

Form **990**Department of the Treasury
Internal Revenue Service**Return 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

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SECOND HARVEST FOOD BANK OF MIDDLE TN, INC. Number and street (or P.O. box if mail is not delivered to street address) 331 GREAT CIRCLE ROAD City or town, state or country, and ZIP + 4 NASHVILLE, TN 37228	D Employer identification number 62-1049447
		E Telephone number (615) 329-3491
		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
		Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ H(c) Are all affiliates included? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Group Exemption Number ▶ M Check <input type="checkbox"/> If the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ **WWW.SECONDHARVESTNASHVILLE.ORG**J Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **17,571,940.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received:	1a	8,200,789.	
	a Direct public support	1b	178,583.	
	b Indirect public support	1c	697,812.	
	c Government contributions (grants)			
	d Total (add lines 1a through 1c) (cash \$ 2,779,576. noncash \$ 6,297,608.)	1d	9,077,184.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	7,439,658.	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	27,619.	
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a	13,575.	
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	13,575.	
7 Other investment income (describe ▶)	7			
Revenue	8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	
	b Less: cost or other basis and sales expenses	8b		
	c Gain or (loss) (attach schedule)	8c	<446.>	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	<446.>	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	321,151.	
	b Less: direct expenses other than fundraising expenses	9b	112,950.	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	208,201.	
	10 a Gross sales of inventory, less returns and allowances	10a		
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	527,464.	
	11 Other revenue (from Part VII, line 103)	11	17,293,255.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	15,120,702.		
Expenses	13 Program services (from line 44, column (B))	13	752,430.	
	14 Management and general (from line 44, column (C))	14	494,658.	
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	16,367,790.	
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	925,465.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	8,230,008.	
	20 Other changes in net assets or fund balances (attach explanation)	20	78,777.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	9,234,250.	

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

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5360131 781331 18075001

2004.08010 SECOND HARVEST FOOD BANK OF 18075001

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

62-1049447

Part II Statement of Functional Expenses Organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Page 2

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ 32,668 • noncash \$)	22	32,668.	32,668.	STATEMENT 9	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	262,352.	177,140.	54,543.	30,669.
26 Other salaries and wages	26	1,368,464.	924,123.	284,536.	159,805.
27 Pension plan contributions	27	89,614.	57,130.	20,163.	12,321.
28 Other employee benefits	28	184,250.	117,496.	41,456.	25,298.
29 Payroll taxes	29	108,604.	69,257.	24,436.	14,911.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	225,914.	187,323.	32,826.	5,765.
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40	69,624.	30,146.	31,619.	7,859.
41 Interest	41	74,102.		74,102.	
42 Depreciation, depletion, etc. (attach schedule) ...	42	378,476.	323,662.	42,474.	12,340.
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e SEE STATEMENT 6	43e	13,573,722.	13,201,757.	146,275.	225,690.
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44	16,367,790.	15,120,702.	752,430.	494,658.

Joint Costs. Check ☐ If you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 7**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a EMERGENCY FOOD BOX PROGRAM: PROVIDES OVER 1,800,000 POUNDS OF FOOD IN EMERGENCY STAPLES TO FAMILIES IN NEED THROUGH ITS FOURTEEN SATELLITE CENTERS IN DAVIDSON COUNTY.	(Grants and allocations \$)	2,511,948.
b FOOD RECOVERY PROGRAM: PROVIDES OVER 2,800,000 POUNDS OF FOOD ANNUALLY TO OVER 500 NOT-FOR-PROFIT AGENCIES INCLUDING SOUP KITCHENS, DAY CARE CENTERS AND EMERGENCY FOOD PROGRAMS.	(Grants and allocations \$)	5,192,526.
c SEE STATEMENT 8	(Grants and allocations \$)	6,908,054.
d KID'S CAFE: OPERATES A WEEKLY FEEDING PROGRAM FOR CHILDREN AT RISK OF HUNGER AT SEVERAL AREA COMMUNITY CENTERS AND PROVIDED OVER 157,000 MEALS.	(Grants and allocations \$ 32,668.)	389,488.
e Other program services (attach schedule) STATEMENT 10	(Grants and allocations \$)	118,686.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		15,120,702.

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	142,922.	141,808.
	46 Savings and temporary cash investments	683,352.	447,659.
	47 a Accounts receivable	494,958.	
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable	913,440.	
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	46,245.	97,708.
	54 Investments - securities	1,040,121.	1,048,958.
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment: basis	8,846,263.		
b Less: accumulated depreciation	1,376,228.		
58 Other assets (describe ► SEE STATEMENT 11)	1,769,262.	2,263,992.	
59 Total assets (add lines 45 through 58) (must equal line 74)	12,797,554.	12,878,558.	
Liabilities	60 Accounts payable and accrued expenses	500,235.	629,242.
	61 Grants payable		
	62 Deferred revenue	171,893.	38,386.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities	3,577,375.	2,702,375.
	b Mortgages and other notes payable	225,000.	250,000.
	65 Other liabilities (describe ► CAPITAL LEASE OBLIGATION)	93,043.	24,305.
66 Total liabilities (add lines 60 through 65)	4,567,546.	3,644,308.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	6,613,345.	8,491,957.
	68 Temporarily restricted	1,616,663.	742,293.
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	8,230,008.	9,234,250.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	12,797,554.	12,878,558.

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

SECOND HARVEST FOOD BANK OF MIDDLE TN,
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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	17,515,688.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 78,777.		
(2)	Donated services and use of facilities \$ 77,657.		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): STMT 13 \$ 65,999.		
	Add amounts on lines (1) through (4)	b	222,433.
c	Line a minus line b	c	17,293,255.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	17,293,255.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	16,511,446.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$ 77,657.		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): STMT 14 \$ 65,999.		
	Add amounts on lines (1) through (4)	b	143,656.
c	Line a minus line b	c	16,367,790.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	16,367,790.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JAYNEE K. DAY 331 GREAT CIRCLE ROAD NASHVILLE, TN 37228	PRESIDENT/CEO 50 HRS/WEEK	134,472.	15,274.	0.
SCOTT CORNWELL 331 GREAT CIRCLE ROAD NASHVILLE, TN 37228	VP OPERATIONS 45 HRS/WEEK	65,447.	7,509.	0.
TERESA HAYDEN 331 GREAT CIRCLE ROAD NASHVILLE, TN 37228	VP FINANCE/HR 45 HRS/WEEK	62,433.	8,960.	0.
SEE ATTACHED LISTING OF NONCOMPENSATED OFFICERS/DIRECTORS	5 HOURS/MONTH	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. ☐ Yes ☒ No

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

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Part VI Other Information

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b If "Yes," enter the name of the organization SEE STATEMENT 15 and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b Did the organization file Form 1120-POL for this year?		X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 77,657.		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members 85c N/A		
d Section 162(e) lobbying and political expenditures 85d N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a List the states with which a copy of this return is filed TENNESSEE		
b Number of employees employed in the pay period that includes March 12, 2004 90b 39		
91 The books are in care of JAYNEE K. DAY Telephone no. (615) 329-3491		

Located at 331 GREAT CIRCLE ROAD NASHVILLE, TN

ZIP + 4 37228

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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Form 990 (2004)

SECOND HARVEST FOOD BANK OF MIDDLE TN,
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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a EXPENSE SHARING CONTRIB					842,936.
b PROJECT PRESERVE PROGRAM					6,507,166.
c CULINARY ARTS PROGRAM					89,556.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	27,619.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			30	13,575.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets					
other than inventory			18	<446.>	
101 Net income or (loss) from special events			05	208,201.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS REVENUE					464.
b LEGAL SETTLEMENT			01	527,000.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		775,949.	7,440,122.
105 Total (add line 104, columns (B), (D), and (E))					8,216,071.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 16

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	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.	
	Signature of officer	Date
Paid Preparer's Use Only	Preparer's signature	Date
	Firm's name (or yours if self-employed), address, and ZIP + 4	Check if self-employed <input checked="" type="checkbox"/> Preparer's SSN or PTIN
423161 01-13-05	KRAFTCPAS PLLC 555 GREAT CIRCLE ROAD, SUITE 200 NASHVILLE, TN 37228-1310	EIN Phone no. (615) 242-7351

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No. 1545-0047

2004

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

Employer identification number
621 1049447

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>RICHARD REYNOLDS</u> <u>331 GREAT CIRCLE ROAD, NASHVILLE, TN</u> <u>37228</u>	VP DONOR REL 45 HRS/WEEK	69,722.	12,423.	
<u>ED O'KELLEY</u> <u>331 GREAT CIRCLE ROAD, NASHVILLE, TN</u> <u>37228</u>	VP IS/SP PROJ 45 HRS/WEEK	63,877.	14,123.	
<u>JIM KENSLE</u> <u>331 GREAT CIRCLE ROAD, NASHVILLE, TN</u> <u>37228</u>	DIR PROJ PRES 45 HRS/WEEK	61,163.	13,515.	
<u>CAROL MILLER</u> <u>331 GREAT CIRCLE ROAD, NASHVILLE, TN</u> <u>37228</u>	VP PROG SVC 45 HRS/WEEK	55,720.	11,401.	
<u>SUSANNAH SHUMATE</u> <u>331 GREAT CIRCLE ROAD, NASHVILLE, TN</u> <u>37228</u>	VP DEVELOP 45 HRS/WEEK	54,209.	8,183.	
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services ▶	0	

SECOND HARVEST FOOD BANK OF MIDDLE TN,

Schedule A (Form 990 or 990-EZ) 2004 **INC.**

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Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line j of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) SEE STATEMENT 17		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?	X	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?	X	
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

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

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

423111
12-03-04

Schedule A (Form 990 or 990-EZ) 2004

SECOND HARVEST FOOD BANK OF MIDDLE TN,

Schedule A (Form 990 or 990-EZ) 2004 **INC.**

62-1049447 Page 3

Part IV A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	8,875,700.	11,820,953.	17,385,009.	15,661,727.	53,743,389.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	4,924,507.	3,389,402.	2,214,206.	1,441,021.	11,969,136.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	32,700.	36,724.	31,080.	37,272.	137,776.
19 Net income from unrelated business activities not included in line 18 ...					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	50,967.	3,292.	SEE STATEMENT 18 1,484.	23,678.	79,421.
23 Total of lines 15 through 22	13,883,874.	15,250,371.	19,631,779.	17,163,698.	65,929,722.
24 Line 23 minus line 17	8,959,367.	11,860,969.	17,417,573.	15,722,677.	53,960,586.
25 Enter 1% of line 23	138,839.	152,504.	196,318.	171,637.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,079,212.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 3,056,210.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 53,960,586.
d Add: Amounts from column (e) for lines: 18 <u>137,776.</u> 19 <u>3,056,210.</u>					26d 3,273,407.
22 <u>79,421.</u> 26b <u>3,056,210.</u>					26e 50,687,179.
e Public support (line 26c minus line 26d total)					26f 93.9337%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines: 15 16					27c N/A
17 20 21					27d N/A
d Add: Line 27a total and line 27b total					27e N/A
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

423121 12-03-04

NONE

Schedule A (Form 990 or 990-EZ) 2004

SECOND HARVEST FOOD BANK OF MIDDLE TN,

Schedule A (Form 990 or 990-EZ) 2004 INC.

62-1049447 Page 4

Part V

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

N/A

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

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

Schedule A (Form 990 or 990-EZ) 2004

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ If the organization belongs to an affiliated group. Check ☐ b ☐ If you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 16% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 16% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 16% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c. Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)	X	
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

☐ Yes ☒ No

b If "Yes," complete the following schedule:

N/A

[illegible]

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2004

Name of 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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do 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, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2004)

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

Employer identification number

62-1049447

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 308,127.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 189,865.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 94,620.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 527,794.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 76,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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 Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 150,432.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FOOTNOTES

STATEMENT 1

PROPERTY AND EQUIPMENT CONSISTED OF THE FOLLOWING AT
JUNE 30, 2005:

LAND	1,334,586.
BUILDING AND IMPROVEMENTS	5,622,343.
OFFICE AND WAREHOUSE EQUIPMENT	1,067,939.
TRANSPORTATION EQUIPMENT	368,743.
PROJECT PRESERVE EQUIPMENT	373,962.
CULINARY ARTS CENTER EQUIPMENT	78,690.
	<hr/>
	8,846,263.
LESS:ACCUMULATED DEPRECIATION	<1,376,228.>
	<hr/>
TOTAL	7,470,035.
	<hr/>

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

FORM 990	RENTAL INCOME	STATEMENT	2
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
OFFICE AND STORAGE SPACE RENTED AT BELOW FMV TO WIC (A NON 501(C)(3) ENTITY)	1	13,575.
TOTAL TO FORM 990, PART I, LINE 6A		13,575.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	3
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF HCA STOCK	165,289.	165,735.	0.	<446.>
TO FORM 990, PART I, LINE 8	165,289.	165,735.	0.	<446.>

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	4
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
HARVEST MOON BALL	134,514.		134,514.	48,841.	85,673.
CHILDREN'S PATRON PARTY	2,570.		2,570.	600.	1,970.
FASHION SHOW	4,262.		4,262.	880.	3,382.
OTHER SPECIAL EVENTS & ACTIVITIES	179,805.		179,805.	62,629.	117,176.
TO FM 990, PART I, LINE 9	321,151.		321,151.	112,950.	208,201.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	5
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DESCRIPTION	AMOUNT
NET UNREALIZED GAIN (LOSS) ON INVESTMENTS	78,777.
TOTAL TO FORM 990, PART I, LINE 20	78,777.

FORM 990

OTHER EXPENSES

STATEMENT

6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
FOOD SUPPLIES & DISTRIBUTION	6,574,367.	6,574,367.		
PROFESSIONAL FEES	88,136.	3,934.	45,210.	38,992.
INSURANCE	100,009.	65,623.	18,001.	16,385.
PRODUCT TRANSPORTATION	520,472.	520,392.	50.	30.
OFFICE AND ADMINISTRATION	172,762.	51,830.	79,666.	41,266.
DONATED FOOD	5,946,116.	5,946,116.		
COMMUNICATIONS EXPENSE	171,860.	39,495.	3,348.	129,017.
TOTAL TO FM 990, LN 43	13,573,722.	13,201,757.	146,275.	225,690.

FORM 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE
PART III

STATEMENT

7

EXPLANATION

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

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

8

DESCRIPTION OF PROGRAM SERVICE THREE

PROJECT PRESERVE PROGRAM: OPERATES A UNIQUE PROGRAM THAT CANS, LABELS AND DISTRIBUTES PRODUCT TO LOCAL AGENCIES AND AFFILIATES. THROUGH ITS CANNING OF SOUPS AND STEWS, THE AGENCY IS ABLE TO PRESERVE PERISHABLE FOOD THAT WOULD OTHERWISE BE WASTED. THIS PROGRAM IS HIGHLY COST EFFECTIVE - CANNING PRODUCTS FOR ABOUT HALF THE COST OF COMMERCIAL SOUP. THE PROGRAM ALSO OPERATES AS A BROKERAGE SERVICE TO OTHER FOOD BANKS THROUGHOUT THE COUNTRY IN ORDER TO OFFER A WIDER VARIETY OF PRODUCTS AT A SIGNIFICANTLY LOWER PRICE. IN ADDITION, THE AGENCY HAS A COOK/CHILL OPERATION. THIS IS A METHOD OF FOOD MANUFACTURING THAT INVOLVES HEATING FOOD, PUMPING THE PRODUCT INTO A FORM-FILL PLASTIC BAG THAT IS HEAT SEALED AND SUPER COOLED IN APPROXIMATELY 45 MINUTES PRIOR TO FREEZING THE PRODUCT. DURING 2005, THE AGENCY HAS DISTRIBUTED OVER 531,000 MEALS THROUGH THIS PROGRAM.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		6,908,054.

FORM 990

CASH GRANTS AND ALLOCATIONS

STATEMENT

9

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GENERAL FUND	BETHLEHEM CENTERS OF NASHVILLE	1417 CHARLOTTE AVE, NASHVILLE, TN 37203	NONE	9,000.
GENERAL FUND	LUTHERAN SERVICES IN TENNESSEE	P.O. BOX 60428, NASHVILLE, TN 37206	NONE	3,667.
GENERAL FUND	NEW LIFE SEVENTH DAY ADVENTIST	208 GATEWOOD AVENUE, NASHVILLE, TN 37207	NONE	3,667.
GENERAL FUND	MARTHA O'BRYAN CENTER	711 SOUTH SEVENTH STREET, NASHVILLE, TN 37216	NONE	9,000.
GENERAL FUND	WOODBINE CUMBERLAND PRESB. CHURCH	3016 NOLENSVILLE RD, NASHVILLE, TN 37211	NONE	3,667.

GENERAL FUND	DONELSON CHRISTIAN CHURCH	2319 LEBANON ROAD, NONE NASHVILLE, TN 37214	3,667.
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TOTAL INCLUDED ON FORM 990, PART II, LINE 22	32,668.
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FORM 990	OTHER PROGRAM SERVICES	STATEMENT 10
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
CULINARY ARTS		118,686.
TOTAL TO FORM 990, PART III, LINE E		118,686.

FORM 990	OTHER ASSETS	STATEMENT 11
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DESCRIPTION	AMOUNT
USDA INVENTORY	1,433,111.
DONATED FOOD INVENTORY	38,386.
OTHER INVENTORY	691,522.
BOND ISSUE COSTS	100,973.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	2,263,992.

FORM 990	OTHER SECURITIES	STATEMENT 12
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
BOND FUND OF AMERICA	FMV	142,466.
EURO PACIFIC GROWTH FUND	FMV	114,588.
GROWTH MUTUAL OF AMERICA	FMV	285,142.
SMALL CAP WORLD FUND	FMV	196,850.
WASHINGTON MUTUAL INVESTMENTS	FMV	309,912.
TO FORM 990, LINE 54, COL B		1,048,958.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 13
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DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSES	112,950.
DIRECT DONOR BENEFIT	<46,951.>
TOTAL TO FORM 990, PART IV-A	65,999.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 14
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DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSES	112,950.
DIRECT DONOR BENEFIT	<46,951.>
TOTAL TO FORM 990, PART IV-B	65,999.

FORM 990	IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B	STATEMENT 15
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NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
NASHVILLE'S TABLE, INC.	X	

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT 16
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	EXPENSE SHARING CONTRIBUTIONS ARE RECEIVED FROM APPROVED AGENCIES TO DEFRAY THE COST OF RECEIVING, STORING, SORTING AND DISTRIBUTING FOOD TO THOSE AGENCIES FOR DISTRIBUTION TO THE NEEDY.
93B	PROJECT PRESERVE SALVAGES PERISHABLE FOOD ITEMS BY CANNING PRODUCTS. THIS ENABLES THEM TO PROVIDE LOW COST MEALS TO LOW INCOME FAMILIES. SEE ALSO PART III(C) (STATEMENT 9).
93C	INCOME FROM FOOD PREPARATION CENTER
103A	MISCELLANEOUS INCOME DERIVED FROM CONDUCTING EXEMPT ACTIVITIES

SCHEDULE A

STATEMENT REGARDING ACTIVITIES WITH
SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,
CREATORS, KEY EMPLOYEES, ETC.,
PART III, LINE 2

STATEMENT 17

DURING THE YEAR ENDED JUNE 30, 2005, THE AGENCY PURCHASED GOODS AND SERVICES FROM COMPANIES ASSOCIATED WITH MEMBERS OF THE BOARD OF DIRECTORS, AS FOLLOWS: \$8,000 FOR PURCHASED FOOD PRODUCTS; \$2,000 FOR LEGAL SERVICES; AND \$10,000 FOR EQUIPMENT MAINTENANCE. IN ADDITION, A BOARD MEMBER DONATED LEGAL SERVICES VALUED AT \$15,000 DURING 2005.

SCHEDULE A

OTHER INCOME

STATEMENT 18

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
OTHER INCOME/LOSS	50,967.	3,292.	1,484.	23,678.
TOTAL TO SCHEDULE A, LINE 22	50,967.	3,292.	1,484.	23,678.

SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE, INC.
JULY 1, 2004 – JUNE 30, 2005 BOARD OF DIRECTORS

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JULY 1, 2004 – JUNE 30, 2005 BOARD OF DIRECTORS

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