161,854. |

**Part XIV Supplemental Information**

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

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

REDUCTION ON TEMP RESTRICTED PLEDGE REC. DUE TO CHANGE IN

DONOR INTENT -786,184.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

REDUCTION ON TEMP RESTRICTED PLEDGE REC. DUE TO CHANGE IN

DONOR INTENT -786,184.

**Part XIV** Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

|  |           |
|--|-----------|
| SPECIAL EVENTS EXPENSES                | -197,028. |
| DIRECT DONOR BENEFIT                   | 60,535.   |
| TOTAL TO SCHEDULE D, PART XII, LINE 4B | -136,493. |

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

|   |          |
|---|----------|
| SPECIAL EVENTS EXPENSES                 | 197,028. |
| DIRECT DONOR BENEFIT                    | -60,535. |
| TOTAL TO SCHEDULE D, PART XIII, LINE 2D | 136,493. |

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

## Open To Public Inspection

Employer identification number  
62-1049447

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 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

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

- 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.

**SECOND HARVEST FOOD BANK OF MIDDLE TN,  
INC.**

Schedule G (Form 990 or 990-EZ) 2010

62-1049447 Page 2

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

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

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

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

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

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

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

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

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

**SECOND HARVEST FOOD BANK OF MIDDLE TN,  
INC.**

Schedule G (Form 990 or 990-EZ) 2010

**62-1049447** Page **3**

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to 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 complete this part to provide any additional information (see instructions).

**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" to Form 990,  
Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

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

Employer identification number  
**62-1049447**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,  
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <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 indemnification 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) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's  
CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <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 |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing  
organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  
contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  
not described in lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in  
Regulations section 53.4958-6(c)? .....

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2010

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

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

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

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



**Part III** Supplemental Information

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

PART I, LINE #4A-

FOR THE CALENDAR YEAR, RICHARD REYNOLDS RECEIVED A SEVERANCE PAYMENT IN THE  
AMOUNT OF \$19,015 THAT WAS REPORTED ON THE 2010 FORM 1099.

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

**2010**Open to Public  
Inspection

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

Name of the organization **SECOND HARVEST FOOD BANK OF MIDDLE TN,  
INC.**Employer identification number  
**62-1049447****Part I Types of Property**

|   | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>noncash contribution amounts |
|---|-------------------------------|---|--|--|
| 1 Art - Works of art .....  |                               |   |  |  |
| 2 Art - Historical treasures .....                                    |                               |   |  |  |
| 3 Art - Fractional interests .....                                    |                               |   |  |  |
| 4 Books and publications .....  |                               |   |  |  |
| 5 Clothing and household goods .....                                  |                               |   |  |  |
| 6 Cars and other vehicles .....                                       |                               |   |  |  |
| 7 Boats and planes .....  |                               |   |  |  |
| 8 Intellectual property .....   |                               |   |  |  |
| 9 Securities - Publicly traded .....                                  |                               |   |  |  |
| 10 Securities - Closely held stock .....                              |                               |   |  |  |
| 11 Securities - Partnership, LLC, or<br>trust interests .....         |                               |   |  |  |
| 12 Securities - Miscellaneous .....                                   |                               |   |  |  |
| 13 Qualified conservation contribution -<br>Historic structures ..... |                               |   |  |  |
| 14 Qualified conservation contribution - Other .....                  |                               |   |  |  |
| 15 Real estate - Residential .....                                    |                               |   |  |  |
| 16 Real estate - Commercial .....                                     |                               |   |  |  |
| 17 Real estate - Other .....  |                               |   |  |  |
| 18 Collectibles .....   |                               |   |  |  |
| 19 Food inventory .....   | X                             | 1,000   | 15,958,270.  | RECORDS  |
| 20 Drugs and medical supplies .....                                   |                               |   |  |  |
| 21 Taxidermy .....  |                               |   |  |  |
| 22 Historical artifacts .....   |                               |   |  |  |
| 23 Scientific specimens .....   |                               |   |  |  |
| 24 Archeological artifacts .....                                      |                               |   |  |  |
| 25 Other ► ( <u>NISSAN TRUCK</u> ) .....                              | X                             | 1   | 43,172.  | FMV  |
| 26 Other ► ( <u>FOOD &amp; BEVERA</u> ) .....                         | X                             | 13  | 32,224.  | COST   |
| 27 Other ► ( <u>DONATED LIQUO</u> ) .....                             | X                             | 1   | 15,609.  | COST   |
| 28 Other ► ( ) .....  |                               |   |  |  |

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....**29**30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for  
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for  
the entire holding period? .....

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

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

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

b If "Yes," describe in Part II.

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

Yes No

|     |  |   |
|-----|--|---|
|     |  |   |
| 30a |  | X |
| 31  |  | X |
| 32a |  | X |
|     |  |   |

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

Schedule M (Form 990) (2010)

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

|                          |  |  |
|--------------------------|--|--|
| Name of the organization | SECOND HARVEST FOOD BANK OF MIDDLE TN,<br>INC. | Employer identification number<br>62-1049447 |
|--------------------------|--|--|

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SECOND HARVEST), THE NATIONS'S LARGEST FOOD BANK NETWORK.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

2010). ADDITIONALLY, 49,200 EMERGENCY FOOD BOXES WERE ASSEMBLED AND  
SHIPPED TO FEEDING AMERICA AFFILIATES IN 2011 (24,300 BOXES IN 2010).

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

BREAD, BAKERY ITEMS AND DRY PRODUCTS. DURING 2011, THE FOOD BANK  
DISTRIBUTED OVER 2,700,000 POUNDS OF FOOD (EQUIVALENT TO MORE THAN 2  
MILLION MEALS) UNDER THIS PROGRAM. (THE FOOD BANK DISTRIBUTED 2,073,000  
POUNDS EQUIVALENT TO MORE THAN 1.5 MILLION MEALS IN 2010).

ALSO INCLUDED IN COMMUNITY FOOD PARTNERS IS THE MOBILE PANTRY PROGRAM.

MOBILE PANTRY TRAVELS TO THE FORTY-SIX COUNTY SERVICE AREA AND DELIVERS  
LARGE BOXES OF PERISHABLE AND NON-PERISHABLE FOOD AND SUPPLIES THAT ARE  
DISTRIBUTED TO PEOPLE IN NEED. DURING 2011, OVER 3,000,000 POUNDS OF  
FOOD (3,098,000 POUNDS OF FOOD IN 2010) WERE DISTRIBUTED THROUGH THIS  
PROGRAM.

|                          |  |  |
|--------------------------|--|--|
| Name of the organization | SECOND HARVEST FOOD BANK OF MIDDLE TN,<br>INC. | Employer identification number<br>62-1049447 |
|--------------------------|--|--|

THE FOOD BANK PROVIDED DISASTER RELIEF SUPPORT IN 2011 AND 2010 IN  
RESPONSE TO THE MAY 2010 FLOODING THAT OCCURRED IN MIDDLE TENNESSEE.

THE COSTS OF PROVIDING THE DISASTER RELIEF SUPPORT WAS NOT CLASSIFIED  
AS A SEPARATE PROGRAM SERVICE BUT IS REPORTED WITHIN BOTH THE EMERGENCY  
FOOD BOX AND COMMUNITY FOOD PARTNERS PROGRAM SERVICES FUNCTIONAL  
EXPENSES. DISASTER RELIEF SUPPORT OPERATED 77 MOBILE PANTRIES IN ALL  
FEDERALLY DECLARED DISASTER COUNTIES. IN ADDITION, OVER 1.75 MILLION  
POUNDS OF FOOD WAS DISTRIBUTED THROUGH THE DISASTER RELIEF SUPPORT  
DURING 2011 (OVER 829,000 POUNDS OF FOOD IN 2010).

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CULINARY ARTS CENTER - OPERATES A STATE-OF-THE-ART FOOD PREPARATION  
FACILITY LOCATED AT THE FOOD BANK. THE PURPOSE OF THE CENTER IS TO  
EDUCATE THE PUBLIC ON ISSUES RELATED TO NUTRITION AND FOOD PREPARATION.  
THE CENTER IS USED FOR FOOD HANDLING SAFETY CLASSES, FOOD PRODUCT  
TESTING AND DEMONSTRATIONS, NUTRITION TRAINING AND CATERING FOR THE  
FOOD BANK'S PARTNER AGENCIES, SUPPORTERS AND CLIENTS. THE CULINARY  
ARTS CENTER ALSO OFFERS A LUNCH OPPORTUNITY EVERY FRIDAY THAT IS OPEN  
TO THE PUBLIC CALLED FIRST HARVEST CAFE. FIRST HARVEST CAFE USES ONLY  
PURCHASED PRODUCT AND THE REVENUE GENERATED THROUGH CUSTOMER SALES GOES  
TO SUPPORT THE FOOD BANK'S MISSION.

EXPENSES \$ 311,207. INCLUDING GRANTS OF \$ 0. REVENUE \$ 172,023.

CHILDREN'S PROGRAMS - INCLUDES KIDS CAFE AND THE BACKPACK PROGRAM.

KIDS CAFE OPERATES A WEEKLY FEEDING PROGRAM FOR CHILDREN AT RISK OF  
HUNGER AT SEVERAL AREA COMMUNITY CENTERS AND PROVIDED OVER 150,000

MEALS DURING 2011 (176,000 MEALS IN 2010). THE MISSION OF THE BACKPACK

PROGRAM IS TO MEET THE NEEDS OF HUNGRY CHILDREN BY PROVIDING THEM WITH

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

Employer identification number  
**62-1049447**

NUTRITIOUS AND EASY TO PREPARE FOOD TO TAKE HOME ON WEEKENDS WHEN OTHER RESOURCES ARE NOT AVAILABLE. DURING 2011, THE FOOD BANK DISTRIBUTED NEARLY 205,000 BACKPACKS TO HUNGRY CHILDREN (137,000 BACKPACKS IN 2010).

EXPENSES \$ 2,754,039. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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.

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.

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.

FORM 990, PART VII, COLUMN D & F:

PER THE FORM 990 INSTRUCTIONS THE OFFICER COMPENSATION AMOUNTS LISTED ON PART VII, COLUMNS D & F ARE FOR THE 2010 CALENDAR YEAR. THE FISCAL

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

YEAR COMPENSATION AMOUNTS FOR THE OFFICERS ARE LISTED ON PART IX LINE

5. THERE IS NO REPORTED CALENDAR YEAR COMPENSATION FOR CYNTHIA

ACKERSLOOT BECAUSE SHE BEGAN WORKING FOR THE ORGANIZATION ON MAY 5,

2011. HER FISCAL YEAR COMPENSATION IS INCLUDED ON PART IX LINE 5 OF

THE FORM 990

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 367,988.

REDUCTION ON TEMP RESTRICTED PLEDGE REC. DUE TO CHANGE IN

DONOR INTENT -786,184.

TOTAL TO FORM 990, PART XI, LINE 5 -418,196.

FORM 990, PART XI, LINE 2C:

THE ORGANIZATION'S OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS

OR THE SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED

FROM THE PRIOR YEAR.

FORM 990, PART I, LINE #6:

TO DETERMINE THE NUMBER OF VOLUNTEERS THE ORGANIZATION DIVIDES THE

TOTAL NUMBER OF VOLUNTEER HOURS FOR THE FISCAL YEAR OF 58,972 BY THE

LENGTH OF THE 2.5 HOUR VOLUNTEER SHIFTS. THEREFORE THE ESTIMATED NUMBER

OF VOLUNTEERS FOR THE FISCAL YEAR IS 23,588.

- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- |   |  |  |
|---|--|--|
| <b>Part II</b>  | <b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).                |  |
| <b>Type or print</b>  | Name of exempt organization<br><b>SECOND HARVEST FOOD BANK OF MIDDLE TN, INC.</b>                                      | <b>Employer identification number</b><br><b>62-1049447</b> |
| File by the extended due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>331 GREAT CIRCLE ROAD</b>                 |  |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>NASHVILLE, TN 37228</b> |  |

Enter the Return code for the return that this application is for (file a separate application for each return) ..... 

|   |   |
|---|---|
| 0 | 1 |
|---|---|

| Application Is For                       | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990                                 | 01          |                    |             |
| Form 990-BL                              | 02          | Form 1041-A        | 08          |
| Form 990-EZ                              | 01          | Form 4720          | 09          |
| Form 990-PF                              | 04          | Form 5227          | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069          | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870          | 12          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

CHARLES D. HAMILTON, CPA

- The books are in the care of ► 331 GREAT CIRCLE ROAD - NASHVILLE, TN 37228  
Telephone No. ► (615) 627-1586 FAX No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ..... ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ► ☐. If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until MAY 15, 2012.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2010, and ending JUN 30, 2011.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_
- AWAITING THIRD PARTY INFORMATION**

|           |   |           |    |    |
|-----------|---|-----------|----|----|
| <b>8a</b> | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  | <b>8a</b> | \$ | 0. |
| <b>b</b>  | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. |           |    |    |
|           |   | <b>8b</b> | \$ | 0. |
| <b>c</b>  | <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  | <b>8c</b> | \$ | 0. |

## Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature \_\_\_\_\_ Title **PRESIDENT & CEO** Date \_\_\_\_\_

Form **8868** (Rev. 1-2011)