

2005Open to Public
InspectionForm **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.

A For the 2005 calendar year, or tax year beginning **JUL 1, 2005** and ending **JUN 30, 2006****B** Check if
applicable:

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Final
return
- ☐ Amended
return
- ☐ Application
pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**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

Room/suite

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:☐ Cash☒ Accrual☐ 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? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****G** Website: ▶ **WWW.SECONDHARVESTNASHVILLE.ORG****J** Organization type (check only one) ▶ ☒ 501(c) (**3**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** 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 chooses to file a return, be
sure to file a complete return. Some states require a complete return.**M** Check ☐ if the organization is **not** required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **25,860,009.****Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances

| | | | | | | |
|----------|---------------------------------------|--|---|-------------|-----|----------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received: | | | | |
| | a | Direct public support | 1a | 11,936,435. | | |
| | b | Indirect public support | 1b | 334,973. | | |
| | c | Government contributions (grants) | 1c | 515,692. | | |
| | d | Total (add lines 1a through 1c) (cash \$ 3,805,844. noncash \$ 8,981,256.) | 1d | 12,787,100. | | |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | 12,450,639. | | |
| | 3 | Membership dues and assessments | 3 | | | |
| | 4 | Interest on savings and temporary cash investments | 4 | 46,225. | | |
| | 5 | Dividends and interest from securities | 5 | | | |
| | 6a | Gross rents | 6a | 14,832. | | |
| | b | Less: rental expenses | 6b | | | |
| | c | Net rental income or (loss) (subtract line 6b from line 6a) | 6c | 14,832. | | |
| 7 | Other investment income (describe ▶) | 7 | | | | |
| Expenses | 8a | Gross amount from sales of assets other than inventory | (A) Securities | 36,917. | 8a | |
| | b | Less: cost or other basis and sales expenses | (B) Other | 36,917. | 8b | |
| | c | Gain or (loss) (attach schedule) | | | 8c | |
| | d | Net gain or (loss) (combine line 8c, columns (A) and (B)) | STMT 3 | | 8d | |
| | 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 | 524,296. | | |
| | b | Less: direct expenses other than fundraising expenses | 9b | 177,193. | | |
| | c | Net income or (loss) from special events (subtract line 9b from line 9a) | SEE STATEMENT 4 | | 9c | 347,103. |
| | 10a | 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 | |
| | Net Assets | 11 | Other revenue (from Part VII, line 103) | 11 | | |
| 12 | | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | 25,645,899. | | |
| 13 | | Program services (from line 44, column (B)) | 13 | 23,389,939. | | |
| 14 | | Management and general (from line 44, column (C)) | 14 | 1,006,717. | | |
| 15 | | Fundraising (from line 44, column (D)) | 15 | 632,704. | | |
| 16 | | Payments to affiliates (attach schedule) | 16 | | | |
| 17 | | Total expenses (add lines 16 and 44, column (A)) | 17 | 25,029,360. | | |
| 18 | | Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | 616,539. | | |
| 19 | | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | 9,234,250. | | |
| 20 | | Other changes in net assets or fund balances (attach explanation) | SEE STATEMENT 5 | | 20 | 279,918. |
| 21 | | Net assets or fund balances at end of year (combine lines 18, 19, and 20) | 21 | 10,130,707. | | |

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

Form 990 (2005)

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

Form 990 (2005)

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**Part II Statement of
Functional Expenses**

All 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.

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|---|-------------|----------------------|----------------------------|-----------------|
| 22 | Grants and allocations (attach schedule) ... (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 23 | Specific assistance to individuals (attach schedule) | | | | |
| 24 | Benefits paid to or for members (attach schedule) | | | | |
| 25 | Compensation of officers, directors, etc. * * | 384,675. | 279,821. | 66,344. | 38,510. |
| 26 | Other salaries and wages | 1,949,114. | 1,433,747. | 325,789. | 189,578. |
| 27 | Pension plan contributions | 95,156. | 64,345. | 19,925. | 10,886. |
| 28 | Other employee benefits | 230,858. | 156,107. | 48,339. | 26,412. |
| 29 | Payroll taxes | 159,729. | 108,010. | 33,445. | 18,274. |
| 30 | Professional fundraising fees | | | | |
| 31 | Accounting fees | | | | |
| 32 | Legal fees | | | | |
| 33 | Supplies | | | | |
| 34 | Telephone | | | | |
| 35 | Postage and shipping | | | | |
| 36 | Occupancy | 322,148. | 234,329. | 67,592. | 20,227. |
| 37 | Equipment rental and maintenance | | | | |
| 38 | Printing and publications | | | | |
| 39 | Travel | | | | |
| 40 | Conferences, conventions, and meetings ... | 58,828. | 21,307. | 26,431. | 11,090. |
| 41 | Interest | 95,374. | | 95,374. | |
| 42 | Depreciation, depletion, etc. (attach schedule) | 424,903. | 388,063. | 16,083. | 20,757. |
| 43 | Other expenses not covered above (itemize): | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g | SEE STATEMENT 6 | 21,308,575. | 20,704,210. | 307,395. | 296,970. |
| 44 | Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 25,029,360. | 23,389,939. | 1,006,717. | 632,704. |

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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* * **SEE STATEMENT 7**

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

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Part III Statement of Program Service Accomplishments (See the instructions.)

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.

| What is the organization's primary exempt purpose? ► SEE STATEMENT 10 | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
|---|---|
| <p>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.)</p> <p>a EMERGENCY FOOD BOX PROGRAM: PROVIDED OVER 1,880,000 POUNDS OF FOOD IN EMERGENCY STAPLES TO FAMILIES IN NEED THROUGH ITS FOURTEEN SATELLITE CENTERS IN DAVIDSON COUNTY.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | 3,086,733. |
| <p>b FOOD RECOVERY PROGRAM: PROVIDED OVER 3,289,000 POUNDS OF FOOD IN 2006 TO OVER 450 NOT-FOR-PROFIT AGENCIES INCLUDING SOUP KITCHENS, DAY CARE CENTERS AND EMERGENCY FOOD PROGRAMS.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | 5,878,289. |
| <p>c SEE STATEMENT 8</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | 11,271,109. |
| <p>d SEE STATEMENT 9</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | 2,481,498. |
| <p>e Other program services (attach schedule) SEE STATEMENT 11</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p> | 672,310. |
| <p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►</p> | 23,389,939. |

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

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Part IV Balance Sheets (See the instructions.)

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 | 141,808. | 45 | 375,483. |
| | 46 Savings and temporary cash investments | 447,659. | 46 | 381,163. |
| | 47 a Accounts receivable 47a 1,269,818. | | | |
| | b Less: allowance for doubtful accounts 47b | 494,958. | 47c | 1,269,818. |
| | 48 a Pledges receivable 48a 663,661. | | | |
| | b Less: allowance for doubtful accounts 48b | 913,440. | 48c | 663,661. |
| | 49 Grants receivable | | 49 | |
| | 50 Receivables from officers, directors, trustees, and key employees | | 50 | |
| | 51 a Other notes and loans receivable 51a | | | |
| | b Less: allowance for doubtful accounts 51b | | 51c | |
| | 52 Inventories for sale or use | | 52 | |
| | 53 Prepaid expenses and deferred charges | 97,708. | 53 | 17,928. |
| | 54 Investments - securities STMT 13 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 1,048,958. | 54 | 1,199,898. |
| | 55 a Investments - land, buildings, and equipment: basis 55a | | | |
| | b Less: accumulated depreciation 55b | | 55c | |
| 56 Investments - other | | 56 | | |
| 57 a Land, buildings, and equipment: basis 57a 9,155,438. | | | | |
| b Less: accumulated depreciation 57b 1,980,279. | 7,470,035. | 57c | 7,175,159. | |
| 58 Other assets (describe ► SEE STATEMENT 12) | 2,263,992. | 58 | 2,574,938. | |
| 59 Total assets (must equal line 74). Add lines 45 through 58 | 12,878,558. | 59 | 13,658,048. | |
| Liabilities | 60 Accounts payable and accrued expenses | 629,242. | 60 | 1,096,104. |
| | 61 Grants payable | | 61 | |
| | 62 Deferred revenue | 38,386. | 62 | 51,237. |
| | 63 Loans from officers, directors, trustees, and key employees | | 63 | |
| | 64 a Tax-exempt bond liabilities | 2,702,375. | 64a | 1,980,000. |
| | b Mortgages and other notes payable | 250,000. | 64b | 400,000. |
| | 65 Other liabilities (describe ► CAPITAL LEASE OBLIGATION) | 24,305. | 65 | 0. |
| 66 Total liabilities. Add lines 60 through 65) | 3,644,308. | 66 | 3,527,341. | |
| 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 | 8,491,957. | 67 | 9,034,806. |
| | 68 Temporarily restricted | 742,293. | 68 | 1,095,901. |
| | 69 Permanently restricted | | 69 | |
| | 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 | | 70 | |
| | 71 Paid-in or capital surplus, or land, building, and equipment fund | | 71 | |
| | 72 Retained earnings, endowment, accumulated income, or other funds | | 72 | |
| | 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) | 9,234,250. | 73 | 10,130,707. |
| | 74 Total liabilities and net assets/fund balances. Add lines 66 and 73 | 12,878,558. | 74 | 13,658,048. |

Form 990 (2005)

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

Form 990 (2005)

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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) **Yes No**

| | | | |
|---|------------|-------------------------------------|-------------------------------------|
| 75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 21 | | | |
| b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) | 75b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? | 75c | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization. | | | |
| d Does the organization have a written conflict of interest policy? | 75d | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

| (A) Name and address | (B) Loans and Advances | (C) Compensation | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|---|------------------------|------------------|---|--|
| TERESA HAYDEN 331 GREAT CIRCLE ROAD NASHVILLE, TN 37228 | 0. | 65,000. | 4,883. | 0. |
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Part VI Other Information (See the instructions.) **Yes No**

| | | | |
|---|------------|--------------------------|-------------------------------------|
| 76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 76 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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. | 77 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," has it filed a tax return on Form 990-T for this year? N/A | 78b | <input type="checkbox"/> | <input type="checkbox"/> |
| 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," enter the name of the organization N/A and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt | 81a | <input type="checkbox"/> | <input type="checkbox"/> |
| 81 a Enter direct or indirect political expenditures. (See line 81 instructions.) 0. | 81a | <input type="checkbox"/> | <input type="checkbox"/> |
| b Did the organization file Form 1120-POL for this year? | 81b | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

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Part VI Other Information (continued)

| | | Yes | No |
|---|------------|----------|----------|
| 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? | 82a | 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 | | |
| 116,035. | | | |
| 83 a Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X | |
| b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | X | |
| 84 a Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | | X |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | | |
| N/A | | | |
| 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | 85a | | |
| N/A | | | |
| b Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 85b | | |
| 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? | 85g | | |
| 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? | 85h | | |
| 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? | 88 | | X |
| If "Yes," complete Part IX | | | |
| 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? | 89b | | X |
| If "Yes," attach a statement explaining each transaction | | | |
| 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 ▶ TN | | | |
| b Number of employees employed in the pay period that includes March 12, 2005 | 90b | | 54 |
| 91 a 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 | | | |
| 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)? | 91b | | X |
| If "Yes," enter the name of the foreign country ▶ N/A | | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| c At any time during the calendar year, did the organization maintain an office outside of the United States? | 91c | | X |
| If "Yes," enter the name of the foreign country ▶ N/A | | | |
| 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ <input type="checkbox"/> | | | |
| and enter the amount of tax-exempt interest received or accrued during the tax year | 92 | | N/A |

Form 990 (2005)

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a EXPENSE SHARING CONTRIB

b PROJECT PRESERVE PROGRAM

c CULINARY ARTS PROGRAM

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

96 Dividends and interest from securities

97 Not rental income or (loss) from real estate:

a debt-financed property

b not debt-financed property

98 Not rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets

other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue:

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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 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

2005

Name of the organization **SECOND HARVEST FOOD BANK OF MIDDLE TN, INC.** Employer identification number **62 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 |
|---|--|------------------|---|--|
| LARRY REYNOLDS 331 GREAT CIRCLE ROAD, NASHVILLE, TN | VP DONOR RELATIONS 40.00 | 85,239. | 17,117. | 0. |
| JOHN CORNWELL 331 GREAT CIRCLE ROAD, NASHVILLE, TN | VP OPERATIONS 40.00 | 67,785. | 6,398. | 0. |
| CAROL MILLER 331 GREAT CIRCLE ROAD, NASHVILLE, TN | VP PROGRAM SERVICES 40.00 | 67,213. | 20,193. | 0. |
| CINDY PATTERSON 331 GREAT CIRCLE ROAD, NASHVILLE, TN | VP DEVELOPMENT 40.00 | 66,836. | 7,517. | 0. |
| SUSANNAH SHUMATE 331 GREAT CIRCLE ROAD, NASHVILLE, TN | VP MARKETING/PR 40.00 | 57,064. | 11,952. | 0. |
| Total number of other employees paid over \$50,000 ▶ | 4 | | | |

Part II-A 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 |
|---|---------------------|------------------|
| KRAFTCPAS PLLC 555 GREAT CIRCLE RD, STE 200, NASHVILLE, TN 37228 | ACCOUNTING | 59,019. |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| Total number of others receiving over \$50,000 for professional services ▶ | 0 | |

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| ----- | | |
| Total number of other contractors receiving over \$50,000 for other services ▶ | 0 | |

SECOND HARVEST FOOD BANK OF MIDDLE TN,

Schedule A (Form 990 or 990-EZ) 2005 INC.

62-1049447 Page 2

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 i of Part VI-B.) | 1 | X |
| 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. | | |
| 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.) | | |
| a Sale, exchange, or leasing of property? | 2a | X |
| b Lending of money or other extension of credit? | 2b | X |
| c Furnishing of goods, services, or facilities? | 2c | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990 | 2d | X |
| e Transfer of any part of its income or assets? | 2e | 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.) | 3a | X |
| b Do you have a section 403(b) annuity plan for your employees? | 3b | X |
| c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? | 3c | 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? | 4a | X |
| b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? | 4b | 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: **►** ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 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 6 of the instructions.)

SECOND HARVEST FOOD BANK OF MIDDLE TN,

Schedule A (Form 990 or 990-EZ) 2005 **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) 2004 | (b) 2003 | (c) 2002 | (d) 2001 | (e) Total |
|--|-------------|-------------|-----------------------|-------------|-------------------------|
| 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 9,040,497. | 8,875,700. | 11,820,953. | 17,385,009. | 47,122,159. |
| 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 | 7,760,809. | 4,924,507. | 3,389,402. | 2,214,206. | 18,288,924. |
| 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 | 41,194. | 32,700. | 36,724. | 31,080. | 141,698. |
| 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 | 527,464. | 50,967. | 3,292. | 1,484. | 583,207. |
| 23 Total of lines 15 through 22 | 17,369,964. | 13,883,874. | 15,250,371. | 19,631,779. | 66,135,988. |
| 24 Line 23 minus line 17 | 9,609,155. | 8,959,367. | 11,860,969. | 17,417,573. | 47,847,064. |
| 25 Enter 1% of line 23 | 173,700. | 138,839. | 152,504. | 196,318. | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | | | | | 26a 956,941. |
| 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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts | | | | | 26b 3,708,220. |
| c Total support for section 509(a)(1) test: Enter line 24, column (e) | | | | | 26c 47,847,064. |
| d Add: Amounts from column (e) for lines: 18 <u>141,698.</u> 19 <u>3,708,220.</u> | | | | | 26d 4,433,125. |
| | | | | | 26e 43,413,939. |
| e Public support (line 26c minus line 26d total) | | | | | 26f 90.7348% |
| 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 | | | | | |
| (2004) (2003) (2002) (2001) | | | | | |
| 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 11b, 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 | | | | | |
| (2004) (2003) (2002) (2001) | | | | | |
| c Add: Amounts from column (e) for lines: 15 <u> </u> 16 <u> </u> | | | | | 27c N/A |
| 17 <u> </u> 20 <u> </u> 21 <u> </u> | | | | | 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 2001 through 2004, 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.

523121 02-03-06

NONE

Schedule A (Form 990 or 990-EZ) 2005

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

Schedule A (Form 990 or 990-EZ) 2005

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 -

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 15% of the excess over \$500,000

Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000

Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000

Over \$17,000,000 \$1,000,000

41

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 | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (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. |

N/A

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:

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.)

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

| Yes | No | Amount |
|-----|----|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 0. |

FOOTNOTES

STATEMENT 1

PROPERTY AND EQUIPMENT CONSISTED OF THE FOLLOWING AT
JUNE 30, 2006:

| | |
|--------------------------------|--------------|
| LAND | 1,334,586. |
| BUILDING AND IMPROVEMENTS | 5,625,067. |
| OFFICE AND WAREHOUSE EQUIPMENT | 1,122,359. |
| TRANSPORTATION EQUIPMENT | 616,729. |
| PROJECT PRESERVE EQUIPMENT | 378,007. |
| CULINARY ARTS CENTER EQUIPMENT | 78,690. |
| | <hr/> |
| LESS:ACCUMULATED DEPRECIATION | <1,980,279.> |
| | <hr/> |
| TOTAL | 7,175,159. |
| | <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.

ON JULY 1, 2005, NASHVILLE'S TABLE, INC. MERGED WITH SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE. TOTAL NET ASSETS ACQUIRED PURSUANT TO THE MERGER TOTALED \$164,677, WHICH INCLUDED \$94,181 OF CONTRIBUTIONS RECEIVABLE THAT WERE NOT PREVIOUSLY RECOGNIZED BY NASHVILLE'S TABLE, INC.

| FORM 990 | RENTAL INCOME | STATEMENT | 2 |
|---|--------------------|------------------------|---|
| KIND AND LOCATION OF PROPERTY | ACTIVITY NUMBER | GROSS RENTAL INCOME | |
| OFFICE AND STORAGE SPACE RENTED AT BELOW FMV TO WIC (A 501(C)(3) ENTITY) | 1 | 14,832. | |
| TOTAL TO FORM 990, PART I, LINE 6A | | 14,832. | |

| FORM 990 | GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES | | | STATEMENT | 3 |
|-----------------------------|---|------------------------|--------------------|-----------------------|---|
| DESCRIPTION | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | NET GAIN OR (LOSS) | |
| SALE OF STOCK | 36,917. | 36,917. | 0. | 0. | |
| TO FORM 990, PART I, LINE 8 | 36,917. | 36,917. | 0. | 0. | |

| FORM 990 | SPECIAL EVENTS AND ACTIVITIES | | | | STATEMENT | 4 |
|-----------------------------------|-------------------------------|---------------------|---------------|-----------------|------------|---|
| DESCRIPTION OF EVENT | GROSS RECEIPTS | CONTRIBUT. INCLUDED | GROSS REVENUE | DIRECT EXPENSES | NET INCOME | |
| HARVEST MOON BALL | 175,243. | 0. | 175,243. | 70,437. | 104,806. | |
| STARS FOR SECOND HARVEST | 50,500. | 0. | 50,500. | 0. | 50,500. | |
| SCENE IN GREEN | 28,385. | 0. | 28,385. | 0. | 28,385. | |
| OTHER SPECIAL EVENTS & ACTIVITIES | 270,168. | 0. | 270,168. | 106,756. | 163,412. | |
| TO FM 990, PART I, LINE 9 | 524,296. | 0. | 524,296. | 177,193. | 347,103. | |

| FORM 990 | OTHER CHANGES IN NET ASSETS OR FUND BALANCES | STATEMENT | 5 |
|---|--|-----------|---|
| DESCRIPTION | AMOUNT | | |
| NET UNREALIZED GAIN (LOSS) ON INVESTMENTS | 115,241. | | |
| NET ASSETS FROM NASHVILLE'S TABLE MERGER | 164,677. | | |
| TOTAL TO FORM 990, PART I, LINE 20 | 279,918. | | |

| FORM 990 | OTHER EXPENSES | | | STATEMENT 6 |
|---------------------------------|----------------|----------------------------|----------------------------------|--------------------|
| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
| FOOD SUPPLIES & DISTRIBUTION | 10,833,797. | 10,832,121. | 1,037. | 639. |
| PROFESSIONAL FEES | 128,648. | 12,103. | 68,794. | 47,751. |
| INSURANCE | 232,834. | 151,482. | 63,859. | 17,493. |
| PRODUCT TRANSPORTATION | 838,687. | 832,427. | 6,220. | 40. |
| OFFICE AND ADMINISTRATION | 280,764. | 95,260. | 119,382. | 66,122. |
| DONATED FOOD | 8,752,340. | 8,752,340. | 0. | 0. |
| COMMUNICATIONS EXPENSE | 231,901. | 28,477. | 38,499. | 164,925. |
| MISCELLANEOUS EXPENSE | 9,604. | 0. | 9,604. | 0. |
| TOTAL TO FM 990, LN 43 | 21,308,575. | 20,704,210. | 307,395. | 296,970. |

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 7

| NAME OF OFFICER, ETC. | COMPENSATION | EMPLOYEE BEN. PLANS | EXPENSE ACCOUNTS | TOTALS |
|---------------------------|--------------|------------------------|---------------------|----------|
| JAYNEE K. DAY | 138,619. | 17,536. | 4,800. | 160,955. |
| A. PROGRAM SERVICES | 101,885. | 11,858. | 3,246. | 116,989. |
| B. MANAGEMENT AND GENERAL | 23,149. | 3,672. | 1,005. | 27,826. |
| C. FUNDRAISING | 13,585. | 2,006. | 549. | 16,140. |

| NAME OF OFFICER, ETC. | COMPENSATION | EMPLOYEE BEN. PLANS | EXPENSE ACCOUNTS | TOTALS |
|---------------------------|--------------|------------------------|---------------------|---------|
| ED O'KELLEY | 67,759. | 19,769. | 0. | 87,528. |
| A. PROGRAM SERVICES | 49,803. | 13,368. | | 63,171. |
| B. MANAGEMENT AND GENERAL | 11,316. | 4,140. | | 15,456. |
| C. FUNDRAISING | 6,640. | 2,261. | | 8,901. |

| NAME OF OFFICER, ETC. | COMPENSATION | EMPLOYEE BEN. PLANS | EXPENSE ACCOUNTS | TOTALS |
|---------------------------|--------------|------------------------|---------------------|---------|
| MATTHEW BOURLAKAS | 63,713. | 2,596. | 0. | 66,309. |
| A. PROGRAM SERVICES | 46,829. | 1,755. | | 48,584. |
| B. MANAGEMENT AND GENERAL | 10,640. | 544. | | 11,184. |
| C. FUNDRAISING | 6,244. | 297. | | 6,541. |

| NAME OF OFFICER, ETC. | COMPENSATION | EMPLOYEE BEN. PLANS | EXPENSE ACCOUNTS | TOTALS |
|---|--------------|------------------------|---------------------|----------|
| TERESA HAYDEN | 65,000. | 4,883. | 0. | 69,883. |
| A. PROGRAM SERVICES | 47,775. | 3,302. | | 51,077. |
| B. MANAGEMENT AND GENERAL | 10,855. | 1,023. | | 11,878. |
| C. FUNDRAISING | 6,370. | 558. | | 6,928. |
| TOTAL PROGRAM SERVICES | | | | 279,821. |
| TOTAL MANAGEMENT AND GENERAL | | | | 66,344. |
| TOTAL FUNDRAISING | | | | 38,510. |
| TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B | | | | 384,675. |

| | | | |
|----------|--|-----------|---|
| FORM 990 | STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | STATEMENT | 8 |
|----------|--|-----------|---|

DESCRIPTION OF PROGRAM SERVICE THREE

PROJECT PRESERVE PROGRAM: OPERATES A UNIQUE PROGRAM THAT DISTRIBUTES PRODUCT TO LOCAL AGENCIES AND AFFILIATES. THE PROGRAM HAS OPERATED AS A BROKERAGE SERVICE TO 144 OTHER FOOD BANKS THROUGHOUT THE COUNTRY IN ORDER TO OFFER A WIDE VARIETY OF PRODUCTS AT SIGNIFICANTLY LOWER PRICES. THROUGH ITS CANNING OF SOUPS AND STEWS, THE PROGRAM HAS BEEN ABLE TO PRESERVE PERISHABLE FOOD THAT WOULD HAVE OTHERWISE BEEN WASTED. IN ADDITION, THE PROGRAM 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, 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. THE PROGRAM DISTRIBUTED OVER 689,000 MEALS (BASED ON A 12-OUNCE PORTION) DURING 2006.

| | GRANTS | EXPENSES |
|-------------------------------|--------|-------------|
| TO FORM 990, PART III, LINE C | | 11,271,109. |

| | | | |
|----------|--|-----------|---|
| FORM 990 | STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS | STATEMENT | 9 |
|----------|--|-----------|---|

DESCRIPTION OF PROGRAM SERVICE FOUR

NASHVILLE'S TABLE: COLLECTS PERISHABLE FOOD FROM MORE THAN 170 FOOD DONORS, SUCH AS RESTAURANTS, GROCERY STORES, CAFETERIAS, BAKERIES, AND CATERERS, WHICH IS THEN DISTRIBUTED TO MORE THAN 100 NONPROFIT PARTNER AGENCIES SUCH AS LOW INCOME DAY-CARE CENTERS, SOUP KITCHENS, DOMESTIC VIOLENCE SHELTERS, REHABILITATION CENTERS, AND SENIOR CITIZENS' CENTERS. DURING 2006, THE AGENCY DISTRIBUTED OVER 1,356,000 POUNDS OF FOOD (EQUIVALENT TO MORE THAN ONE MILLION MEALS) UNDER THIS PROGRAM.

| | GRANTS | EXPENSES |
|-------------------------------|--------|------------|
| TO FORM 990, PART III, LINE D | | 2,481,498. |

| | | | |
|----------|--|-----------|----|
| FORM 990 | STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III | STATEMENT | 10 |
|----------|--|-----------|----|

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 | OTHER PROGRAM SERVICES | STATEMENT | 11 |
|----------|------------------------|-----------|----|

| DESCRIPTION | GRANTS AND ALLOCATIONS | EXPENSES |
|-------------------------------------|---------------------------|----------|
| CULINARY ARTS CENTER | | 162,934. |
| KID'S CAFE | | 509,376. |
| TOTAL TO FORM 990, PART III, LINE E | | 672,310. |

| FORM 990 | OTHER ASSETS | STATEMENT 12 |
|---|--------------|--------------|
| DESCRIPTION | | AMOUNT |
| DONATED FOOD INVENTORY | | 1,662,180. |
| USDA INVENTORY | | 51,237. |
| OTHER INVENTORY | | 766,517. |
| BOND ISSUE COSTS | | 95,004. |
| TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B | | 2,574,938. |

| FORM 990 | OTHER SECURITIES | STATEMENT 13 |
|-------------------------------|------------------|------------------|
| SECURITY DESCRIPTION | COST/FMV | OTHER SECURITIES |
| BOND FUND OF AMERICA | FMV | 144,052. |
| EURO PACIFIC GROWTH FUND | FMV | 147,086. |
| GROWTH MUTUAL OF AMERICA | FMV | 329,050. |
| SMALL CAP WORLD FUND | FMV | 241,998. |
| WASHINGTON MUTUAL INVESTMENTS | FMV | 337,712. |
| TO FORM 990, LINE 54, COL B | | 1,199,898. |

| FORM 990 | OTHER REVENUE NOT INCLUDED ON FORM 990 | STATEMENT 14 |
|---|--|--------------|
| DESCRIPTION | | AMOUNT |
| MISCELLANEOUS REVENUE RECLASSIFIED AS EXPENSE | | <9,604.> |
| SPECIAL EVENTS EXPENSES | | 177,193. |
| DIRECT DONOR BENEFIT | | <56,294.> |
| TOTAL TO FORM 990, PART IV-A | | 111,295. |

| FORM 990 | OTHER EXPENSES NOT INCLUDED ON FORM 990 | STATEMENT 15 |
|------------------------------|---|--------------|
| DESCRIPTION | | AMOUNT |
| SPECIAL EVENTS EXPENSES | | 177,193. |
| DIRECT DONOR BENEFIT | | <56,294.> |
| TOTAL TO FORM 990, PART IV-B | | 120,899. |

| | | |
|----------|-------------------------------------|--------------|
| FORM 990 | OTHER EXPENSES INCLUDED ON FORM 990 | STATEMENT 16 |
|----------|-------------------------------------|--------------|

| DESCRIPTION | AMOUNT |
|---|--------|
| MISCELLANEOUS REVENUE RECLASSIFIED AS EXPENSE | 9,604. |
| TOTAL TO FORM 990, PART IV-B | 9,604. |

| | | |
|----------|---|--------------|
| FORM 990 | PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES | STATEMENT 17 |
|----------|---|--------------|

| 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 8). |
| 93C | INCOME FROM FOOD PREPARATION CENTER |

| | | |
|------------|--------------|--------------|
| SCHEDULE A | OTHER INCOME | STATEMENT 18 |
|------------|--------------|--------------|

| DESCRIPTION | 2004 AMOUNT | 2003 AMOUNT | 2002 AMOUNT | 2001 AMOUNT |
|------------------------------|----------------|----------------|----------------|----------------|
| OTHER INCOME/LOSS | 527,464. | 50,967. | 3,292. | 1,484. |
| TOTAL TO SCHEDULE A, LINE 22 | 527,464. | 50,967. | 3,292. | 1,484. |

| | | | |
|------------|--|-----------|----|
| SCHEDULE A | INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS | STATEMENT | 19 |
| | PART VII, LINE 51, COLUMN (D) | | |

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

WIC (WOMEN, INFANTS, & CHILDREN)

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

WIC RENTS SPACE FROM SECOND HARVEST

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

| | | |
|---|--|---|
| Type or print File by the due date for filing your return. See instructions. | Name of Exempt Organization SECOND HARVEST FOOD BANK OF MIDDLE TN, INC. | Employer identification number 62-1049447 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 331 GREAT CIRCLE ROAD | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37228 | |

Check type of return to be filed(file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **JAYNEE K. DAY**
Telephone No. ► **(615) 329-3491** 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 will cover.

- 1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2005**, and ending **JUN 30, 2006**.
- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3a** 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** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c** **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 12-2004)

SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE
BOARD OF DIRECTORS
CERTIFICATE REGARDING
CONFLICT OF INTEREST

The undersigned, _____ has been elected as a Director, and has agreed to serve on the Board of Directors, of SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE, INC., a Tennessee not-for-profit corporation, for the period from JULY 1, 2006 until JUNE 30, 2007. By signing this Certificate, the undersigned represents and affirms that she/he has read, understands, and agrees to abide by, the following provisions regarding conflicts of interest which may arise in the course of the undersigned's service as a Director of SECOND HARVEST:

A director shall not vote on any manner having direct effect on or benefit to such director's immediate family or an organization with which he or she is affiliated (either through employment contract, ownership interest, or board of director membership).

When any such conflict of interest is relevant to a matter requiring action by the Board, the interested director shall call it to attention of the Board and such director shall not vote on the matter.

Moreover, the person having a conflict shall retire from the room in which the Board is meeting and shall not participate in the final deliberation or decision regarding the matter under consideration. However, that person shall provide the Board with any and all relevant information.

A copy of this conflict of interest statement shall be furnished to each director who is presently serving on the Board, or who may hereafter become a member of the Board; this policy shall be reviewed annually for the information and guidance of directors; and any new directors shall be advised of the policy upon their election.

IN WITNESS WHEREOF, the undersigned has signed this Certificate this _____ day of _____, 2006.

Signature