** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

| <u> A F</u> | or the | 2023 calendar year, or tax year beginning J | UL 1, 2023 and | ending c | <u>JUN 30, 2024</u> | | | | | | |
|---|-------------------------------|---|--------------------------------------|---------------|--|-------------------------------|--|--|--|--|--|
| B c | heck if oplicable | SECOND HAKAESI LOOD BAN | NK OF MIDDLE TN, | | D Employer identifi | cation number | | | | | |
| | Addres change | INC. | | | | | | | | | |
| | Name change Initial | | 62-1049447 | | | | | | | | |
| | _return _Final _return/ | Number and street (or P.O. box if mail is not deli 331 GREAT CIRCLE ROAD | E Telephone numbe (615)329 | | | | | | | | |
| | termin- ated | City or town, state or province, country, and 2 | ZIP or foreign postal code | | G Gross receipts \$ | 168,443,797. | | | | | |
| | Amend return | MASHVILLE, IN 3/220 | | | H(a) Is this a group re | eturn | | | | | |
| | Application | F Name and address of principal officer: HEA! | THER VERBLE | | for subordinates | for subordinates? Yes X No | | | | | |
| Pending SAME AS C ABOVE H(b) Are all subordinates included? Yes | | | | | | | | | | | |
| ΙT | ax-exe | empt status: X 501(c)(3) 501(c) (| (insert no.) 4947(a)(1) | or 527 | If "No," attach a | list. See instructions | | | | | |
| J۷ | Vebsit | e: WWW.SECONDHARVESTMIDTN. | ORG | | H(c) Group exemption | n number | | | | | |
| K F | orm of | organization: X Corporation Trust As: | sociation Other | L Year | of formation: 1978 | M State of legal domicile: TN | | | | | |
| Pa | rt I | Summary | | | | | | | | | |
| Governance | | Briefly describe the organization's mission or most: | significant activities: TO N | OURISH | I AND EMPOWE | R PEOPLE SO | | | | | |
| r a | 2 (| Check this box if the organization discor | ntinued its operations or dispos | sed of more | than 25% of its net as: | | | | | | |
| S S | 3 1 | Number of voting members of the governing body (| Part VI, line 1a) | | 3 | 27 | | | | | |
| Ğ | 4 1 | Number of independent voting members of the gov | erning body (Part VI, line 1b) | | | 27 | | | | | |
| နှင့် | 5 | Total number of individuals employed in calendar ye | ear 2023 (Part V, line 2a) | | | 166 | | | | | |
| ij | 6 | Total number of volunteers (estimate if necessary) | | | 6 | 25048 | | | | | |
| Activities & | 7 a ¯ | Total unrelated business revenue from Part VIII, col | umn (C), line 12 | | 7a | 0. | | | | | |
| | b l | Net unrelated business taxable income from Form S | 990-T, Part I, line 11 | ····· | | 0. | | | | | |
| | | | | | Prior Year | Current Year | | | | | |
| ا ب | 8 (| Contributions and grants (Part VIII, line 1h) | | | 88,701,167. | 95,875,371. | | | | | |
| e l | | | | | 57,732,913. | 53,001,626. | | | | | |
| Revenue | | investment income (Part VIII, column (A), lines 3, 4, | | | 1,085,331. | 1,064,983. | | | | | |
| | 11 (| Other revenue (Part VIII, column (A), lines 5, 6d, 8c, | 9c, 10c, and 11e) | | -24,300. | 90,246. | | | | | |
| \Box | 12 | Total revenue - add lines 8 through 11 (must equal I | Part VIII, column (A), line 12) | 1 | 147,495,111. | 150,032,226. | | | | | |
| | 13 (| Grants and similar amounts paid (Part IX, column (A | A), lines 1-3) | | 9,752,188. | 72,129,395. | | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A) |), line 4) | | 0. | 0. | | | | | |
| ဖွ | | Salaries, other compensation, employee benefits (P | | | 10,486,894. | 11,335,259. | | | | | |
|)Su | 16a l | Professional fundraising fees (Part IX, column (A), li | | | 684,780. | 874,775. | | | | | |
| Expenses | | Total fundraising expenses (Part IX, column (D), line | · - | | | | | | | | |
| 罒 | | Other expenses (Part IX, column (A), lines 11a-11d, | | | 19,667,502. | 63,501,988. | | | | | |
| | | Total expenses. Add lines 13-17 (must equal Part IX | | <u> </u> | 140,591,364. | 147,841,417. | | | | | |
| _ | 19 | Revenue less expenses. Subtract line 18 from line 1 | 12 | | 6,903,747. | 2,190,809. | | | | | |
| Net Assets or Fund Balances | | | | В | eginning of Current Year | End of Year | | | | | |
| set | 20 | | | | 71,785,939. | 80,862,393. | | | | | |
| ot A | 21 | | | | 7,937,978. | 12,176,266. | | | | | |
| | 22 | Net assets or fund balances. Subtract line 21 from | line 20 | | 63,847,961. | 68,686,127. | | | | | |
| | rt II | Signature Block | | | | | | | | | |
| | | ties of perjury, I declare that I have examined this return, | | | | knowledge and belief, it is | | | | | |
| true, | correct | t, and complete. Declaration of preparer (other than office | r) is based on all information of wr | nich preparei | nas any knowledge. | | | | | | |
| | ŀ | Signature of officer | | I Date | | | | | | | |
| Sigr | | - | | | Date | | | | | | |
| Here | 9 | HEATHER VERBLE, CFO Type or print name and title | | | | | | | | | |
| | | | Donat and a discretion | | Date Check | PTIN | | | | | |
| Pvin | ļ | Print/Type preparer's name | Preparer's signature | | L | | | | | | |
| Paid | - 1 | | KEN YOUNGSTEAD | | 02/25/25 self-employed P00320901 Firm's EIN 62-0713250 | | | | | | |
| Prep | - 1 | Firm's name KRAFTCPAS PLLC | ח א ח | | Firm's EIN 6 | <u>4-0113430</u> | | | | | |
| Use | UNIY | Firm's address 555 GREAT CIRCLE F NASHVILLE, TN 3722 | | | Phone no. 61 | 5-242-7351 | | | | | |
| May | the IR | S discuss this return with the preparer shown above | ve? See instructions | | | X Yes No | | | | | |

| Pai | t III Statement of Program Service Accomplishments | |
|-----|--|------------|
| | Check if Schedule O contains a response or note to any line in this Part III | X |
| 1 | Briefly describe the organization's mission: | |
| | SECOND HARVEST FOOD BANK OF MIDDLE TENNESSEE, INC. (THE "FOOD BANK" OR | |
| | "SECOND HARVEST") WAS FOUNDED IN 1978. ITS MISSION IS TO NOURISH AND | |
| | EMPOWER PEOPLE SO THEY CAN THRIVE. THE FOOD BANK IS ONE OF 198 | |
| | CERTIFIED MEMBERS OF FEEDING AMERICA, THE NATION'S FOOD BANK NETWORK | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | |
| _ | V V | Nο |
| | prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | Nο |
| Ū | If "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. | |
| • | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and | |
| | revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$77,130,137. including grants of \$70,663,802.) (Revenue \$\$ | •) |
| -14 | COMMUNITY FOOD PARTNERS - OUR WORK INCLUDES ACTIVITIES CONDUCTED TO | <u> </u> |
| | FULFILL SECOND HARVEST'S MISSION, RESULTING IN SERVICES THAT PROVIDE | |
| | FOOD TO PEOPLE FACING HUNGER IN MIDDLE AND WEST TENNESSEE AND | |
| | ACTIVITIES THAT WORK TO ADVANCE HUNGER SOLUTIONS. SECOND HARVEST WORKS | |
| | IN 46 COUNTIES THROUGHOUT MIDDLE AND WEST TENNESSEE. SPECIFIC PROGRAMS | |
| | WITHIN THIS CATEGORY INCLUDE: | |
| | PARTNER AGENCIES - SECOND HARVEST PROVIDED NEARLY 48 MILLION POUNDS OF | |
| | FOOD DURING THE YEAR ENDED JUNE 30, 2024 (OR MORE THAN 39 MILLION | |
| | MEALS) TO OVER 600 NOT-FOR-PROFIT AGENCIES, INCLUDING FOOD PANTRIES, | |
| | CONGREGATE MEAL SITES, AND EMERGENCY FOOD PROGRAMS. NEARLY 43 MILLION | |
| | POUNDS OF FOOD WAS DISTRIBUTED IN 2023 (OR 35 MILLION MEALS). THESE | |
| | PARTNERS WORK THROUGHOUT THEIR RESPECTIVE COMMUNITIES TO ASSIST FOOD | |
| 4b | (Code:) (Expenses \$ 47,769,966 • including grants of \$) (Revenue \$ 52,554,375 | •) |
| | PROJECT PRESERVE SALES ARE REPORTED NET OF ALLOWANCES FOR DISCOUNTS AND | |
| | RETURNS. REVENUE IS RECOGNIZED WHEN THE PRODUCT IS SHIPPED TO THE | |
| | CUSTOMER. PROJECT PRESERVE SELLS PRODUCTS PRIMARILY TO OUT-OF-AREA | |
| | AGENCIES IN THE FEEDING AMERICA NETWORK, BUT ALSO SELLS TO PARTNER | |
| | AGENCIES WITHIN THE FOOD BANK'S LOCAL AREA. | |
| | IN FY2024, PROJECT PRESERVE BEGAN LISTING PRODUCTS FOR SALE ON THE | |
| | FEEDING AMERICA GROCERY PURCHASING PORTAL (GPP) FULFILLING 49 PRODUCT | |
| | ORDERS (\$2 MILLION IN SALES). ANOTHER COMPONENT IS TO PROVIDE DISASTER | |
| | RELIEF. FOR THE YEAR ENDING JUNE 30, 2024, PROJECT PRESERVE WAS ABLE TO | |
| | RESPOND TO THE NEEDS OF FEEDING AMERICA NETWORK FOOD BANKS FOR DISASTER | |
| | RELIEF BY PROVIDING NEARLY 114,000 ASSEMBLED FOOD BOXES ACROSS SEVERAL | |
| | STATES FOR A TOTAL OF \$2.5 MILLION IN SALES. IN 2023, PROJECT PRESERVE | _ |
| 4c | (Code:) (Expenses \$ 11,039,467. including grants of \$) (Revenue \$ | |
| | THE MOBILE PANTRY PROGRAM REACHES NEARLY ALL OF SECOND HARVEST'S 46 | — ' |
| | COUNTIES AND IS A LARGE-SCALE, ONE-DAY DISTRIBUTION OF PERISHABLE AND | _ |
| | NON-PERISHABLE FOOD TO FAMILIES IN NEED. DURING THE YEAR ENDED JUNE 30, | |
| | 2024, MORE THAN 5.4 MILLION POUNDS OF FOOD WAS DISTRIBUTED THROUGH THIS | |
| | PROGRAM'S 226 EVENTS (MORE THAN 4.5 MILLION POUNDS AT 222 EVENTS IN | |
| | 2023). | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | Other program services (Describe on Schedule O.) | |
| | (Expenses \$ 5,779,699. including grants of \$ 1,465,593.) (Revenue \$) | |
| 4e | Total program service expenses 141,719,269. | |
| | Form 990 (2 | 023) |

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Form 990 (2023)

INC. Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|-----|-----|-------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | X | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | 37 | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | ٠,, |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X V |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | 446 | | x |
| 45 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b | | |
| 15 | | 15 | | x |
| 16 | foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | | |
| 10 | | 16 | | X |
| 17 | or for foreign individuals? <i>If</i> "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 10 | | |
| ., | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | Х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| .5 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |

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Form **990** (2023)

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| Pal | Critical Checklist of Required Schedules (continued) | | | |
|--------|---|---------|-----|-----------------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete | | | |
| | Schedule J | 23 | Х | 1 |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| ZTU | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | | 24a | | x |
| h | Schedule K. If "No," go to line 25a | 24b | | |
| | | 240 | | \vdash |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | ١ | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | <u> </u> |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 20 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | EI | | |
| 28 | | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | v |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | X | <u> </u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| 04 | | 34 | | x |
| 25.0 | Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | | X |
| | | 35a | | |
| D | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | $\vdash \vdash$ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | v |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u> </u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | | 1 |
| _ | Note: All Form 990 filers are required to complete Schedule O | 38 | X | <u> </u> |
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 54 | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| J | (gambling) winnings to prize winners? | 1c | Х | |
| 332004 | 4 12-21-23 | | | (2023) |
| | · ·= = · = · | | | () |

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

| | | | | Yes | No |
|--------|--|------------------------------|----------|-----|-----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a 16 | 6 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | าร? | 2b | Х | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | За | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | 0 | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | uthority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | ccount)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi | counts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | e organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | | | | |
| | were not tax deductible? | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | 37 |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices provided to the payor? | | | X |
| b | | | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | s required | _ | | . v |
| | to file Form 8282? | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | ۱., | | v |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or | | 7e 7f | | X |
| T | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 7g 7h | | |
| h 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations contribution of cars, boats, airplanes, or other vehicles, did the organizations contribution of cars, boats, airplanes, or other vehicles, did the organizations can be of cars, boats, airplanes, or other vehicles, did the organizations can be of cars, boats, airplanes, or other vehicles, did the organizations can be of cars, boats, airplanes, or other vehicles, did the organizations can be of cars, boats, airplanes, or other vehicles, did the organizations can be of cars, boats, airplanes, or other vehicles, did the organizations can be of cars, boats, airplanes, or other vehicles, did the organizations can be of cars, boats, airplanes, or other vehicles, did the organizations can be of cars, boats, airplanes, or other vehicles, did the organizations can be of cars, boats, airplanes, or other vehicles, did the organizations can be of cars, boats, and the organizations can be of cars, and the organization can be of | | /11 | | |
| 0 | | • | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| а | Did the agree with a supplied to a supplied to the distribution and a supplied to 10000 | | 9a | | |
| b | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | 0.0 | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | |
| а | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | |
| | amounts due or received from them.) | 11b | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | _ | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | |
| | organization is licensed to issue qualified health plans | 13b | 4 | | |
| | Enter the amount of reserves on hand | 13c | | | 37 |
| | | | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | 4- | | _ v |
| | excess parachute payment(s) during the year? | | 15 | | X |
| 16 | If "Yes," see the instructions and file Form 4720, Schedule N. | incomo? | 40 | | Х |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | income? | 16 | | Α. |
| 17 | If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac | ivities | | | |
| ., | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | 17 | | |
| | If "Yes," complete Form 6069. | | 17 | | |
| | | | | | |

332005 12-21-23

62-1049447

6 ans

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 27 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 27 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure TNList the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Own website X Upon request ___ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records HEATHER VERBLE, CFO - (615)329-3491

Form **990** (2023)

331

GREAT CIRCLE ROAD, NASHVILLE,

Form 990 (2023) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| (A) Name and title Name and title Name and title A verage hours per week (list any hours for related organizations below line) (I) NANCY KEIL PRESIDENT/CED (2) KIM MOLNAR (37.50) REPORTABLE WEEKEL (37.50) REPORTABLE (37.50) REPORTABLE (W2/1099-MISC) 1099-NEC) (W2/1099-MISC) 1099-NEC) (W2/1099-MISC) 1099-NEC) (W2/1099-MISC) 1099-NEC) (W2/1099-MISC) (W2/109-MISC) (W2/109-MISC) (W2/109-MISC) (W2/109-MISC) (W2/109-MISC) (W2/109-MISC) (W2/109-MISC) (W2/109-MISC) (W | Check this box if neither the organization ne | or any related | orga | niza | tion | con | nper | sate | ed any current officer, di | rector, or trustee. | |
|--|---|----------------|-------------------------------|---------|--------|----------------|-----------------|------|----------------------------|---------------------|---------------|
| Contraction than one books program should be reported by the program of the program should be related organizations from the organization from the organizations from the organizations (W-2/1099-MISC/ 1099-NEC) 1099-NEC | (A) | (B) | | | | | | (D) | (E) | (F) | |
| Nours per Nour | Name and title | Average | (do | | | | | one | Reportable | Reportable | Estimated |
| Comparison Com | | hours per | box, unless person is both an | | | | | n an | compensation | l ' | |
| NANCY KEIL 37.50 RESIDENT/CEO | | | _ | Cer an | lu a u | irector/truste | | iee) | | | |
| NANCY KEIL 37.50 RESIDENT/CEO | | 1 ' | irecto | | | | | | | | • |
| NANCY KEIL 37.50 RESIDENT/CEO | | | e or c | stee | | | sated | | | , | |
| NANCY KEIL 37.50 RESIDENT/CEO | | | truste | al trus | | yee | mper | | 1 | 1000 1120) | _ |
| NANCY KEIL 37.50 RESIDENT/CEO | | below | idual | tution | ъ | oldme | est co loyee | Je. | <u> </u> | | organizations |
| RESIDENT/CEO | | | Indiv | Instil | Offic | Key | High | Form | | | |
| C1 KIM MOLNAR CHIEF OPERATING OFFICER C2 C3 HEATHER VERBLE C37.50 CHIEF FINANCIAL OFFICER C4 ALLISON PARSONS (END 5/24) C5 KARYN THOMPSON C6 TACEY ALDERDICE C6 TACEY ALDERDICE C7 RICHARD BROWN C7 C8 C8 MICHAEL MICHLOWSKI C7 MICHAEL MICHLOWSKI C7 MICHAEL MICHLOWSKI C7 | | 37.50 | - | | | | | | | | |
| CHIEF OPERATING OFFICER 37.50 X 237,716. | | | | | X | | | | 343,757. | 0. | 36,561. |
| CHIEF FINANCIAL OFFICER | | 37.50 | - | | | | | | | | |
| CHIEF FINANCIAL OFFICER (4) ALLISON PARSONS (END 5/24) CHIEF DEVELOPMENT & MARKET (5) KARYN THOMPSON CFORMUNITY IMPACT CFORMUNITY CFOR | | | | | | X | | | 237,716. | 0. | 28,572. |
| CHIEF DEVELOPMENT & MARKET | | 37.50 | 1 | | | | | | | | |
| X | | | | | X | | | | 211,829. | 0. | 26,934. |
| Name | | 37.50 | | | | | | | 104 050 | | 04 04 = |
| VP OF HUMAN RESOURCES | | | | | | X | | | 181,960. | 0. | 24,215. |
| VP OF COMMUNITY IMPACT | | 37.50 | - | | | | | | 144 504 | • | 00 005 |
| VP OF COMMUNITY IMPACT X | | 25 50 | | | | | X | | 144,594. | 0. | 20,985. |
| SR DIRECTOR CORPORATE ENGA | , . , | 37.50 | - | | | | 7, | | 120 006 | 0 | 02 040 |
| SR DIRECTOR CORPORATE ENGA | | 27 50 | | | | | X | | 130,996. | 0. | 23,042. |
| Name | | 37.50 | - | | | | 7, | | 104 600 | 0 | 00 000 |
| DIR TECHNOLOGY | | 27 50 | | | | | X | | 124,688. | 0. | 28,222. |
| SR DIRECTOR PHILANTHROPY X 126,546. 0. 13,648. | | 37.50 | - | | | | 7. | | 100 042 | 0 | 00 271 |
| X 126,546. 0. 13,648. (10) JENNIFER PETERS 1.30 | | 27 50 | | | | | X | | 128,243. | 0. | 22,3/1. |
| 1.30 | | 37.50 | - | | | | 7. | | 106 546 | 0 | 12 640 |
| BOARD CHAIR | | 1 20 | | | | | <u> </u> | | 120,340. | 0. | 13,048. |
| Columbia | | 1.30 | v | | ~ | | | | _ | 0 | 0 |
| BOARD VICE CHAIR/TREASURER | | 1 30 | Δ | | ^ | | | | 0. | 0. | · · |
| (12) BRUCE ESWORTHY BOARD SECRETARY (13) MICHAEL JOHNSON (END 12/23) BOARD TREASURER X X 0. 0. 0. 0. 0. | | 1.50 | v | | v | | | | | 0 | n |
| BOARD SECRETARY X X X 0. 0. 0. (13) MICHAEL JOHNSON (END 12/23) 1.30 X X X 0. 0. 0. | | 1 30 | 77 | | | | | | 0. | 0. | _ |
| (13) MICHAEL JOHNSON (END 12/23) BOARD TREASURER X X 0. 0. 0. | | 1.50 | x | | x | | | | 0. | 0. | 0. |
| BOARD TREASURER X X 0. 0. 0. | | 1.30 | | | | | | | • | • | • |
| | | 1,30 | x | | x | | | | 0. | 0. | 0. |
| (14) DEREK SCHRAW 1.30 | | 1.30 | T- | | | | | | | | |
| | | | х | | | | | | 0. | 0. | 0. |
| (15) SONYA HOSTETLER 1.30 | (15) SONYA HOSTETLER | 1.30 | | | | | | | | | |
| | DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (16) MICHELLE BONNETT 1.30 | (16) MICHELLE BONNETT | 1.30 | | | | | | | | | |
| | DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (17) BRAD MARKS 1.30 | (17) BRAD MARKS | 1.30 | | | | | | | | | |
| | DIRECTOR | | Х | | | | | | 0. | 0. | 0. |

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Form **990** (2023)

<u> Page</u> **7**

INC.

| Form 990 (2023) INC • | | | | | | | | | 62-1049 | 44/ Page 8 |
|---|------------------------|---|--------------------------------------|---------|--------------|------------------------------|---------|---------------------------------|------------------------------|-----------------------|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average | (do | Position (do not check more than one | | | | nne | Reportable | Reportable | Estimated |
| | hours per | box, unless person is both an officer and a director/trustee) | | | | | n an | compensation | compensation | amount of |
| | week | | Cer an | u a u | recio | rrus | iee) | from | from related | other |
| | (list any hours for | recto | | | | | | the | organizations | compensation |
| | related | or di | tee | | | sated | | organization (W-2/1099-MISC/ | (W-2/1099-MISC/ 1099-NEC) | from the organization |
| | organizations | ruste | l trusi | | ee | ubeu | | 1099-NEC) | 1099-NEC) | and related |
| | below | dual t | ntiona | L | nploy | st cor | <u></u> | 1000 (420) | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | 0.9424.0 |
| (18) RYAN TABOR | 1.30 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (19) DAVE ALPERSON | 1.30 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (20) SUZANNE BUCHANAN | 1.30 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (21) GERARD BULLOCK | 1.30 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (22) LEE CUNNINGHAM | 1.30 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (23) DR. JULIANA OSPINA CANO | 1.30 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (24) TROY EDWARDS (END 3/24) | 1.30 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (25) LISA GARDI | 1.30 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (26) DWAYNE GREEN | 1.30 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,630,329. | 0. | 224,550. |
| c Total from continuation sheets to Pa | art VII, Section A | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | <u></u> | | | | | | 1,630,329. | 0. | 224,550. |
| 2 Total number of individuals (including | but not limited to th | 000 | licta | d ah | 00// |) wh | o re | ceived more than \$100 | 000 of reportable | |

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

| and organization: Hoport compensation for the daterial year charing with or with | ii tilo organization o tax your. | |
|--|----------------------------------|---------------------|
| (A) Name and business address | (B) Description of services | (C) Compensation |
| | Becompaint of convices | Compondation |
| ORORA PACKAGING SOLUTIONS/LANDSBERG | | |
| 25794 NETWORK PLACE, CHICAGO, IL 60673 | ASSEMBLY LABOR | 1,518,811. |
| C.H. ROBINSON COMPANY, INC. | | |
| PO BOX 9121, MINNEAPOLIS, MN 55480 | FREIGHT | 1,134,148. |
| AXLE LOGISTICS, LLC | | |
| 835 N. CENTRAL STREET, KNOXVILLE, TN 37917 | FREIGHT | 752,253. |
| RKD GROUP, LLC | | |
| PO BOX 9843595, DALLAS, TX 75284 | SOLICITATIONS | 538,526. |
| FINN PARTNERS | | |
| 301 EAST 57TH STREET, NEW YORK, NY 10022 | MEDIA | 453,389. |
| 2 Total number of independent contractors (including but not limited to those lister | d above) who received more than | |
| \$100,000 of compensation from the organization 22 | | |
| | | 000 |

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

14

Form 990 INC. 62-1049447

| Form 990 INC. | | | | | | | | | 62-104 | 7 = = 1 |
|--|---------------------|--|-----------------------|---------|--------------|------------------------------|--------|---------------------------------|-----------------|--------------------------|
| Part VII Section A. Officers, Directors, 1 | Trustees, Key Er | nplo | yee | s, ar | nd H | lighe | est (| Compensated Employe | ees (continued) | |
| (A) | (B) | | | ((| | | | (D) | (E) | (F) |
| Name and title | Average | | | Posi | ition | | | Reportable | Reportable | Estimated |
| | hours | (c | check all that | | | | | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week | _ | | | | loyee | | the | organizations | compensation |
| | (list any hours for | lirecto | | | | l em p | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | related | e or c | stee | | | satec | | (88-2/1099-181130) | | and related |
| | organizations | truste | al trus | | yee | m per | | | | organizations |
| | below | Individual trustee or director | Institutional trustee | ь | Key employee | Highest compensated employee | er | | | 9 |
| | line) | Indiv | Instit | Officer | Key 6 | High | Former | | | |
| (27) WADE HUNT | 1.30 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 . |
| (28) JEROME KATZ | 1.30 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (29) KIM LESS | 1.30 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 . |
| (30) RUZA SHELLAWAY | 1.30 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 . |
| (31) TUWISHA ROGERS | 1.30 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (32) BROOKE BAIRD SMITH | 1.30 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (33) CATHY SPENCER | 1.30 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (34) KATELYN SPIVEY (END 3/24) | 1.30 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (35) UTE STRAND | 1.30 | 1 | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (36) FINIS STRIBLING, III | 1.30 | l | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| (37) CARMAN WENKOFF | 1.30 | l | | | | | | | | |
| DIRECTOR | 1 20 | Х | | | | | | 0. | 0. | 0 |
| (38) NANCY YOUSSEF | 1.30 | | | | | | | | • | |
| DIRECTOR | 1 20 | Х | | | | | | 0. | 0. | 0 |
| (39) SHAWN WILLIAMS | 1.30 | ٠,, | | | | | | | _ | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0 |
| | | 1 | | | | | | | | |
| | | | | | | | | | | |
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| | | 1 | | | | | | | | |
| | 1 | 1 | | | | | 1 | 1 | | |

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1a Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues 378,023. c Fundraising events 1c d Related organizations 1d 21201729. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 74295619. similar amounts not included above ... 1f 72395857 **q** Noncash contributions included in lines 1a-1f 95875371. h Total. Add lines 1a-1f **Business Code** 52554375. 52554375. 624200 2 a PROJECT PRESERVE PROGR Program Service Revenue **b AGENCY PROVISIONS** 624200 405,665. 405,665. c OTHER INCOME 624200 41,586. 41,586. f All other program service revenue 53001626. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1379281 1,379,281 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of _{7a}17871368 52,446. assets other than inventory b Less: cost or other basis 7ь 18196664 41,448. and sales expenses Other Revenue 10,998. -314,298. 314,298. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$378,023. of contributions reported on line 1c). See 8a 263,705. Part IV, line 18 вь 173,459. **b** Less: direct expenses 90,246. 90,246. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 150032226. 53001626. 1155229. **12 Total revenue**. See instructions

332009 12-21-23

Form **990** (2023)

Part IX Statement of Functional Expenses

| | on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon | | this Part IX | | |
|----------|---|------------------------|------------------------------------|-------------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 \dots | 70,815,405. | 70,815,405. | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 1,313,990. | 1,313,990. | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 1,113,292. | 603,688. | 175,096. | 334,508 |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 7,890,941. | 5,834,402. | 464,559. | 1,591,980 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 392,199. | 293,621. | 20,732. | 77,846 271,410 |
| 9 | Other employee benefits | 1,319,848. | 932,350. | 116,088. | |
| 0 | Payroll taxes | 618,979. | 446,776. | 42,608. | 129,595 |
| 1 a | Fees for services (nonemployees): Management | | | | |
| b | Legal | 110 / 5/ | | 110 454 | |
| | Accounting | 112,454. | | 112,454. | |
| | Lobbying | 07/ 775 | | | 874,775 |
| e | Professional fundraising services. See Part IV, line 17 | 874,775. 45,456. | | 45,456. | 0/4,//3 |
| f | Investment management fees | 45,450. | | 45,450. | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 531,832. | 347,822. | 106,629. | 77,381 |
| 0 | column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion | 34,736. | | 7,246. | 15,567 |
| 2 | | 1,559,501. | 535,830. | 274,727. | 748,944 |
| ა 4 | Office expenses | 115,563. | 59,386. | 14,300. | 41,877 |
| 5 | Royalties | 113,303. | 33,300. | 11,500. | 41,011 |
| 16 | Occupancy | 2,342,144. | 2,069,681. | 47,202. | 225,261 |
| 7 | Travel | 98,719. | 65,136. | 21,486. | 12,097 |
| 8 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 3077230 | 00/1000 | 21,1000 | 127037 |
| 9 | Conferences, conventions, and meetings | 00.600 | | 00.600 | |
| 20 | Interest | 90,600. | | 90,600. | |
| 21 | Payments to affiliates | 1 200 020 | 1 207 076 | 20 012 | /1 7FA |
| 2 | Depreciation, depletion, and amortization | 1,288,039. 387,462. | 1,207,076. 350,701. | 39,213. 18,083. | 41,750 18,678 |
| :3 :4 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | 307,402. | 330,701. | 10,003. | 10,0/0 |
| а | FOOD SUPPLIES & DISTRIB | 53,271,139. | 53,229,976. | 32,709. | 8,454 |
| b | PRODUCT TRANSPORTATION | 3,270,543. | 3,270,543. | | |
| С | CONTRACT LABOR | 332,905. | 330,963. | 663. | 1,279 |
| d | NATIONAL NETWORK DUES | 20,895. | | 20,895. | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 147,841,417. | 141,719,269. | 1,650,746. | 4,471,402 |
| 26 | Joint costs . Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | 5 QQQ (00 |

Form **990** (2023)

62-1049447 Page **11**

| Part | A | Balance Sneet | | | |
|--------|----------|--|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 5,746,096. | 1 | 5,958,817 |
| | 2 | Savings and temporary cash investments | 11,943,993. | 2 | 13,595,289 |
| | 3 | Pledges and grants receivable, net | 4,374,890. | 3 | 6,536,365 |
| | 4 | Accounts receivable, net | 3,355,150. | 4 | 3,279,168 |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| ا ب | 7 | Notes and loans receivable, net | | 7 | |
| 222612 | 8 | Inventories for sale or use | | 8 | |
| ₹ | 9 | Prepaid expenses and deferred charges | 57,964. | 9 | 234,279 |
| 1 | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 29,496,204. | | | |
| | b | Less: accumulated depreciation 10b 13,147,928. | 17,189,032. | 10c | 16,348,27 |
| 1 | 11 | Investments - publicly traded securities | 20,980,895. | 11 | 23,712,62 |
| 1 | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| 1 | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| 1 | 14 | Intangible assets | | 14 | |
| 1 | 15 | Other assets. See Part IV, line 11 | 8,137,919. | 15 | 11,197,57 |
| _ 1 | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 71,785,939. | 16 | 80,862,39 |
| 1 | 17 | Accounts payable and accrued expenses | 3,629,643. | 17 | 4,294,40 |
| 1 | 18 | Grants payable | | 18 | |
| 1 | 19 | Deferred revenue | 1,161,143. | 19 | 1,937,04 |
| 2 | 20 | Tax-exempt bond liabilities | | 20 | |
| 2 | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| 2 | 22 | Loans and other payables to any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 22 | |
| 2 | 23 | Secured mortgages and notes payable to unrelated third parties | 2,608,063. | 23 | 2,560,50 |
| 2 | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 2 | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | 539,129. | 25 | 3,384,31 |
| 2 | 26 | Total liabilities. Add lines 17 through 25 | 7,937,978. | | 12,176,26 |
| | | Organizations that follow FASB ASC 958, check here | | | |
| | | and complete lines 27, 28, 32, and 33. | | | |
| 2 | 27 | Net assets without donor restrictions | 60,338,281. | 27 | 65,899,29 |
| 2 | 28 | Net assets with donor restrictions | 3,509,680. | 28 | 2,786,82 |
| | | Organizations that do not follow FASB ASC 958, check here | | | |
| | | and complete lines 29 through 33. | | | |
| 2 | 29 | Capital stock or trust principal, or current funds | | 29 | |
| 3 | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| з | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| . | 32 | Total net assets or fund balances | 63,847,961. | 32 | 68,686,12 |
| - 1 | 33 | Total liabilities and net assets/fund balances | 71,785,939. | 33 | 80,862,39 |
| | | Total machines delice total delice faired better 1000 | . = , , | | Form 990 (|

| | reconditation of Net Assets | | | | | | |
|----|--|---------|---------|------|-----|------------|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | | | |
| | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 0,03 | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | ,84 | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 1,19 | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | 8,84 | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 2 | ,64 | 7,3 | <u>57.</u> | |
| 6 | Donated services and use of facilities | 6 | | | | | |
| 7 | Investment expenses | 7 | | | | | |
| 8 | Prior period adjustments | 8 | | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | | 0. | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | | |
| | column (B)) | 10 | 68 | ,68 | 6,1 | 27. | |
| Pa | rt XII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | | X | |
| | | | | | Yes | No | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Х | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | |
| | consolidated basis, or both: | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | Х | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule C |). | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | За | Х | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | Х | | |
| | | | | Form | 990 | (2023) | |

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

SECOND HARVEST FOOD BANK OF MIDDLE TN, **Employer identification number** Name of the organization INC 62-1049447 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

INC.

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

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

| Sec | tion A. Public Support | | | | | | |
|-------|---|-----------------------|----------------------|-----------------------|----------------------------|---------------------|------------------|
| Calei | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 70520081. | 100352622 | 87243747. | 88701167. | 95875371. | 442692988 |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 70520081. | 100352622 | 87243747. | 88701167. | 95875371. | 442692988 |
| | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 50429000. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 392263988 |
| | tion B. Total Support | | | | | | _ |
| Calei | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 4 | 70520081. | | | | | |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 43,485. | 98,946. | 567,020. | 986,218. | 1379281. | 3074950. |
| 9 | Net income from unrelated business | , | • | , | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | 30,687. | 20,918. | | 90,246. | 141,851. |
| 10 | Other income. Do not include gain | | - | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 80,538. | | | | | 80,538. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 445990327 |
| 12 | Gross receipts from related activities, | etc. (see instruction | ns) | | | 12 230 | ,424,567. |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fir | st, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) | |
| | organization, check this box and stop | here | | | ••••• | | |
| Sec | tion C. Computation of Publi | | | | | | |
| 14 | Public support percentage for 2023 (I | ine 6, column (f), d | ivided by line 11, o | column (f)) | | 14 | 87 . 95 % |
| 15 | Public support percentage from 2022 | Schedule A, Part | II, line 14 | | | 15 | 84.99 % |
| 16a | 33 1/3% support test - 2023. If the | organization did no | t check the box or | n line 13, and line | 14 is 33 1/3% or m | ore, check this bo | |
| | $\ensuremath{\mathbf{stop}}$ here. The organization qualifies | as a publicly suppo | orted organization | | | | X |
| b | 33 1/3% support test - 2022. If the | | | | | | |
| | and stop here. The organization qual | ifies as a publicly s | upported organiza | ation | | | |
| 17a | 10% -facts-and-circumstances test | - 2023. If the org | anization did not d | check a box on line | e 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization | | | | | | |
| | meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | | | | | |
| b | 10% -facts-and-circumstances test | - 2022. If the org | anization did not d | check a box on line | e 13, 16a, 16b, or 1 | 17a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne facts-and-circum | stances test, che | ck this box and st | top here. Explain i | n Part VI how the | |
| | organization meets the facts-and-circle | umstances test. Th | e organization qua | alifies as a publicly | supported organiz | zation | |
| 18 | Private foundation. If the organization | n did not check a l | oox on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | | /Form 000) 2003 |

INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Se | ction A. Public Support | | | | | | |
|------|--|----------|-----------------|--------------------|----------|-----------------|---------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 78 | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the | | | | | | |
| | amount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | Т | T | T | 1 | T | 1 |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included on line 10b, | | | | | | |
| | whether or not the business is | | | | | | |
| 10 | regularly carried on Other income. Do not include gain | | | | | | |
| 12 | or loss from the sale of capital | | | | | | |
| 40 | assets (Explain in Part VI.) | | | | - | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | | | | <u> </u> | 04(-)(0) - : :: | |
| 14 | First 5 years. If the Form 990 is for the | • | | • | • | | |
| Se | check this box and stop here ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2023 (I | | | column (fl) | | 15 | % |
| | Public support percentage from 2022 | , (,, | , | | | 16 | <u>%</u> % |
| | ction D. Computation of Inves | | | | | , 10 | 70 |
| | Investment income percentage for 20 | | | ne 13. column (f)) | | 17 | % |
| | Investment income percentage from | | | | | 18 | <u> </u> |
| | 33 1/3% support tests - 2023. If the | | | | | | |
| | more than 33 1/3%, check this box ar | | | | | | |
| b | 33 1/3% support tests - 2022. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation If the organization | | | | | | |

332023 12-21-23

Schedule A (Form 990) 2023

INC.

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
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| | 10b | | |
| ule | A (Forn | n 990) | 2023 |

332024 12-21-23

| Pa | rt IV Supporting Organizations _(continued) | | | |
|--------|--|-----------|-----|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 a | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below. |). | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> . | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | struction | ne) | |
| 2 | Activities Test. Answer lines 2a and 2b below. | Struction | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| - | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | | 2a | | |
| b | that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | Lu | | |
| J | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | 2b | | |
| 2 | these activities but for the organization's involvement. Perent of Supported Organizations. Answer lines 3a and 3h below. | 20 | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| а | | 2- | | |
| I. | trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. | 3a | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 26 | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

62-1049447 Page 6

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | ng Organi: | zations | | | |
|------|---|-----------------|--------------------------|--------------------------------|--|--|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. | | | | | |
| | All other Type III non-functionally integrated supporting organizations mus | | • | T | | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | | |
| 1 | Net short-term capital gain | 1 | | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | | |
| 3 | Other gross income (see instructions) | 3 | | | | |
| 4 | Add lines 1 through 3. | 4 | | | | |
| 5 | Depreciation and depletion | 5 | | | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | | | |
| | collection of gross income or for management, conservation, or | | | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | | | |
| 7 | Other expenses (see instructions) | 7 | | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | | |
| | instructions for short tax year or assets held for part of year): | | | | | |
| a | Average monthly value of securities | 1a | | | | |
| | Average monthly cash balances | 1b | | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | | |
| e | Discount claimed for blockage or other factors | | | | | |
| | (explain in detail in Part VI): | | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | |
| 3 | Subtract line 2 from line 1d. | 3 | | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | | | |
| | see instructions). | 4 | | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | |
| 6 | Multiply line 5 by 0.035. | 6 | | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | |
| Sect | ion C - Distributable Amount | | | Current Year | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | | |
| 2 | Enter 0.85 of line 1. | 2 | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | |
| | emergency temporary reduction (see instructions). | 6 | | | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ally integrated | Type III supporting orga | anization (see | | |
| | instructions) | 5 | | • | | |

Schedule A (Form 990) 2023

SECOND HARVEST FOOD BANK OF MIDDLE TN, 62-1049447 Page 7 INC. Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 **a** From 2018 **b** From 2019 **c** From 2020 **d** From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c.

Schedule A (Form 990) 2023

8 Breakdown of line 7:
 a Excess from 2019
 b Excess from 2020
 c Excess from 2021
 d Excess from 2022
 e Excess from 2023

SECOND HARVEST FOOD BANK OF MIDDLE TN,

| Schedule A | (Form 990) 2023 | INC. | 62-1049447 Page |
|------------|--|--|---|
| Part VI | Supplementa Part IV, Section A line 1; Part IV, Se | A, lines 1, 2, 3b, 3c, ction D, lines 2 and 5, 6, and 8; and Par | Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 13; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, t V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. |
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32028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

| Name of the organization | | | | | Employer identification number |
|--------------------------------|--------------|---------|--------|-----|--------------------------------|
| SECOND | HARVEST FOOD | BANK OF | MIDDLE | TN, | |
| INC. | | | | | 62-1049447 |
| Organization type (check one): | | | | | |

| Filers of: | | Section: |
|------------|---|--|
| Form 990 | or 990-EZ | \boxed{X} 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 |
| | | |
| | - | covered by the General Rule or a Special Rule. (), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. |
| General l | Rule | |
| | • | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. |
| Special F | Rules | |
| : | sections 509(a)(1) a contributor, during t | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II. |
| | contributor, during t literary, or education | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, hal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III. |
| | year, contributions of the checked, enter he purpose. Don't com | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \$ |
| answer "I | No" on Part IV, line 2 | It isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990). |

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Doga 2

Name of organization
SECOND HARVEST FOOD BANK OF MIDDLE TN,

Employer identification number

62-1049447

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed. | |
|------------|---|-------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$ 8,699,285. | Person X Payroll X Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | Name, address, and ZIF + + | \$3,459,792. | Person X Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | | \$1,759,028. | Person X Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. 4 | Name, address, and ZIP + 4 | \$ 2,131,991. | Person Payroll Complete Part II for noncash contributions. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | Tunio, addi 655, dila Eli TT | \$ 2,609,999. | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | Name, audiess, and ZIF + 4 | \$ <u>17,457,994.</u> | Person X Payroll Noncash X (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

SECOND HARVEST FOOD BANK OF MIDDLE TN,

62-1049447

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed. | |
|------------|---|----------------------------|--|
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 7 | | \$ <u>1,476,672</u> . | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 8 | | \$ <u>1,883,687</u> . | Person X Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | | \$ 1,472,509. | Person X Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Person Payroll Complete Part II for noncash contributions. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Complete Part II for noncash contributions.) |

Name of organization

SECOND HARVEST FOOD BANK OF MIDDLE TN,

INC.

Employer identification number

62-1049447

| Part II | Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. | | | | | |
|------------------------------|---|---|----------------------|--|--|--|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| 1 | 4,204,937 LBS OF FOOD | | | | | |
| | | \$ 8,283,725. | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| 2 | 1,634,730 LBS OF FOOD | | | | | |
| | | \$ 3,220,418. | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| 3 | 839,573 LBS OF FOOD | | | | | |
| | | \$ <u>1,653,959</u> . | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| 4 | 1,082,229 LBS OF FOOD | | | | | |
| | | \$2,131,991. | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| 5 | 1,324,872 LBS OF FOOD | | | | | |
| | | \$ 2,609,999. | | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received | | | |
| 6 | TEFAP COMMODITIES | | | | | |
| | | \$ <u>13,804,071.</u> | | | | |

Name of organization

SECOND HARVEST FOOD BANK OF MIDDLE TN,
INC.

62-1049447

| Part II | Noncash Property (see instructions). Use duplicate copies of P | 'art II if additional space is needed. | |
|------------------------------|--|---|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | 951,009 LBS OF FOOD | | |
| 8 | | | |
| | | \$\$,873,487. | |
| (a) | | (c) | |
| No. from Part I | (b) Description of noncash property given | FMV (or estimate) (See instructions.) | (d) Date received |
| | CSFP COMMODITIES | | |
| 9 | | | |
| | | \$\$. | |
| (a) No. | (b) | (c) | (d) |
| from Part I | Description of noncash property given | FMV (or estimate) (See instructions.) | Date received |
| | | _ | |
| | | | |
| | | \ | |
| (a) No. from | (b) Description of noncash property given | (c) FMV (or estimate) | (d) Date received |
| Part I | | (See instructions.) | |
| | | _ | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| arti | | | |
| | | <u> </u> | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | - | | |
| | | <u> </u> | |
| | | | |

Employer identification number

Name of organization

SECOND HARVEST FOOD BANK OF MIDDLE TN, INC. 62-1049447 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

Department of the Treasury

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Insp.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

| | Section 501(c)(4), (5), or (6) organizat | ions: Complete Part III. | | | |
|---------------|--|--|--|---|---|
| Nan | ne of organization SECOND | HARVEST FOOD BAN | K OF MIDDLE | TN, Emp | loyer identification number |
| | INC. | | | | 62-1049447 |
| Pa | art I-A Complete if the org | anization is exempt und | ler section 501(c) | or is a section 527 or | ganization. |
| 2 | Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai | ures | | | |
| Pa | art I-B Complete if the org | anization is exempt und | ler section 501(c)(| 3). | |
| 1 2 3 4a t Pa | Enter the amount of any excise tax Enter the amount of any excise tax If the organization incurred a sectio a Was a correction made? of If "Yes," describe in Part IV. art I-C Complete if the org Enter the amount directly expended Enter the amount of the filling organ | incurred by the organization unincurred by organization managen 4955 tax, did it file Form 4720 anization is exempt und by the filing organization for seization's funds contributed to organization. Add lines 1 and 2. Enter here an anization for this year? Include the filing organization for seization's funds contributed to organization for the filing organization for seization's funds contributed to organization for the filing organization for t | der section 4955 ders under section 4955 for this year? ler section 501(c), ection 527 exempt funct ther organizations for section 500 for se | except section 501(ction activities section 527 | Yes No Yes No Yes No No Yes No N |
| | political action committee (PAC). If | | | • | te segregated fund or a |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

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

Schedule C (Form 990) 2023

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| Schedule C (Form 990) 2023 | INC. | | | == ./ \/s: | <u>62-3</u> | 1049447 Page 2 |
|---|--------------|---------------------------------------|----------------------------------|------------------------------|--|-----------------------------|
| Part II-A Complete if the org | ganizatio | n is exer | npt under sectio | on 501(c)(3) and file | d Form 5768 (el | ection under |
| A Check if the filing organize | | • | • | in Part IV each affiliated (| group member's nam | ne, address, EIN, |
| expenses, and sha | | , , | . , | | | |
| B Check if the filing organize | ation check | red box A ar | nd "limited control" p | rovisions apply. | | |
| | | bying Expe leans amou | nditures nts paid or incurred | l.) | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to inf | luence pub | lic opinion (| grassroots lobbying) | | | |
| b Total lobbying expenditures to inf | luence a leç | gislative boo | ly (direct lobbying) | | | |
| c Total lobbying expenditures (add | lines 1a and | d 1b) | | | | |
| d Other exempt purpose expenditur | | | | | | |
| e Total exempt purpose expenditure | | | | | | |
| f Lobbying nontaxable amount. Ent | | | | | | |
| If the amount on line 1e, column (a) | | | bying nontaxable ar | | | |
| not over \$500,000, | , , | 20% of | the amount on line 1 | э. | | |
| over \$500,000 but not over \$1,00 | 0,000, | | 00 plus 15% of the ex | | | |
| over \$1,000,000 but not over \$1,5 | | . , | • | cess over \$1,000,000. | | |
| over \$1,500,000 but not over \$17 | | | 00 plus 5% of the exc | | | |
| over \$17,000,000, | , , , | \$1,000, | • | . , , | | |
| g Grassroots nontaxable amount (er | nter 25% of | · · · · · · · · · · · · · · · · · · · | | • | | |
| h Subtract line 1g from line 1a. If ze | | ntor O | | | | |
| i Subtract line 1f from line 1c. If zer | | | | | | |
| i If there is an amount other than ze | • | | | • | | • |
| reporting section 4911 tax for this | _ | | , | | | Yes No |
| | , j = | | eraging Period Unde | | | |
| (Some organizations | | a section 5 | | t have to complete all o | f the five columns b | elow. |
| | Lobi | bying Expe | nditures During 4-Ye | ear Averaging Period | | _ |
| Calendar year (or fiscal year beginning in) | (a) | 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | |
| c Total lobbying expenditures | | | | | | |
| d Grassroots nontaxable amount | | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | |
| f Grassroots Johnving expenditures | | | | | | |

Schedule C (Form 990) 2023

62-1049447 Page 3

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

| or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | (; | a) | (k | o) |
|---|---|---|-------------|-------|
| the lobbying activity. | ty. Yes | | | |
| During the year, did the filing organization attempt to influence foreign, national, state, or | | | | |
| local legislation, including any attempt to influence public opinion on a legislative matter | | | | |
| or referendum, through the use of: | | | | |
| a Volunteers? | X | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | X | | |
| c Media advertisements? | | X | | |
| d Mailings to members, legislators, or the public? | | X | | |
| e Publications, or published or broadcast statements? | | X | | |
| f Grants to other organizations for lobbying purposes? | | X | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | | |
| i Other activities? | | X | | |
| j Total. Add lines 1c through 1i | | | | (|
| 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? | | X | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | <u> </u> | 1 | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6). | ion 501(c)(| b), or sec | ction | |
| 551(5)(5). | | | Yes | No |
| | | | | |
| Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | ı |
| , | | | | |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from Complete if the organization is exempt under section 501(c)(4), sect | the prior year | 2 ? 3 5), or sec | | 3, is |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from cart III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | the prior year ion 501(c)(d "No" OR | 2 ? 3 5), or sec (b) Part | | 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members | the prior year ion 501(c)(d | 2 ? 3 5), or sec (b) Part | | 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members | the prior year ion 501(c)(d | 2 ? 3 5), or sec (b) Part | | 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from Dart III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). | the prior year ion 501(c)(d d "No" OR | 2 ? 3 5), or sec (b) Part | | 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). Current year | the prior year ion 501(c)(d d "No" OR itical | 2 3 5), or sec (b) Part | | 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). Current year Carryover from last year | the prior year ion 501(c)(d d "No" OR | 2 3 5), or sec (b) Part | | 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total | the prior year ion 501(c)(d d "No" OR | 2 3 55), or see (b) Part 1 2a 2b 2c | | 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year | the prior year ion 501(c)(d d "No" OR itical | 2 3 55), or see (b) Part 1 2a 2b 2c | | 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). Current year Carryover from last year | the prior year ion 501(c)(c) d "No" OR itical | 2 3 55), or see (b) Part 1 2a 2b 2c | | 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the expenses is a section 162(e) and political expenditures (do not include amounts of pol expenses for which the section 527(f) tax was paid). | the prior year ion 501(c)(c) d "No" OR itical | 2 3 55), or see (b) Part 1 2a 2b 2c | | 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues lf notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditures next year? Taxable amount of lobbying and political expenditures. See instructions | the prior year ion 501(c)(c) d "No" OR itical | 2 3 5), or sec (b) Part 1 2a 2b 2c 3 | | 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditures next year? | the prior year ion 501(c)(c) d "No" OR itical | 2 3 5), or see (b) Part 1 2a 2b 2c 3 | | 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from till-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues lf notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditures next year? Taxable amount of lobbying and political expenditures. See instructions | the prior year ion 501(c)(i d "No" OR itical xcess | 2 3 5), or see (b) Part 2 2a 2b 2c 3 | III-A, line | 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political expenditures and 2, are answered answere | the prior year ion 501(c)(c) d "No" OR itical xcess I political up list); Part II- | 2 3 5), or sec (b) Part 2 2 2 2 3 3 4 5 5 | and 2 (see | 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditures next year? Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grostructions); and Part II-B, line 1. Also, complete this part for any additional information. ART II-B, LINE 1, LOBBYING ACTIVITIES: | the prior year ion 501(c)(c) d "No" OR itical xcess I political up list); Part II. | 2 3 5), or see (b) Part 1 2a 2b 2c 3 4 5 A, lines 1 a | and 2 (see | 3, is |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditures next year? Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grostructions); and Part II-B, line 1. Also, complete this part for any additional information. ART II-B, LINE 1, LOBBYING ACTIVITIES: OBBYING ACTIVITES CONSIST PRIMARILY OF GETTING THE SECONSIST PRIMARIL | the prior year ion 501(c)(c) d "No" OR itical xcess I political up list); Part II. | 2 3 5), or see (b) Part 1 2a 2b 2c 3 4 5 A, lines 1 a | and 2 (see | 3, is |

Schedule C (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

SECOND HARVEST FOOD BANK OF MIDDLE TN, INC.

Employer identification number 62-1049447

| Pai | Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the | | | | | | | |
|-----|--|--|--------------------------------------|--|--|--|--|--|
| | organization answered "Yes" on Form 990, Part IV, lir | (a) Donor advised funds | (b) Funds and other accounts | | | | | |
| 1 | Total number at and of year | (a) Borior advised funds | (b) i dilas ana otner accounts | | | | | |
| 2 | Total number at end of year | | | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | | | |
| 4 | Aggregate value at end of year | | | | | | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advis | sed funds | | | | | |
| Ū | are the organization's property, subject to the organization's | - | | | | | | |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | | | | |
| • | for charitable purposes and not for the benefit of the donor of | | | | | | | |
| | | | | | | | | |
| Par | | | | | | | | |
| 1 | Purpose(s) of conservation easements held by the organizati | on (check all that apply). | | | | | | |
| | Preservation of land for public use (for example, recrea | ation or education) Preservation of | f a historically important land area | | | | | |
| | Protection of natural habitat | Preservation of | f a certified historic structure | | | | | |
| | Preservation of open space | | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contribution in the form | | | | | | |
| | day of the tax year. | | Held at the End of the Tax Year | | | | | |
| а | Total number of conservation easements | | 2a | | | | | |
| b | Total acreage restricted by conservation easements | | | | | | | |
| | Number of conservation easements on a certified historic str | | 2c | | | | | |
| d | Number of conservation easements included on line 2c acqu | | | | | | | |
| | on a historic structure listed in the National Register | | | | | | | |
| 3 | Number of conservation easements modified, transferred, re- | leased, extinguished, or terminated by the | e organization during the tax | | | | | |
| | year | | | | | | | |
| 4 | Number of states where property subject to conservation ear | | | | | | | |
| 5 | Does the organization have a written policy regarding the per | | □ v _{ee} □ Ne | | | | | |
| 6 | violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting, | | | | | | | |
| U | Stan and volunteer riours devoted to monitoring, inspecting, | Transing of violations, and emorcing con | servation easements during the year | | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conserva | ation easements during the year | | | | | |
| - | 3, | | , | | | | | |
| 8 | Does each conservation easement reported on line 2d above | e satisfy the requirements of section 170(l | n)(4)(B)(i) | | | | | |
| | | | | | | | | |
| 9 | In Part XIII, describe how the organization reports conservati | on easements in its revenue and expense | statement and | | | | | |
| | balance sheet, and include, if applicable, the text of the footr | note to the organization's financial statem | ents that describes the | | | | | |
| | organization's accounting for conservation easements. | | | | | | | |
| Par | t III Organizations Maintaining Collections of | | ther Similar Assets. | | | | | |
| | Complete if the organization answered "Yes" on Form | n 990, Part IV, line 8. | | | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 58, not to report in its revenue statement | and balance sheet works | | | | | |
| | of art, historical treasures, or other similar assets held for pul | blic exhibition, education, or research in f | urtherance of public | | | | | |
| | service, provide in Part XIII the text of the footnote to its financial statements that describes these items. | | | | | | | |
| b | If the organization elected, as permitted under FASB ASC 95 | - | | | | | | |
| | art, historical treasures, or other similar assets held for public | e exhibition, education, or research in furt | herance of public service, | | | | | |
| | provide the following amounts relating to these items. | | | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | | | | |
| | | | | | | | | |
| 2 | If the organization received or held works of art, historical tre | | al gain, provide | | | | | |
| | the following amounts required to be reported under FASB A | | • | | | | | |
| | Revenue included on Form 990, Part VIII, line 1 | | | | | | | |
| | Assets included in Form 990, Part X | | | | | | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions | 5 IUI FUIII 99U. | Schedule D (Form 990) 2023 | | | | | |

332051 09-28-23

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

| Par | t III Orga | anizations Maintaining C | ollections of Art | t, Histo | orical Tre | asures, o | r Other | Similar | Assets | (contii | nued) | |
|--------|---|---------------------------------------|--------------------------------|------------------|----------------------|----------------|--------------|-----------------------|------------------|---------------------|----------|-------------|
| 3 | 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its | | | | | | | | | | | |
| | collection ite | ms (check all that apply). | | | | | | | | | | |
| а | Public | exhibition | d | | Loan or excl | hange progra | am | | | | | |
| b | Schola | rly research | е | | Other | | | | | | | |
| С | Preser | vation for future generations | | | | | | | | | | |
| 4 | Provide a des | scription of the organization's co | ollections and explain | how th | ey further th | e organizatio | on's exem | pt purpos | se in Part | XIII. | | |
| 5 | During the ye | ear, did the organization solicit o | r receive donations o | of art, his | storical treas | sures, or othe | er similar a | assets | | | | |
| | | raise funds rather than to be ma | | | | | | | | Yes | | No_ |
| Par | t IV Escr | ow and Custodial Arran | gements Complet | te if the | organization | answered " | Yes" on F | orm 990, | Part IV, li | ne 9, or | | |
| | report | ted an amount on Form 990, Pa | rt X, line 21. | | | | | | | | | |
| 1a | Is the organiz | zation an agent, trustee, custodi | an, or other intermed | liary for | contribution | s or other as | sets not i | ncluded | | _ | | _ |
| | | , Part X? | | | | | | | L | Yes | | No |
| b | If "Yes," expl | ain the arrangement in Part XIII | and complete the fol | lowing t | able: | | | | | | | |
| | | | | | | | | | | Amoun | t | |
| С | Beginning ba | alance | | | | | | 1c | | | | |
| | | ring the year | | | | | | | | | | |
| е | | during the year | | | | | | | | | | |
| f | | ice | | | | | | 1f | | | | |
| | • | nization include an amount on F | | | | | | y? | L | Yes | | _ No |
| | | ain the arrangement in Part XIII. | | | | | | | | | | |
| Par | t V End | owment Funds Complete if | | | | | | | | l , , , , | | |
| | | | (a) Current year | | Prior year | (c) Two year | rs back (| d) Three y | ears back | (e) Fou | r years | back |
| 1a | | year balance | 14,553,146. | 13 | ,098,672. | 45.00 | | | | | | |
| b | | s | 2 121 522 | | 500 016 | 15,802 | | | | | | |
| С | | ent earnings, gains, and losses | 2,121,633. | 1 | ,502,046. | -2,646 | 5,872. | | | | | |
| d | Grants or sch | | | | | | | | | | | |
| е | • | ditures for facilities | | | | | | | | | | |
| _ | and program | | 25 110 | | 47 570 | F. | 6 054 | | | | | |
| f | | re expenses | 35,119. | 1.4 | 47,572. ,553,146. | | 6,854. | | | | | |
| g | End of year b | | 16,639,660. | | - | | 0,072. | | | | | |
| 2 | | estimated percentage of the curr | | | g, column (a) |) neld as: | | | | | | |
| | | nated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent e | | % | | | | | | | | | |
| С | Term endow | | % | | | | | | | | | |
| 20 | | ages on lines 2a, 2b, and 2c sho | | tion that | t ara bald an | d administar | ad for the | | | | | |
| Sa | organization | dowment funds not in the posse | SSION OF THE Organiza | lion ina | t are rielu ari | iu auministei | eu ioi tile | , | | | Yes | No |
| | - | | | | | | | | | 3a(i) | | X |
| | • • | • | | | | | | | | 3a(ii) | | X |
| h | | ne 3a(ii), are the related organiza | | | | | | | | 3b | | |
| 4 | | Part XIII the intended uses of the | • | | | | | | | CD | | |
| Par | | d, Buildings, and Equipm | | WITHOUT I | urido. | | | | | | | |
| | | plete if the organization answere | | , Part IV | , line 11a. S | ee Form 990 | , Part X, li | ne 10. | | | | |
| | Des | scription of property | (a) Cost or o | | (b) Cost basis (| | | cumulate reciation | ed | (d) Boo | k valu | ie |
| 1- | Lond | | | 101119 | | 4,586. | uep | . JOIGHOIT | | 1,41 | 4 5 | 86 |
| | | | | | | 8,984. | 6 3 | 66,3 | 70. 1 | $\frac{1,41}{3,32}$ | | |
| | | nprovements | | | 10,00 | <u> </u> | 0,3 | 55,5 | , , , , , | 5,54 | _, 0 | |
| | | | | | 8 २० | 2,634. | 6 7 | 81,5 | 58. | 1,61 | 1 0 | 76. |
| | | | | | 0,33 | 2,054 | <u> </u> | <u>J</u> + , J | | <u> </u> | <u> </u> | <i>,</i> |
| | | through 1e. <i>(Column (d) must e</i> | | V line 1 | 00 001:: | /D)) | 1 | | 1 | 6,34 | 8.2 | 76. |
| ı oldi | - Aud iii les Ta | i illi odgir re. (Column (a) must e | <u>quai roiiii 990, Part /</u> | ^, <i>iii</i> 10 | oc, column | (D)) | | | | 5 , 5 <u>±</u> | J , Z | |

Schedule D (Form 990) 2023

| Schedule D (Form 990) 2023 INC. | | 6 | 2-1049447 Page 3 |
|--|----------------------------|--|-------------------------|
| Part VII Investments - Other Securities | | | |
| Complete if the organization answered "Yes" | | 11b. See Form 990, Part X, line 12. | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or e | nd-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990 Part IV line | 11c See Form 990 Part X line 13 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or el | nd-of-vear market value |
| | (b) Book value | (c) Welliod of Valuation. Gost of Ci | Id of year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| Part IX Other Assets | | | |
| Complete if the organization answered "Yes" | | 11d. See Form 990, Part X, line 15. | |
| | Description | | (b) Book value |
| (1) DONATED FOOD INVENTORY | | | 1,679,179. |
| (2) COMMODITIES INVENTORY | | | 1,937,043. |
| (3) OTHER INVENTORY | | | 4,258,942. |
| (4) ROU LEASE | | | 3,322,408. |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col | I (R)) | | 11,197,572. |
| Part X Other Liabilities | . (D)) | | 1 22/23//0/20 |
| Complete if the organization answered "Yes" | on Form 990. Part IV. line | 11e or 11f. See Form 990. Part X. line 2 | 5. |
| (a) Description of lightity. | | | (b) Book value |
| <u></u> | | | (a) Book value |
| (1) Federal income taxes (2) LEASE LIABILITIES | | | 3,384,311. |
| | | | 3,304,311. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

| | SECOND HARVEST FOOD BANK OF | MIL | DLE TN, | | | |
|----------|---|------------|------------------------|-----------|-------------------|--------------|
| | dule D (Form 990) 2023 INC. | | | | 1049447 | Page |
| Par | Reconciliation of Revenue per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | ts Wit | th Revenue per Re | eturn | | |
| _ | Takal unumum maina and akhan unumum man andika dimancial akatamanah | | | T 4 | 152,955 | 223 |
| 1 | Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 | 132,933 | , 443 | | |
| 2 | Net unrealized gains (losses) on investments | 2a | 2,647,357. | | | |
| _ | | 2b | 195,188 | | | |
| b | Donated services and use of facilities | | 175,100 | - | | |
| | Recoveries of prior year grants | 2c 2d | 125,908. | - | | |
| | Other (Describe in Part XIII.) | | | | 2,968 | 153 |
| _ | Add lines 2a through 2d | | | 2e 3 | 149,986 | |
| 3 | Subtract line 2e from line 1 | | | 3 | 149,900 | , , , , , |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | ا ما | 15 156 | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 45,456. | - | | |
| | Other (Describe in Part XIII.) | 4b | | | 4 4 5 | 156 |
| _ | Add lines 4a and 4b | | | 4c | | <u>, 456</u> |
| 5 Dat | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)t XII Reconciliation of Expenses per Audited Financial Statement | | | 5 Potu | 150,032 | , 440 |
| Fai | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | IIIO W | itii Expenses per | netui | .11 | |
| 1 | | | | 1 | 148,164 | 607 |
| 2 | Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | 140,104 | , 007 |
| | • • • | 2a | 195,188. | | | |
| | Donated services and use of facilities | 2a 2b | 175,100 | - | | |
| | Prior year adjustments | | | - | | |
| | Other losses | 2c | 173,458. | - | | |
| | Other (Describe in Part XIII.) | 2 d | - | | 360 | ,646 |
| _ | Add lines 2a through 2d | | | 2e | | |
| 3 | Subtract line 2e from line 1 | | | 3 | 147,795 | , 901 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 . 1 | 15 156 | | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 45,456. | - | | |
| | Other (Describe in Part XIII.) | 4b | | | 4 4- | 456 |
| С | Add lines 4a and 4b | | | 4c | | <u>, 456</u> |
| 5 Par | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information | | | 5 | 147,841 | ,417 |
| | | / lines | 1h and Oh: Dort V line | 1. Dort | V line 0: Dort V | ′1 |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I\ 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi | • | • | 4; Part | X, line 2; Part X | d, |
| 111103 | and 45, and 1 art An, into 24 and 45. Also complete this part to provide any additi | Orial IIII | ormation. | | | |
| | | | | | | |
| PAF | T V, LINE 4: | | | | | |
| | | | | | | |
| THE | ENDOWMENT'S GOAL IS TO GENERATE LONG-TERM | GRO | WTH TO SUPPO | DRT | THE | |
| CIIE | RENT AND FUTURE SPENDING NEEDS OF THE FOOD | BAN | к. | | | |
| <u> </u> | | | | | | |
| | | | | | | |
| ם גם | m v itne 2. | | | | | |
| PAF | T X, LINE 2: | | | | | |
| 3633 | NOTH THE TO ROTH THE TAX AND THE TOTAL THE THEORY | vr | AV DOGTETON | , m, | ZEM OD | |

MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR

EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE FOOD BANK'S INCOME TAX

RETURNS TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE LIKELY

THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE APPLICABLE

TAXING AUTHORITIES. MANAGEMENT HAS PERFORMED ITS EVALUATION OF ALL INCOME

TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS DETERMINED THAT

THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT"

Cabadula D. Carras Coo

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

SECOND HARVEST FOOD BANK OF MIDDLE TN,

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

Schedule G (Form 990) 2023

18075-11

| INC. | | | | | 62-1049 | 447 | | |
|--|---|-------------------|---------------------|-----------------------------------|-----------------------------------|---------------------|--|--|
| Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. | | | | | | | | |
| 1 Indicate whether the organization rais | | na aatis | ition (| Chook all that apply | | | | |
| 77 | | | | | | | | |
| | <u> </u> | | | | | | | |
| | | | | | | | | |
| c Phone solicitations g X Special fundraising events | | | | | | | | |
| d In-person solicitations | | | | | | | | |
| 2 a Did the organization have a written of | · · · · · · · · · · · · · · · · · · · | | - | | | | | |
| key employees listed in Form 990, P | art VII) or entity in connection with រុ | orofessi | onal fu | undraising services? | X Yes | L No | | |
| b If "Yes," list the 10 highest paid indi- | viduals or entities (fundraisers) pursi | uant to | agreei | ments under which th | ne fundraiser is to be | ; | | |
| compensated at least \$5,000 by the | organization. | _ | | | | | | |
| (2) Name and address of individual | | (iii) fundr | Did | (in) Ourses us saints | (v) Amount paid | (vi) Amount paid | | |
| (i) Name and address of individual | (ii) Activity | l have c | ustodv | (iv) Gross receipts from activity | to (or retained by) fundraiser | to (or retained by) | | |
| or entity (fundraiser) | | or con contrib | itrol of utions? | I HOITI activity | listed in col. (i) | organization | | |
| RKD GROUP, LLC - PO BOX | | Yes | No | | | | | |
| 9843595, DALLAS, TX 75284 | SOLICITATIONS CONSULTANT | | Х | 5,071,861. | 847,552. | 4,224,309. | | |
| BRAD CECIL & ASSOCIATES INC - | | | | | | | | |
| 2115 ARLINGTON DOWNS ROAD, | DIRECT MAIL CONSULTANT | | х | 0. | 26,590. | -26,590. | | |
| | | | | | | | | |
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| | | | | | | | | |
| Total | | | | 5 071 861 | 874,142. | 4,197,719. | | |
| Total 3 List all states in which the organization | on is registered or licensed to solicit | contrib | utions | or has been notified | it is exempt from rea | | | |
| or licensing. | of the distance of the disease of solicit | CONTIND | utions | or rias been notined | it is exempt from re | gistration | | |
| TN | | | | | | | | |
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LHA 332081 09-13-23

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

SEE PART IV FOR CONTINUATIONS

| Sch | edul | e G (Form 990) 2023 INC. | HARVEST FOOD | BANK OF MIDD | - | 1049447 Page 2 |
|-----------------|------------------|--|--|------------------------------|--------------------------|----------------------------|
| Pa | | Fundraising Events. Complete if the | | | IV, line 18, or reported | more than \$15,000 |
| | | of fundraising event contributions and gro | 1 | | | s greater than \$5,000. |
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | | STARS FOR SECOND HARVE | 2 | (add col. (a) through |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| nue | | | (6 (6 (1) (1) (1) (1) | (010.111)[01) | (rotal trainsol) | |
| Revenue | 1 | Gross receipts | 139,360. | 342,742. | 159,626. | 641,728. |
| æ | | | | | | |
| | 2 | Less: Contributions | 103,735. | 172,312. | 101,976. | 378,023. |
| | | | 25 625 | 170 420 | F7 CF0 | 262 705 |
| | 3 | Gross income (line 1 minus line 2) | 35,625. | 170,430. | 57,650. | 263,705. |
| | 1 | Cash prizes | | | | |
| | 7 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| ses | | | | | | |
| oens | 6 | Rent/facility costs | 31,758. | 1,125. | 10,241. | 43,124. |
| Direct Expenses | _ | | 0.705 | | 26 927 | 26 612 |
| irec | 7 | Food and beverages | 9,785. | | 26,827. | 36,612. |
| Ω | 8 | Entertainment | | 500. | | 500. |
| | | Other direct expenses | 15,476. | 39,625. | 38,122. | 93,223. |
| | 10 | | 173,459. | | | |
| _ | | Net income summary. Subtract line 10 from li | | | | 90,246. |
| Pa | rt I | | answered "Yes" on Form | 990, Part IV, line 19, or re | eported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | I | (b) Pull tabs/instant | | (d) Total gaming (add |
| ne | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) |
| Revenue | | | | | | |
| Æ | 1 | Gross revenue | | | | |
| | | | | | | |
| es | 2 | Cash prizes | | | | |
| benses | | • | | | | |
| 9 | 2 | | | | | |
| ш | 3 | Noncash prizes | | | | |
| rect Ey | | Noncash prizes | | | | |
| Direct Ex | | | | | | |
| Direct Ex | 4 | Noncash prizes | | | | |
| Direct Ex | 4 5 | Noncash prizes Rent/facility costs Other direct expenses | | | | |
| Direct Ex | 4 5 | Noncash prizes Rent/facility costs | Yes% No | Yes % No | Yes % | |
| Direct Ex | 4 5 6 | Noncash prizes Rent/facility costs Other direct expenses Volunteer labor | No | No No | No No | |
| Direct Ex | 4 5 6 | Noncash prizes Rent/facility costs Other direct expenses | No | | No No | |
| Direct Ex | 4 5 6 7 | Noncash prizes Rent/facility costs Other direct expenses Volunteer labor | No 5 in column (d) | No | No No | |
| Direct Ex | 4 5 6 7 | Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through | No 5 in column (d) | No | No No | |
| 9 | 4 5 6 7 8 En | Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu | No n 5 in column (d) from line 1, column (d) | No | No | |
| 9 a | 4 5 6 7 8 Enrist | Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming according to the state of the state of the state of the organization licensed to conduct gaming according to the organization licensed to conduct gaming the organization licensed to conduct gaming according to the organization licensed to conduct gaming the organization licensed to conduct gaming the organization licensed to the organization licensed to conduct gaming the organization licensed to the organization licensed to the organization licensed to the organizati | n 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these | No | No | Yes No |
| 9 a | 4 5 6 7 8 Enrist | Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu | n 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these | No | No | Yes No |
| 9 a | 4 5 6 7 8 Enrist | Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducted the organization licensed to conduct gaming according to the state of the state of the state of the organization licensed to conduct gaming according to the organization licensed to conduct gaming the organization licensed to conduct gaming according to the organization licensed to conduct gaming the organization licensed to conduct gaming the organization licensed to the organization licensed to conduct gaming the organization licensed to the organization licensed to the organization licensed to the organizati | n 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these | No | No | Yes No |

b If "Yes," explain: _

332082 09-13-23

SECOND HARVEST FOOD BANK OF MIDDLE TN,

| Schedule G (Form 990) 2023 INC • 62-104 | 9447 | Page 3 |
|---|--------------|-------------|
| 11 Does the organization conduct gaming activities with nonmembers? | Yes | No No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | |
| to administer charitable gaming? | Yes | No |
| 13 Indicate the percentage of gaming activity conducted in: | _ | |
| a The organization's facility | _a | % |
| | b | |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: | ~ 1 | 70 |
| 2.1. Enter the harm and address of the person time property the organization organization of garming operation and resorted. | | |
| Name | | |
| Address | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | ☐ No |
| b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount | | |
| of gaming revenue retained by the third party \$ | | |
| c If "Yes," enter name and address of the third party: | | |
| | | |
| Name | | |
| | | |
| Address | | |
| 16 Gaming manager information: | | |
| Name | | |
| | | |
| Gaming manager compensation \$ | | |
| Description of anything amount dead | | |
| Description of services provided | | |
| | | |
| | | |
| Director/officer Employee Independent contractor | | |
| Birector/officer Employee independent contractor | | |
| 17 Mandatory distributions: | | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to | | |
| | Yes | ☐ No |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | |
| organization's own exempt activities during the tax year \$ | | |
| Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, | lines 9, | 9b, 10b, |
| 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | |
| | | |
| SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS: | | |
| | | |
| | | |
| /T NAME OF FUNDDATCED. DVD CDOUD IIC | | |
| (I) NAME OF FUNDRAISER: RKD GROUP, LLC | | |
| (I) ADDRESS OF FUNDRAISER: PO BOX 9843595, DALLAS, TX 75284 | | |
| (1) IDDICADO OL LONDICALIDAR. LO DON JOESSAS, DALLAND, IN 13204 | | |
| | | |
| | | |
| (I) NAME OF FUNDRAISER: BRAD CECIL & ASSOCIATES INC | | |
| | | |
| (I) ADDRESS OF FUNDRAISER: 2115 ARLINGTON DOWNS ROAD, ARLINGTON, TX | . 76 | 011 |
| | | |
| | | |

SECOND HARVEST FOOD BANK OF MIDDLE TN,

| Schedule 6 | (Form 990) INC. Supplemental Information (continued) | 62-1049447 Page 4 |
|------------|--|-------------------|
| Part IV | Supplemental Information (continued) | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

INC.

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.
SECOND HARVEST FOOD BANK OF MIDDLE TN,

Inspection
Employer identification number

OMB No. 1545-0047

Open to Public

62-1049447

ANK OF MIDDLE TN,

Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 1 X Yes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) 24 CHURCH 1502 SUBSTATION ROAD FAIR MARKET TO ASSIST IN FEEDING PLEASANT VIEW . TN 37146 501(C)3 0 21,435, VALUE FOOD HUNGRY PEOPLE 510 FOUNDATION 510 WOODLAND STREET FAIR MARKET TO ASSIST IN FEEDING 45-5352900 501(C)3 6,795. VALUE HUNGRY PEOPLE NASHVILLE, TN 37206 0. FOOD ADULT AND TEEN CHALLENGE MIDDLE TENNESSEE - 130 CORPORATE DRIVE -FAIR MARKET TO ASSIST IN FEEDING 62-0912757 501(C)3 12,087. VALUE CLARKSVILLE, TN 37040 0. FOOD HUNGRY PEOPLE AN ARRAY OF CHARM CAMPS FOR YOUTH 1326 ROSA L PARKS BLVD STE A FATR MARKET TO ASSIST IN FEEDING 55-0856946 501(C)3 19,647. VALUE HUNGRY PEOPLE NASHVILLE TN 37208 0. FOOD ABUNDANT LIFE ASSEMBLY OF GOD USDA WINCHESTER - 3310 COWAN HIGHWAY -FAIR MARKET COMMODITIES TO ASSIST IN FEEDING 44-0577787 501(C)3 81 216 VALUE HUNGRY PEOPLE WINCHESTER, TN 37698 0. FOOD AJAX TURNER CLARKSVILLE SR. USDA CITIZENS - 953 CLARK STREET -FATR MARKET COMMODITIES TO ASSIST IN FEEDING CLARKSVILLE, TN 37040 62-6051216 501(C)3 0. 8 626. VALUE HUNGRY PEOPLE 282. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

| Part II Continuation of Grants and Other | Assistance to Dor | nestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | art II.) | 02-1049447 Pa |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ALAMEDA CHRISTIAN CHURCH | | | | | | | |
| 4006 ASHLAND CITY HIGHWAY | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| | | 501(C)3 | 0. | 48,415. | | FOOD | HUNGRY PEOPLE |
| NASHVILLE, TN 37218 | | 301(C/3 | 0. | 40,415. | VALUE | FOOD | HUNGRI PEOPLE |
| AMAZING GRACE MISSION | | | | | | | |
| 1037 PARK STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| WESTMORELAND, TN 37186 | 62-1768690 | 501(C)3 | 0. | 254,014. | VALUE | FOOD | HUNGRY PEOPLE |
| , | | | | | | 1 | |
| ARK COMMUNITY RESOURCE ASSISTANCE | | | | | | USDA | |
| CENTER - 710 HIGHWAY 70 - | | | | | FAIR MARKET | COMMODITIES | TO ASSIST IN FEEDING |
| KINGSTON SPRINGS, TN 37143 | 06-1640635 | 501(C)3 | 0. | 80,570. | | FOOD | HUNGRY PEOPLE |
| | | | | 22,2120 | | 1 | |
| ASPIRE COLUMBIA / CENTERSTONE | | | | | | | |
| 6011 B TROTWOOD AVENUE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| COLUMBIA, TN 38401 | 62-1674308 | 501(C)3 | 0. | 28,403. | | FOOD | HUNGRY PEOPLE |
| , | | , . , . | | | | | |
| BAXTER SENIOR CENTER | | | | | | | |
| 101 ELMORE TOWN ROAD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| BAXTER, TN 38544 | 46-3594886 | 501(C)3 | 0. | 24,986. | | FOOD | HUNGRY PEOPLE |
| 2.m. 2.m. 1.m. 303.11 | 10 3331000 | 301(0/3 | | 21,300. | *************************************** | 1 002 | HONORI FEOTED |
| BELL ROAD CHURCH OF THE NAZARENE | | | | | | | |
| 414 BELL ROAD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37217 | 44-0552034 | 501(C)3 | 0. | 85,050. | VALUE | FOOD | HUNGRY PEOPLE |
| , | | | | , - | | | |
| BETHEL UNITED METHODIST CHURCH | | | | | | | |
| 2475 WOODLAWN ROAD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| WOODLAWN, TN 37191 | 31-1813333 | 501(C)3 | 0. | 35,886. | | FOOD | HUNGRY PEOPLE |
| BETHESDA CENTER (ASHLAND CITY | 01 101000 | 001(0)0 | | | | 1002 | |
| MINISTERIAL ALLIANCE) - 124 S. | | | | | | USDA | |
| MAIN STREET - ASHLAND CITY, TN | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| 37015 | 58-2015542 | 501/C\3 | 0. | 151 _. 003. | | FOOD | HUNGRY PEOPLE |
| 2,013 | 30-2015542 | JU1 (C/J | 0. | 151,003. | AVIOE | F-00D | HONGKI FEOFIE |
| BETHESDA COMMUNITY MISSION | | | | | | | |
| 124 S. MAIN STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| ASHLAND CITY, TN 37015 | 58-2015542 | 501(C)3 | 0. | 287,368. | | FOOD | HUNGRY PEOPLE |

| Schedule I (Form 990) INC. | | | • | | | 6 | 52-1049447 Page 1 |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|---|---------------------------------------|
| Part II Continuation of Grants and Other A | Assistance to Dor | nestic Organizations | and Domestic Go | overnments (Sch | edule I (Form 990), Pa | rt II.) | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| BIBLE HILL BAPTIST CHURCH 71 RUSS LONG ROAD PARSONS, TN 38363 | 62-0535346 | 501(c)3 | 0. | 76,280. | FAIR MARKET VALUE | FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |
| BIBLICAL CONCEPTS GROUP HOME 711 HARTSVILLE PIKE GALLATIN, TN 37066 | 26-3053313 | 501(C)3 | 0. | 20,466. | FAIR MARKET VALUE | FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |
| BIG SANDY CHRISTIAN COMM. OUTREACH 30 FRONT STREET BIG SANDY, TN 38221 | 81-0705253 | 501(C)3 | 0. | 204,745. | FAIR MARKET VALUE | USDA COMMODITIES, FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |
| BON AIR MOUNTAIN COMMUNITY CHURCH 6389 CROSSVILLE HIGHWAY SPARTA, TN 38583 | 92-3730987 | 501(C)3 | 0. | 119,513. | FAIR MARKET VALUE | USDA COMMODITIES, FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |
| BONDECROFT BAPTIST CHURCH/GOD'S PANTRY - 8545 CROSSVILLE HIGHWAY - SPARTA, TN 38583 | 62-0577038 | 501(C)3 | 0. | 364,190. | FAIR MARKET VALUE | FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |
| BRIDGE MINISTRIES, INC. 533 BRICK CHURCH PARK DRIVE NASHVILLE, TN 37207 | 01-0849577 | 501(C)3 | 0. | 481,838. | FAIR MARKET VALUE | USDA COMMODITIES, FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |
| BUFFALO VALLEY, INC. 415 SOUTH PARK STREET HOHENWALD, TN 38462 | 58-1374964 | 501(C)3 | 0. | 352,998. | FAIR MARKET VALUE | USDA COMMODITIES, FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |
| BUT GOD MINISTRIES 861 FONNIC DRIVE NASHVILLE, TN 37207 | 46-3870845 | 501(C)3 | 0. | 85,204. | FAIR MARKET VALUE | USDA COMMODITIES, FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |
| CANVAS COMMUNITY TABLE (GENERAL COUNCIL OF THE ASSEMBLIES OF GOD) - 1936 MCARTHUR DRIVE - MANCHESTER, TN 37349 | 26-4341918 | 501(C)3 | 0. | 137,470. | FAIR MARKET VALUE | REFRIGERATION, EQUIPMENT, USDA COMMODITIES, | TO ASSIST IN FEEDING HUNGRY PEOPLE |

| Schedule I (Form 990) INC . | | | | | | | 52-1049447 Pag |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| Part II Continuation of Grants and Other A | Assistance to Doi | mestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | art II.) | 1 |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| GARDWARD GWYDGW OD GOD | | | | | | | |
| CARTHAGE CHURCH OF GOD 382 MAIN STREET SOUTH | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| BRUSH CREEK, TN 38547 | 62-1870586 | 501(C)3 | 0. | 194,362. | | FOOD | HUNGRY PEOPLE |
| CATHOLIC CHARITIES LOAVES AND | 02 1070300 | 301(0/3 | · · | 134,302. | VIIIOI | 1 002 | HONOKI I HOI HE |
| FISHES (CATHOLIC CHARITIES OF | | | | | | USDA | |
| CENNESSEE, INC.) - 508 MAIN STREET | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| - NASHVILLE, TN 37206 | 62-0679520 | 501(C)3 | 0. | 172,740. | | FOOD | HUNGRY PEOPLE |
| , | | | | | | | |
| CATHOLIC CHARITIES PASTORAL CENTER | | | | | | USDA | |
| 2806 MCGAVOCK PIKE | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37214 | 62-0679520 | 501(C)3 | 0. | 23,903. | VALUE | FOOD | HUNGRY PEOPLE |
| · | | | | , | | | |
| CEDARCROFT HOME | | | | | | USDA | |
| 202 S. COLLEGE STREET | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| LEBANON, TN 37088 | 62-1641402 | 501(C)3 | 0. | 41,717. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| CELINA UNITED METHODIST CHURCH | | | | | | | |
| 1418 MITCHELL DRIVE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| CELINA, TN 38551 | 36-2167731 | 501(C)3 | 0. | 59,798. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| CENTERSTONE | | | | | | | L |
| 230 VENTURA CIRCLE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| IASHVILLE, TN 37228 | | 501(C)3 | 0. | 133,719. | VALUE | FOOD | HUNGRY PEOPLE |
| SEMBLAL GUDIGHTAN GUUDGU | | | | | | | |
| CENTRAL CHRISTIAN CHURCH | | | | | EATD MADKED | | TO AGGIGE IN EDEDING |
| 45 N MAIN STREET | | E01/G\2 | | 10.640 | FAIR MARKET | FOOD | TO ASSIST IN FEEDING |
| SPARTA, TN 38583 | | 501(C)3 | 0. | 10,642. | VALUE | FOOD | HUNGRY PEOPLE |
| CHESTER COUNTY SCHOOLS | | | | | | | |
| 534 E. MAIN STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| HENDERSON, TN 38340 | | 501(C)3 | 0. | 21,988. | | FOOD | HUNGRY PEOPLE |
| | | | 1 | 21,500. | | f | |
| CHRISTIAN COOPERATIVE MNISTRY | | | | | | USDA | |
| 201 MADISON STREET | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| MADISON, TN 37115 | 58-1502903 | 501(C)3 | 0. | 341,203. | | FOOD | HUNGRY PEOPLE |

| Schedule I (Form 990) INC . Part II Continuation of Grants and Other A | Naciatawaa ta Dar | nactic Organizations | and Damastic Co | vermente (Coh | adula I (Form 000) Do | | 52-1049447 P |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|---|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CHURCH AT HARPETH HEIGHTS 8063 HIGHWAY 100 NASHVILLE, TN 37221 | 62-0577038 | 501(C)3 | 0. | 44,287. | FAIR MARKET VALUE | FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |
| CHURCH OF THE ADVENT BODY & SOUL FOOD PANTRY - 5042 EDMONDSON PIKE - NASHVILLE, TN 37211 | 62-6075442 | 501(C)3 | 0. | 393,848. | FAIR MARKET VALUE | FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |
| CLARKSVILLE URBAN MINISTRY (UNITED METHODIST URBAN MINISTIRES) - 217 S. 3RD STREET - CLARKSVILLE, TN 37041 | 62-1294095 | 501(c)3 | 0. | 424,952. | FAIR MARKET VALUE | USDA COMMODITIES, FOOD | TO ASSIST IN FEEDING |
| CLAY COUNTY SENIOR CENTER 145 CORDELL HULL DRIVE CELINA, TN 38551 | 58-1727759 | 501(C)3 | 0. | 11,825. | FAIR MARKET | REFRIGERATION, USDA COMMODITIES, FOOD | TO ASSIST IN FEEDING |
| COLLEGESIDE CHURCH OF CHRIST 252 E 9TH STREET COOKEVILLE, TN 38501 | | 501(C)3 | 0. | 7,062. | FAIR MARKET VALUE | FOOD | TO ASSIST IN FEEDING |
| COLLINWOOD HELP CENTER 2460 SHAWNETTEE ROAD COLLINWOOD, TN 38450 | | 501(C)3 | 0. | 175,209. | FAIR MARKET VALUE | USDA COMMODITIES, FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |
| COLUMBIA SEVENTH DAY ADVENTIST CHURCH - 870 MOORESVILLE PIKE - COLUMBIA, TN 38401 | 52-0643036 | 501(C)3 | 0. | 17,045. | FAIR MARKET VALUE | FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |
| COMER HOUSE OF NASHVILLE, LLC 1603 14TH AVENUE N NASHVILLE, TN 37208 | 61-1717178 | 501(C)3 | 0. | 17,553. | FAIR MARKET VALUE | FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |
| COMMUNITY ACTION COMMITTEE 216 UNIVERSITY AVENUE SEWANEE, TN 37375 | | 501(C)3 | 0. | 12,709. | FAIR MARKET VALUE | FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |

| Part II Continuation of Grants and Other | Assistance to Doi | mestic Organizations | and Domestic Go | overnments (Sch | edule I (Form 990), Pa | art II.) | T |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| COMMUNITY CARE FELLOWSHIP | | | | | | USDA | |
| 511 SOUTH 8TH STREET | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37206 | 31-1813333 | 501(C)3 | 0. | 30,057. | | FOOD | HUNGRY PEOPLE |
| COMMINITARY CARE MINICEPLIES / MUE | | | | | | HCDA | |
| COMMUNITY CARE MINISTRIES / THE ATTIC - 302 W. HOGAN STREET - | | | | | FAIR MARKET | USDA COMMODITIES, | TO ASSIST IN FEEDING |
| PULLAHOMA , TN 37388 | | 501(C)3 | 0. | 632,130. | | FOOD | HUNGRY PEOPLE |
| ODDAHOMA , IN 37300 | | 501(0/3 | 0. | 032,130. | VALUE | FOOD | HONGKI FEOFILE |
| COMMUNITY CONNECTION CHURCH OF GOD | | | | | | USDA | |
| 654 HIGHWAY 52 BYPASS W | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| LAFAYETTE, TN 37083 | 46-1854685 | 501(C)3 | 0. | 114,683. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| COMMUNITY HELP CENTER OF TROUSDALE | | | | | | USDA | |
| COUNTY - 120A MCMURRY BLVD - | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| HARTSVILLE, TN 37074 | 62-1530097 | 501(C)3 | 0. | 232,691. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| COMMUNITY OUTREACH PARTNERSHIP OF | | | | | | | |
| BEDFORD COUNTY - 1005 BELMONT | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| AVENUE - SHELBYVILLE, TN 37160 | 27-1456130 | 501(C)3 | 0. | 41,331. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | EQUIPMENT, | |
| CONNECT US OUTREACH MINISTRY | | | | | | USDA | |
| 304 YOUNGS LANE | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37207 | 26-2551943 | 501(C)3 | 0. | 21,577. | VALUE | FOOD | HUNGRY PEOPLE |
| COMMAGE COME COMPANY | | | | | | | |
| COTTAGE COVE COMPANY 149 ANTIOCH PIKE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| | 31-1485047 | E01/G)2 | 0. | 0 211 | | FOOD | |
| NASHVILLE, TN 37211 | 31-140304/ | DOT (C) 2 | 1 | 8,311. | AVTOF | FOOD | HUNGRY PEOPLE |
| COVENANT FOOD PANTRY | | | | | | | |
| 962 N BRACE ROAD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| SUMMERTOWN, TN 38483 | | 501(C)3 | 0. | 56,364. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| DECATUR CO. SCHOOLS | | | | | | | |
| 40 SCHOOLS DRIVE | 60 10101 | 501/7/2 | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| PARSONS, TN 38363 | 62-1049447 | pu1(C)3 | 0. | 7,573. | VALUE | FOOD | HUNGRY PEOPLE |

| Schedule I (Form 990) INC. | | | • | | | 6 | 52-1049447 Page |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|---|
| Part II Continuation of Grants and Other | Assistance to Dor | nestic Organizations | and Domestic Go | overnments (Sch | edule I (Form 990), Pa | art II.) | 1 |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| DICKSON COUNTY HELP CENTER, INC. | | | | | | | |
| 103 WEST COLLEGE STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| DICKSON, TN 37055 | 62-1075335 | 501(C)3 | 0. | 833,229. | | FOOD | HUNGRY PEOPLE |
| 220112011, 111 0,000 | 02 2070000 | 001(0)0 | 1 | | | | |
| DISCOVERY PLACE, INC. | | | | | | | |
| 1635 SPENCER MILL ROAD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| BURNS, TN 37029 | 62-1688708 | 501(C)3 | 0. | 51,060. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| DISMAS HOUSE OF NASHVILLE | | | | | | | |
| 2424 CHARLOTTE AVENUE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37203 | 23-7376100 | 501(C)3 | 0. | 27,306. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| DREAM STREETS | | | | | | | |
| 520 39TH AVENUE N | 01 4064177 | F01/G)2 | | 040 005 | FAIR MARKET | TOOD | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37209 | 81-4064177 | 501(0)3 | 0. | 948,025. | VALUE | FOOD | HUNGRY PEOPLE |
| E & C HOUSING | | | | | | | |
| 2657 COMBS DRIVE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37207 | | 501(C)3 | 0. | 18,490. | | FOOD | HUNGRY PEOPLE |
| | | | | , | | | |
| EAGLE'S NEST TRANSITIONAL LIVING, | | | | | | | |
| INC 1131 DELMAS AVENUE - | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37216 | 32-0196246 | 501(C)3 | 0. | 34,508. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| EAST NASHVILLE CO-OP | | | | | | USDA | |
| 3115 GALLATIN PIKE | | | _ | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37216 | | 501(C)3 | 0. | 161,245. | VALUE | FOOD | HUNGRY PEOPLE |
| ELEVATE MADISON MINISTRIES | | | | | | | |
| 719 GALLTIN PIKE S | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| MADISON, TN 37115 | | 501(C)3 | 0. | 36,140. | | FOOD | HUNGRY PEOPLE |
| | | 3 2 (3 / 3 | † | 30,140. | | | 1 |
| FAITHWORKS / FIRST UNITED | | | | | | USDA | |
| METHODIST CHURCH - 202 S. MAIN | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| STREET - MT. PLEASANT, TN 38474 | 31-1813333 | 501(C)3 | 0. | 78,423. | VALUE | FOOD | HUNGRY PEOPLE |

| Schedule I (Form 990) INC. | KVESI FOO | J BANK OF M | TOUL IN, | | | 6 | 52-1049447 Page |
|--|-------------------|-------------------------------|--------------------------|--|--|--|------------------------------------|
| Part II Continuation of Grants and Other A | Assistance to Dor | mestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | | · · · · · · · · · · · · · · · |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| EXMITTEE IN OUTCIL INC | | | | | | | |
| FAMILIES IN CRISIS, INC. 706 S. CHANCERY STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| MCMINNVILLE, TN 37111 | 62-1448190 | 501(C)3 | 0. | 43,973. | | FOOD | HUNGRY PEOPLE |
| | | | | • | | | |
| FAMILY BLESSINGS / HOLLADAY UMC | | | | | | | |
| 175 STOKES ROAD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| HOLLADAY, TN 38341 | 62-1570818 | 501(C)3 | 0. | 34,406. | VALUE | FOOD | HUNGRY PEOPLE |
| FAMILY CONNECTIONS / CAMDEN FIRST | | | | | | | |
| UNITED METHODIST CHURCH - 104 | | | | | | | |
| NORTH CHURCH STREET - CAMDEN, TN | 60 1570010 | F01/G\2 | | 01 000 | FAIR MARKET | FOOD | TO ASSIST IN FEEDING |
| 38320 | 62-1570818 | 501(C)3 | 0. | 81,892. | VALUE | FOOD | HUNGRY PEOPLE |
| FAMILY OUTREACH MINISTRIES | | | | | | | |
| 30 CROSSLAND AVE STE 206B | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| CLARKSVILLE, TN 37040 | 47-1853361 | 501(C)3 | 0. | 63,898. | VALUE | FOOD | HUNGRY PEOPLE |
| • | | | | , | | | |
| FEED AMERICA FIRST | | | | | | | |
| 319 MURFREESBORO STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| MURFREESBORO, TN 37127 | 62-1821057 | 501(C)3 | 0. | 1,851,427. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| FEED SUMNER FOOD BANK | | | | | | | |
| 1121 GREGORY DRIVE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| GALLATIN, TN 37066 | 88-0821553 | 501(C)3 | 0. | 379,554. | VALUE | FOOD | HUNGRY PEOPLE |
| FELLOWSHIP UNITED METHODIST CHURCH | | | | | | | |
| 2511 HWY 99 | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| MURFREESBORO, TN 37128 | 10-0286620 | 501(C)3 | 0. | 5,666. | | FOOD | HUNGRY PEOPLE |
| MONT KEEDS COOK, IN 37120 | 10 0200020 | 301(0/3 | · · | 3,000. | VIIIOI | 1 000 | HONORT THOUBE |
| FIFTY FORWARD | | | | | | | |
| 174 RAINS AVENUE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37203 | 62-0566419 | 501(C)3 | 0. | 7,624. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| FRIENDSHIP COMMUNITY CHURCH | | | | | | USDA | |
| 15285 LEBANON ROAD | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| OLD HICKORY, TN 37138 | | 501(C)3 | 0. | 56,054. | VALUE | FOOD | HUNGRY PEOPLE |

| Schedule I (Form 990) INC. | | | | | | 6 | 52-1049447 Page |
|---|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| Part II Continuation of Grants and Other | Assistance to Dor | nestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | art II.) | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FIRST BAPTIST CHURCH 1006 HILLSBORO BLVD MANCHESTER, TN 37355 | 62-0577038 | 501 (C) 3 | 0. | 408,088. | FAIR MARKET | USDA COMMODITIES, FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |
| FIRST CHRISTIAN CHURCH OF CLARKSVILLE - 516 MADISON STREET - CLARKSVILLE, TN 37040 | 35-0868116 | | 0. | 31,027. | FAIR MARKET | FOOD | TO ASSIST IN FEEDING |
| FIRST CHRISTIAN CHURCH OF TULLAHOMA - 120 W. GRUNDY STREET - TULLAHOMA , TN 37388 | | 501(C)3 | 0. | 108,066. | FAIR MARKET VALUE | USDA COMMODITIES, FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |
| FIRST COMMUNITY CHURCH 1813 KNOWLES STREET NASHVILLE, TN 37208 | 87-4151228 | 501(C)3 | 0. | 15,461. | FAIR MARKET VALUE | FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |
| FIRST PENTECOSTAL CHURCH OF LEXINGTON - 9491 HWY 412W - LEXINGTON, TN 38351 | 44-0612817 | 501(C)3 | 0. | 87,983. | FAIR MARKET VALUE | FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |
| FIRST SEVENTH DAY ADVENTIST 101 CHURCH STREET SHELBYVILLE, TN 37160 | 52-0643036 | 501(C)3 | 0. | 24,224. | FAIR MARKET VALUE | USDA COMMODITIES, FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |
| FIRST STREET MISSIONARY BAPTIST CHURCH - 1026 MONTGOMERY AVENUE - NASHVILLE, TN 37207 | 62-1426922 | 501(C)3 | 0. | 9,862. | FAIR MARKET VALUE | FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |
| FIRST UNITED METHODIST CHURCH - PARIS - 101 E. BLYTHE STREET - PARIS, TN 38242 | 31-1813333 | 501(C)3 | 0. | 7,700. | FAIR MARKET VALUE | REFRIGERATION, USDA COMMODITIES | TO ASSIST IN FEEDING HUNGRY PEOPLE |
| FIRST UNITED METHODIST CHURCH - LEXINGTON - 27 EAST CHURCH STREET - LEXINGTON, TN 38351 | 31-1813333 | 501(C)3 | 0. | 118,515. | FAIR MARKET | REFRIGERATION, USDA COMMODITIES, FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |

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62-1049447

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|--|----------------|-------------------------------|---|----------------------------------|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FIRST UNITED METHODIST CHURCH - | | | | | | | |
| LYNCHBURG - 65 MECHANIC STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NORTH - LYNCHBURG, TN 37352 | 31-1813333 | 501(C)3 | 0. | 62,950. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| FIRST UNITED METHODIST CHURCH - | | | | | | | |
| PULASKI - 1008 MILL STREET - | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| PULASKI, TN 38478 | 31-1813333 | 501(C)3 | 0. | 5,897. | VALUE | FOOD | HUNGRY PEOPLE |
| FIRST UNITED METHODIST CHURCH - | | | | | | | |
| PARISH NURSING MINISTRY - 201 WEST | | | | | | | |
| LINCOLN STREET - TULLAHOMA, TN | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| 37388 | 31-1813333 | 501(C)3 | 0. | 203,183. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| FIRST UNITED METHODIST CHURCH - | | | | | | | |
| COLUMBIA - 222 W 7TH STREET - | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| COLUMBIA, TN 38401 | 31-1813333 | 501(C)3 | 0. | 94,315. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| FRANKLIN COUNTY SENIOR CENTER | | | | | | | |
| 74 CLOVER DRIVE | 22 7444650 | E01/G\2 | | 152 406 | FAIR MARKET | TOOD | TO ASSIST IN FEEDING |
| WINCHESTER, TN 37398 | 23-7444658 | 501(C)3 | 0. | 173,496. | VALUE | FOOD | HUNGRY PEOPLE |
| FT. DONELSON MEMORIAL UMC/DIXIE | | | | | | USDA | |
| GORHAM - 424 CHURCH STREET - | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| DOVER, TN 37058 | | 501(C)3 | 0. | 176,077. | | FOOD | HUNGRY PEOPLE |
| 2.12.7 | | | | 213,377 | | | |
| FT. DONELSON PENTECOSTAL CHURCH OF | | | | | | | |
| GOD - 152 WYNNS FERRY RD - DOVER, | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| TN 37058 | 36-2167731 | 501(C)3 | 0. | 63,753. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | • | | REFRIGERATION, | |
| GALLATIN C.A.R.E.S | | | | | | USDA | |
| 330 N DURHAM ROAD | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| GALLATIN, TN 37066 | 62-1179969 | 501(C)3 | 0. | 104,409. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| GATEWAY CHURCH / FEED ONE MINISTRY | | | | | | USDA | |
| (CHURCH OF GOD) - 1250 MADISON | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| STREET - SHELBYVILLE, TN 37160 | 62-0484177 | 501(C)3 | 0. | 1,968,899. | VALUE | FOOD | HUNGRY PEOPLE |

| Schedule I (Form 990) INC • | | | | | | 6 | 52-1049447 Page |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
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| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| GATHERING PLACE CHURCH - GRACE | | | | | | | |
| TEMPLE ASSEMBLY OF GOD - 2100 | | | | | | | |
| MORRISON STREET - MCMINNVILLE, TN | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| 37110 | 44-0577787 | 501(C)3 | 0. | 590,999. | VALUE | FOOD | HUNGRY PEOPLE |
| GILES COUNTY HELP CENTER | | | | | | | |
| 314 NORTH 1ST STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| PULASKI, TN 38478 | 62-1463920 | 501(C)3 | 0. | 62,834. | VALUE | FOOD | HUNGRY PEOPLE |
| COD'S CDASE HING | | | | | | | |
| GOD'S GRACE FUMC | | | | | EATD MADKED | REFRIGERATION, | TO AGGIGE IN PERDING |
| 204 EAST SPRING STREET | | F01/G) 2 | | 0.200 | FAIR MARKET | USDA | TO ASSIST IN FEEDING |
| COOKVILLE, TN 38501 | | 501(C)3 | 0. | 9,300. | VALUE | COMMODITIES | HUNGRY PEOPLE |
| GOD'S STOREHOUSE / LAWRENCEBERG | | | | | | USDA | |
| 425 FRANK STREET | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| LAWRENCEBERG, TN 38464 | 41-2108736 | 501(C)3 | 0. | 557,274. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| GOD'S STOREHOUSE / PULASKI | | | | | | USDA | L |
| 947 EAST COLLEGE STREET | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| PULASKI, TN 38478 | 46-1869765 | 501(C)3 | 0. | 299,833. | VALUE | FOOD | HUNGRY PEOPLE |
| GOOD SAMARITAN | | | | | | | |
| PO BOX 758 | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| DOVER, TN 37058 | 58-1394102 | 501(C)3 | 0. | 508,810. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| GOOD SHEPHERD METHODIST CHURCH | | | | | | | |
| 525 NEW SHACKLE ISLAND ROAD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| HENDERSONVILLE, TN 37075 | 31-1813333 | 501(C)3 | 0. | 103,423. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | REFRIGERATION, | |
| GRACEWORKS MINISTRIES, INC. | | | | | | USDA | L |
| 104 SOUTHEAST PARKWAY | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| FRANKLIN, TN 37064 | 62-1584204 | 501(C)3 | 0. | 1,790,214. | VALUE | FOOD | HUNGRY PEOPLE |
| CDEAMED FAIMU COMMUNITAY CUITOU | | | | | | REFRIGERATION, | |
| GREATER FAITH COMMUNITY CHURCH | | | | | EVID WYDAEW | USDA | MO ACCION IN PERDING |
| 205 WEAVER STREET | 83-0625985 | 501/C\3 | | 110 041 | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| TULLAHOMA , TN 37388 | 03-0025985 | DOT(C)2 | 0. | 118,241. | AYPOF | FOOD | HUNGRY PEOPLE |

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|---|------|-----|
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| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| GREENHOUSE MINISTRIES | | | | | | | |
| 309 S. SPRING STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| MURFREESBORO, TN 37130 | 62-1802432 | 501(C)3 | 0. | 34,371. | | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| HAMILTON UNITED METHODIST | | | | | L | USDA | L |
| 3105 HAMILTON CHURCH ROAD | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| ANTIOCH, TN 37217 | | 501(C)3 | 0. | 55,190. | VALUE | FOOD | HUNGRY PEOPLE |
| HAMPSHIRE FIRST BAPTIST CHURCH | | | | | | USDA | |
| 4063 HAMPSHIRE PK | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| HAMPSHIRE, TN 38461 | | 501(C)3 | 0. | 205,221. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| HANDS OF HOPE | | | | | | | L |
| 101 C. SOUTH RUSSEL STREET | 1 | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| PORTLAND, TN 37148 | 84-4347371 | 501(C)3 | 0. | 361,823. | VALUE | FOOD | HUNGRY PEOPLE |
| VIANDO OF MEDOV OVERDEROV GENERO | | | | | | REFRIGERATION, | |
| HANDS OF MERCY OUTREACH CENTER, | | | | | | USDA | |
| INC 101 EASY STREET - | 16 1655051 | 504 (5) 0 | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| FAYETTEVILLE, TN 37334 | 46-1655071 | 501(C)3 | 0. | 448,464. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | REFRIGERATION, | |
| HARDIN COUNTY CAM PANTRY | | | | | | USDA | |
| 230 EUREKA STREET | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| SAVANNAH, TN 38372 | | 501(C)3 | 0. | 207,980. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | EQUIPMENT, | |
| HELPING HANDS OF HICKMAN COUNTY | | | | | | USDA | |
| 10515 LIGON LOVE ROAD | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| BON AQUA, TN 37025 | 20-3558685 | 501(C)3 | 0. | 1,173,817. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | REFRIGERATION, | |
| HELPING HAND OF HUMBOLDT | | | | | | USDA | |
| 810 NORTH 22ND AVENUE | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| HUMBOLDT, TN 38343 | 58-1556492 | 501(C)3 | 0. | 323,281. | VALUE | FOOD | HUNGRY PEOPLE |
| UPI DING HANDS OF DUMNIAM COUNTY | | | | | | | |
| HELPING HANDS OF PUTNAM COUNTY | | | | | EATE MARKET | TIGD. | |
| 421 EAST BROAD STREET | 60 4420-25 | 504 (5) 2 | | 200 555 | FAIR MARKET | USDA | TO ASSIST IN FEEDING |
| COOKEVILLE, TN 38501 | 62-1132736 | 501(C)3 | 0. | 302,060. | VALUE | COMMODITIES | HUNGRY PEOPLE |

| (a) Name and address of | (h) EINI | (a) IDO a a ati a a | (4) 0 | (-) A | (4) Madhaad as | (a) Description of | (la) D as a st award |
|--|------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | EQUIPMENT, | |
| HELPING HANDS OF WARREN COUNTY | | | | | | USDA | |
| 220 EAST MAIN STREET | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| MCMINNVILLE, TN 37110 | | 501(C)3 | 0. | 199,736. | VALUE | FOOD | HUNGRY PEOPLE |
| HENDERSON COMMUNITY SOUP KITCHEN | | | | | | | |
| 504 EAST MAIN STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| HENDERSONVILLE, TN 38340 | | 501(C)3 | 0. | 63,540. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| HENDERSONVILLE SAMARITAN | | | | | | | |
| 116 DUNN STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| HENDERSONVILLE, TN 37075 | 62-1586362 | 501(C)3 | 0. | 70,171. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| HERMITAGE HILLS BAPTIST / RADICAL | | | | | | USDA | |
| HEART - 3475 LEBANON PIKE - | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| HERMITAGE, TN 37076 | 62-0577038 | 501(C)3 | 0. | 261,427. | VALUE | FOOD | HUNGRY PEOPLE |
| HERMITAGE UNITED METHODIST CHURCH | | | | | | | |
| 4250 ANDREW JACKSON PIKE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| HERMITAGE, TN 37076 | | 501(C)3 | 0. | 318,168. | | FOOD | HUNGRY PEOPLE |
| minimon, in syote | | 301(0/3 | · · | 310,100. | VIIIOD | 1 002 | HONORI I BOILE |
| HICKMAN CARES | | | | | | USDA | |
| 123 CHURCH STREET | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| CENTERVILLE, TN 37033 | | 501(C)3 | 0. | 73,942. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| HIGHLAND HEIGHTS CHURCH OF CHRIST | | | | | L | USDA | L |
| 785 SOUTH LOWREY STREET | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| SMYRNA, TN 37167 | | 501(C)3 | 0. | 211,270. | VALUE | FOOD | HUNGRY PEOPLE |
| HILLCREST UMC | | | | | | USDA | |
| 5112 RAYWOOD LANE | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| | | 501(C)3 | 0. | 73,661. | | FOOD | |
| NASHVILLE, TN 37211 | | DUI(C/3 | 1 | /3,001. | VALUE | F OOD | HUNGRY PEOPLE |
| HOPE CENTER MINISTRIES | | | | | | USDA | |
| 169 HOLLY STREET | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| LEXINGTON, TN 38351 | 20-8934436 | 501(C)3 | 0. | 218,891. | VALUE | FOOD | HUNGRY PEOPLE |

Schedule I (Form 990)

| Part II Continuation of Grants and Other A | Assistance to Dor | nestic Organizations | and Domestic Go | overnments (Sch | edule I (Form 990), Pa | art II.) | |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
| HOPE HOHENWALD | | | | | | | |
| 243 FORREST AVENUE / 217 N PARK ST | 00 5145566 | F01/G) 2 | | 2 605 505 | FAIR MARKET | | TO ASSIST IN FEEDING |
| HOHENWALD, TN 38462 | 82-5145566 | 501(C)3 | 0. | 3,697,597. | VALUE | FOOD | HUNGRY PEOPLE |
| HOPEWELL BAPTIST CHURCH | | | | | | | |
| 9845 HIGHWAY 128 | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| SAVANNAH, TN 38372 | | 501(C)3 | 0. | 13,832. | | FOOD | HUNGRY PEOPLE |
| MVIIIIIIII, IN 30372 | | 301(0/3 | · · · | 13,032. | VIIIOI | 1 002 | HONORT THOTHE |
| HOUSE OF PRAYER CHRISTIAN CHURCH | | | | | | | |
| 1001 DOTSONVILLE ROAD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| CLARKSVILLE, TN 37042 | 27-0023914 | 501(C)3 | 0. | 54,571. | | FOOD | HUNGRY PEOPLE |
| , | | | | | | 1 | |
| HOWELL CHURCH OF CHRIST | | | | | | | |
| 11 OLD SCHOOLHOUSE ROAD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| PETERSBURG, TN 37144 | | 501(C)3 | 0. | 42,941. | VALUE | FOOD | HUNGRY PEOPLE |
| , | | | | , - | | | |
| HUNTINGDON CHURCH OF CHRIST | | | | | | | |
| 18900 WEST MAIN STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| HUNTINGDON, TN 38344 | | 501(C)3 | 0. | 144,688. | VALUE | FOOD | HUNGRY PEOPLE |
| , | | | | , | | | |
| IMMANUEL BAPTIST CHURCH | | | | | | | |
| 220 WILDWOOD AVENUE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| LEBANON, TN 37087 | | 501(C)3 | 0. | 113,544. | VALUE | FOOD | HUNGRY PEOPLE |
| · | | | | · | | | |
| INGLEWOOD BAPTIST CHURCH | | | | | | | |
| 3901 GALLATIN ROAD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37216 | | 501(C)3 | 0. | 38,744. | VALUE | FOOD | HUNGRY PEOPLE |
| , | | | | , | | | |
| INGLEWOOD CHURCH OF NAZARENE | | | | | | | |
| 3936 GALLATIN PIKE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37216 | 44-0552034 | 501(C)3 | 0. | 46,425. | VALUE | FOOD | HUNGRY PEOPLE |
| · | | | | , | | | |
| INSPIRITUS | | | | | | | |
| 1628 ROSA L. PARKS | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37208 | 58-1535692 | 501(C)3 | 0. | 63,018. | VALUE | FOOD | HUNGRY PEOPLE |

| organization or government (if applicable cash grant assistance as | Part II Continuation of Grants and Other | Assistance to Do | mestic Organizations | and Domestic Go | overnments (Sch | edule I (Form 990), Pa | art II.) | T |
|--|--|------------------|----------------------|-----------------|-----------------|--------------------------|-----------|---------------------------------------|
| PAIR MARKET TO ASSIST IN PEEDIN NAGHVILLE, TN 37208 62-184921 501(C)3 0. 6,469, VALUE FOOD HUNGRY PROPIE HURGEY PROPIES OF ASSIST IN PEEDIN HUNGEY PROPIES OF ASSIST IN PEEDIN HURGEY PROPIES OF ASSIST IN PEEDIN HUNGEY PROPIES O | | (b) EIN | | | noncash | valuation (book, FMV, | | (h) Purpose of grant or assistance |
| CHURCH - 1209 JACKSON STREET - WASHVILLE, TN 37208 62-184921 501(C)3 0. 6,469, VALUE FOOD HUNGRY PROFILE JOURNEY COMMUNITY CHURCH 916 DIAMA SHORE BLUD HURRICANE MILLS, TN 37078 03-0504672 501(C)3 0. 504,451, VALUE FOOD HUNGRY PROFILE JOURNEY COMMUNITY CHURCH 916 DIAMA SHORE BLUD HURRICANE MILLS, TN 37398 62-1563144 501(C)3 0. 141,345, VALUE FOOD HUNGRY PROFILE JUST HOPE, INC 250 MCHURRAY BLUD HURRICANE MILLS, TN 37078 501(C)3 0. 28,653, VALUE FOOD HUNGRY PROFILE HURRICANE MILLS, TN 37078 FOOD HUNGRY PROFILE KIDS OF THE COMMUNITY 681 CADILLAC LANE MCHINNYILLE, IN 37110 02-0660021 501(C)3 0. 17,606, VALUE FOOD HUNGRY PROFILE KINDOM LIVING OUTREACH MINISTRIES 1307 FORT CAMPBELL BLUD CLARKSVILLE, TN 37040 501(C)3 0. 118,159, VALUE FOOD HUNGRY PROFILE KINDOM LIVING OUTREACH MINISTRIES 1307 FORT CAMPBELL BLUD CLARKSVILLE, TN 3708 501(C)3 0. 8,306, VALUE FOOD HUNGRY PROFILE KING'S DAUGHTERS SECOOL OF MAURY COUNTY TENNESSEE - 412 WEST 97H STREET - COLUMBIA, TN 38401 62-0560293 501(C)3 0. 8,306, VALUE FOOD HUNGRY PROFILE LADIES OF CHARITY WELFARE 2212 STATE STREET KARNET COMMODITIES, TO ASSIST IN FEEDIN FAIR MARKET COMMODITIES, TO ASSIST IN FEEDIN TO ASSIST IN FEEDIN FAIR MARKET COMMODITIES, TO ASSIST IN FEEDIN | TAGEGON GENERAL MIGGIONARY PARES | | | | | | | |
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| JOSEPH STOREHOUSE (WEST) 538 BARREN HOLLOW RD HURRICANE MILLS, TN 37078 03-0504672 501(C)3 0, 504,451, VALUE FAIR MARKET FOOD HUNGRY PEOPLE JUST HOPE, INC JUST HOLD J | | 62 1104021 | E01/G\2 | | 6 460 | | ECOD | |
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| HURRICAME MILLS, TN 37078 03-0504672 501(C)3 0. 504,451, VALUE POOD HUNGRY PEOPLE SDA FAIR MARKET COMMODITIES, TO ASSIST IN FEEDIN MINCHESTER, TR 37398 62-1563144 501(C)3 0. 141,345, VALUE POOD HUNGRY PEOPLE JUST HOPE, INC 250 MCMURRAY BLVD HUNGRY PEOPLE KIDS OF THE COMMUNITY KINDOM LIVING OUTREACH MINISTRIES 1307 FORT CAMPBELL BLVD CLARKSVILLE, TN 37040 S01(C)3 0. 118,159, VALUE POOD HUNGRY PEOPLE KING'S DAUGHTERS SCHOOL OF MAURY COUNTY TENNESSEE - 412 WEST 97H STREET - COLUMBIA, TN 38401 62-0560293 501(C)3 0. 8,306, VALUE POOD HUNGRY PEOPLE LADIES OF CHARITY WELFARE 2212 STATE STREET NASHVILLE, TN 37203 62-0481799 501(C)3 0. 130,942, VALUE FOOD HUNGRY PEOPLE FAIR MARKET TO ASSIST IN FREDIN | | | | | | FATR MARKET | EOUTPMENT | TO ASSIST IN FEEDING |
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| TO ASSIST IN FEEDING CLARKSVILLE, TN 37040 501(C)3 0. 118,159. VALUE FOOD HUNGRY PEOPLE KING'S DAUGHTERS SCHOOL OF MAURY COUNTY TENNESSEE - 412 WEST 9TH STREET - COLUMBIA, TN 38401 62-0560293 501(C)3 0. 8,306. VALUE FOOD HUNGRY PEOPLE LADIES OF CHARITY WELFARE 2212 STATE STREET NASHVILLE, TN 37203 62-0481799 501(C)3 0. 130,942. VALUE FOOD HUNGRY PEOPLE LAFAYETTE UNITED METHODIST CHURCH 506 BRATTON AVENUE FAIR MARKET TO ASSIST IN FEEDING TO ASS | MCMINNVILLE, TN 37110 | 02-0660021 | 501(C)3 | 0. | 17,606. | VALUE | FOOD | HUNGRY PEOPLE |
| TO ASSIST IN FEEDING CLARKSVILLE, TN 37040 501(C)3 0. 118,159. VALUE FOOD HUNGRY PEOPLE KING'S DAUGHTERS SCHOOL OF MAURY COUNTY TENNESSEE - 412 WEST 9TH STREET - COLUMBIA, TN 38401 62-0560293 501(C)3 0. 8,306. VALUE FOOD HUNGRY PEOPLE LADIES OF CHARITY WELFARE 2212 STATE STREET NASHVILLE, TN 37203 62-0481799 501(C)3 0. 130,942. VALUE FOOD HUNGRY PEOPLE LAFAYETTE UNITED METHODIST CHURCH 506 BRATTON AVENUE FAIR MARKET TO ASSIST IN FEEDING TO ASS | | | | | | | | |
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| COUNTY TENNESSEE - 412 WEST 9TH STREET - COLUMBIA, TN 38401 62-0560293 501(C)3 0. 8,306. VALUE FOOD HUNGRY PEOPLE LADIES OF CHARITY WELFARE 2212 STATE STREET NASHVILLE, TN 37203 62-0481799 501(C)3 0. 130,942. VALUE FOOD HUNGRY PEOPLE LAFAYETTE UNITED METHODIST CHURCH 506 BRATTON AVENUE TO ASSIST IN FEEDING FAIR MARKET TO ASSIST IN FEEDING FAIR MARKET TO ASSIST IN FEEDING TO ASSIST IN FEEDING | | | | | | | | |
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| 2212 STATE STREET NASHVILLE, TN 37203 62-0481799 501(C)3 0. 130,942. VALUE FOOD HUNGRY PEOPLE LAFAYETTE UNITED METHODIST CHURCH 506 BRATTON AVENUE FAIR MARKET TO ASSIST IN FEEDIN | LADIES OF CHADIMY WELFADE | | | | | | | |
| NASHVILLE, TN 37203 62-0481799 501(C)3 0. 130,942.VALUE FOOD HUNGRY PEOPLE LAFAYETTE UNITED METHODIST CHURCH 506 BRATTON AVENUE FAIR MARKET TO ASSIST IN FEEDIN | | | | | | EXTO MXDVEM | | TO ACCION IN EFFORM |
| LAFAYETTE UNITED METHODIST CHURCH 506 BRATTON AVENUE FAIR MARKET TO ASSIST IN FEEDIN | | 62_0491700 | 501 (C) 3 | _ | 120 042 | | FOOD | |
| 506 BRATTON AVENUE TO ASSIST IN FEEDIN | MASHVILLE, IN 3/2U3 | 02-0401/99 | DOT (C) 2 | 1 | 130,942. | VALUE | F OOD | HOWGKI PEOPLE |
| 506 BRATTON AVENUE FAIR MARKET TO ASSIST IN FEEDIN | LAFAYETTE UNITED METHODIST CHURCH | | | | | | | |
| | | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| DAMAYMITM TN 57065 I DUI(C)5 I UI 55.425 MADUK IMOOD HUNGRY PROPER | LAFAYETTE, TN 37083 | | 501(C)3 | 0. | 55 425 | | FOOD | HUNGRY PEOPLE |

Schedule I (Form 990)

| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of | (a) Amount of | (f) Mothod of | (m) Description of | (h) Durage of great |
|---------------------------------------|------------|-----------------|---------------|---------------------------------------|--|--|---------------------------------------|
| organization or government | (B) EIN | if applicable | cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| LAKESIDE CHRISTIAN FELLOWSHIP | | | | | | USDA | |
| 2920 HIGHWAY 641 NORTH | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| PARIS, TN 38242 | | 501(C)3 | 0. | 15,403. | | FOOD | HUNGRY PEOPLE |
| 1111111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 301(0)3 | • | 13,103. | VIII01 | 1 002 | HONOKI IBOIBE |
| LASCASSAS UNITED METHODIST CHURCH | | | | | | USDA | |
| 4665 EAST JEFFERSON PIKE | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| LASCASSAS, TN 37085 | | 501(C)3 | 0. | 304,941. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | , , , , , , , , , , , , , , , , , , , | | | |
| LAVERGNE CHURCH OF CHRIST | | | | | | | |
| 244 OLD NASHVILLE HIGHWAY | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| LAVERGNE, TN 37086 | | 501(C)3 | 0. | 15,319. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| LAVERGNE FIRST UNITED METHODIST | | | | | | USDA | |
| CHURCH - 248 WALDRON ROAD - | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| LAVERGNE, TN 37086 | | 501(C)3 | 0. | 65,555. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| LEOMA BAPTIST CHURCH | | | | | | | |
| 6 DOUN LEOMA ROAD | | | _ | | FAIR MARKET | | TO ASSIST IN FEEDING |
| LEOMA, TN 38468 | 62-0577038 | 501(C)3 | 0. | 6,036. | VALUE | FOOD | HUNGRY PEOPLE |
| TERRONG MINIGERING | | | | | | REFRIGERATION, | |
| LIFESONG MINISTRIES | | | | | | USDA | TO AGGICT IN DEEDING |
| 1041 S. ELLINGTON PARKWAY | 60 4050400 | 504 (5) 0 | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| LEWISBURG, TN 37091 | 62-1859120 | 501(C)3 | 0. | 275,256. | VALUE | FOOD | HUNGRY PEOPLE |
| LIGHTHOUSE CHRISTIAN CAMP | | | | | | | |
| 205 SERENITY PLACE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| SMITHVILLE, TN 37166 | 62-1198317 | 501(C)3 | 0. | 99,336. | | FOOD | HUNGRY PEOPLE |
| SMITHVILLE, IN 37100 | 02 1130317 | 501(0/5 | · · | 33,330. | VADOE | ГООВ | HONGKI FEOTIE |
| LIMESTONE BAPTIST CHURCH | | | | | | USDA | |
| 1613 WEST MAIN STREET | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| FRANKLIN, TN 37064 | 37-1462595 | 501(C)3 | 0. | 124,231. | | FOOD | HUNGRY PEOPLE |
| | 3, 1402333 | | † · · · · · | 124,231. | | 1 3 3 2 | |
| LIVING HOPE CHURCH | | | | | | | |
| 1020 EAST SPRING STREET | | | | | FAIR MARKET | EQUIPMENT, | TO ASSIST IN FEEDING |
| COOKEVILLE, TN 38503 | 62-1651245 | 501(C)3 | 0. | 146,505. | VALUE | FOOD | HUNGRY PEOPLE |

Schedule I (Form 990)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| JVING WATERS MINISTRIES | | | | | | | |
| 159 AG CENTER IN CATHAGE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| GORDONSVILLE, TN 38563 | 62-0484177 | 501(C)3 | 0. | 476,302. | | FOOD | HUNGRY PEOPLE |
| LOVE ONE ANOTHER EMBASSY, INC. / | | (. , . | | | | | |
| JOSEPH'S STOREHOUSE FOOD MINISTRY | | | | | | USDA | |
| - 1960 SE TATER PEELER RD - | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| LEBANON, TN 37090 | 64-1641617 | 501(C)3 | 0. | 940,712. | | FOOD | HUNGRY PEOPLE |
| | 01 1011017 | 301(0/3 | | 310,712. | VIII.01 | 1 002 | HONORI I BOI BE |
| LOVING CARE MINISTRY | | | | | | USDA | |
| 973 KITTRELL HALLS HILL ROAD | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| READYVILLE, TN 37149 | | 501(C)3 | 0. | 90,315. | | FOOD | HUNGRY PEOPLE |
| TEMPIVIBER, IN 3/143 | | 301(0/3 | · · | 30,313. | VILLOE | 1 002 | HONGKI THOTHE |
| MACON HELPS | | | | | | USDA | |
| 111 MAIN STREET | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| LAFAYETTE, TN 37083 | 62-1500589 | 501 (C) 3 | 0. | 673,354. | | FOOD | HUNGRY PEOPLE |
| | 02 1300303 | 501(0/5 | · · | 073,334. | VILLOE | EQUIPMENT, | HONGKI THOTHE |
| MADISON CHURCH OF CHRIST | | | | | | USDA | |
| | | | | | FAIR MARKET | | TO ACCION IN EPEDING |
| BENEVOLENCE CENTER - 106 NORTH | 62-0630112 | E01/G\2 | 0. | 1,163,716. | | COMMODITIES, FOOD | TO ASSIST IN FEEDING |
| GALLATIN ROAD - MADISON, TN 37115 | 02-0030112 | 501(C/3 | 0. | 1,103,710. | VALUE | FOOD | HUNGRY PEOPLE |
| MANNA CAF MINISTIRES | | | | | | USDA | |
| 605 PROVIDENCE BLVD | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| | 27-1699146 | E01/G\2 | 0. | 2,929,080. | | FOOD | |
| CLARKSVILLE, TN 37042 | 27-1099140 | 501(C/3 | 0. | 2,929,080. | VALUE | FOOD | HUNGRY PEOPLE |
| MARTHA O'BRYAN CENTER | | | | | | | |
| 711 S 7TH STREET | | | | | FAIR MARKET | | TO ACCTOM IN EPEDING |
| | 62-0477728 | E01/G\2 | 0. | | | FOOD | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37206 | 62-04///26 | 501(0)3 | 0. | 229,825. | VALUE | F 00D | HUNGRY PEOPLE |
| MARRIEW OF THE | | | | | | | |
| MATTHEW 25 INC | | | | | EATD MADKED | | TO AGGIGT IN EDEDING |
| 625 BENTON AVENUE | | F01/G\2 | | | FAIR MARKET | FOOD | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37204 | | 501(C)3 | 0. | 10,874. | VALUE | FOOD | HUNGRY PEOPLE |
| MAGONNIELL EDG EOOD WINIGEDY | | | | | | | |
| MCCONNELL FBC FOOD MINISTRY | | | | | | | |
| 9363 MCCONNELL RD | | | _ | | FAIR MARKET | | TO ASSIST IN FEEDING |
| MARTIN, TN 38237 | | 501(C)3 | 0. | 38,379. | VALUE | FOOD | HUNGRY PEOPLE |

Schedule I (Form 990)

| Part II Continuation of Grants and Other | Assistance to Do | mestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | art II.) | |
|--|------------------|-------------------------------|--------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MEHARRY MEDICAL COLLEGE | | | | | | | |
| 1810 ALBION STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37208 | 62-0488046 | 501(C)3 | 0. | 5,272. | | FOOD | HUNGRY PEOPLE |
| 141511111111111111111111111111111111111 | 02 0100010 | 301(0/3 | | 3,272. | VIII.01 | 1 002 | HONOKI IZOIZZ |
| MIDLAND BAPTIST CHURCH / JOURNEY | | | | | | USDA | |
| OF HOPE - 3114 MIDLAND FOSTERVILLE | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| RD - BELL BUCKLE, TN 37020 | | 501(C)3 | 0. | 932,117. | | FOOD , | HUNGRY PEOPLE |
| , | | (. / . | | , | | | |
| MINISTRIES OF HOPE | | | | | | | |
| 808 S ANDERSON STRET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| TULLAHOMA, TN 37388 | 46-5700503 | 501(C)3 | 0. | 60,924. | VALUE | FOOD | HUNGRY PEOPLE |
| , | | | | , | | | |
| MISSION 615 | | | | | | | |
| 1041 CENTER POINT ROAD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| HENDERSONVILLE, TN 37075 | 47-2736368 | 501(C)3 | 0. | 10,211. | VALUE | FOOD | HUNGRY PEOPLE |
| • | | | | , | | | |
| MONTEREY FOOD PANTRY | | | | | | | |
| 400 WEST CRAWFORD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| MONTEREY, TN 38574 | 27-2987330 | 501(C)3 | 0. | 41,723. | | FOOD | HUNGRY PEOPLE |
| , | | | | , - | | | |
| MONTEREY MISSION CENTER | | | | | | | |
| 315 E. PETERS AVENUE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| PUTNAM, TN 38574 | 62-0577038 | 501(C)3 | 0. | 645,218. | VALUE | FOOD | HUNGRY PEOPLE |
| , | | | | , | | | |
| MOORE COUNTY RESOURCE CENTER | | | | | | | |
| 241 MAIN STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| LYNCHBURG, TN 37352 | 82-1492336 | 501(C)3 | 0. | 68,862. | VALUE | FOOD | HUNGRY PEOPLE |
| · | | | | , | | | |
| MUSTARD SEED RANCH | | | | | | | |
| 4725 KUYKENDALL ROAD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| COOKEVILLE, TN 38501 | 20-5349572 | 501(C)3 | 0. | 52,076. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | , | | | |
| MISSIONARY GROVE BAPTIST | | | | | | REFRIGERATION, | |
| 165 MISSIONARY GROVE ROAD | | | | | FAIR MARKET | EQUIPMENT, | TO ASSIST IN FEEDING |
| CAMDEN, TN 38320 | | 501(C)3 | 0. | 946,815. | VALUE | FOOD | HUNGRY PEOPLE |

Schedule I (Form 990)

| Schedule I | (Form 990 | INC. |
|------------|-----------|------|
| | | |

| Part II Continuation of Grants and Other | Assistance to Dor | nestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | rt II.) | |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MONIMEDRY ROOD DANK THE | | | | | | HCDA | |
| MONTEREY FOOD BANK INC | | | | | FAIR MARKET | USDA COMMODITIES, | TO ASSIST IN FEEDING |
| 1123 E. COMMERCIAL AVENUE | 27-2987330 | E01/G)2 | 0. | 6,946. | | FOOD | HUNGRY PEOPLE |
| MONTEREY, TN 38574 | 27-2907330 | 301(C/3 | · · · | 0,340. | VALUE | REFRIGERATION, | HONGKI FEOFILE |
| MT. CARMEL BAPTIST CHURCH | | | | | | USDA | |
| | | | | | FAIR MARKET | | TO ACCION IN EFEDING |
| 4011 NASHVILLE HIGHWAY | | E01/G)2 | | 107 755 | | COMMODITIES, | TO ASSIST IN FEEDING |
| LEWISBURG, TN 37091 | | 501(C)3 | 0. | 127,755. | VALUE | FOOD | HUNGRY PEOPLE |
| MT JULIET HELP CENTER | | | | | | | |
| 3425 N MOUNT JULIET ROAD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| MT JULIET, TN 37122 | 62-1217515 | 501(C)3 | 0. | 225,685. | | FOOD | HUNGRY PEOPLE |
| , | | , . , . | | == : , : : : : | | REFRIGERATION, | |
| MT. ZION UNITED METHODIST CHURCH | | | | | | USDA, | |
| 5875 HIGHWAY 40 | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| CUNNINGHAM, TN 37052 | | 501(C)3 | 0. | 230,554. | | FOOD | HUNGRY PEOPLE |
| COMPLICATION 11 37032 | | 301(0/3 | | 230,331. | VIII01 | EQUIPMENT, | HONOKI I HOI HE |
| MURFREESBORO SEVENTH DAY ADVENTIST | | | | | | USDA | |
| CHURCH - 2815 ELAM ROAD - | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| | | 501(C)3 | 0. | 150 470 | | FOOD | |
| MURFREESBORO, TN 37127 | | 501(C/3 | 0. | 159,479. | VALUE | FOOD | HUNGRY PEOPLE |
| NASHVILLE BURRITO MINISTRY | | | | | | | |
| 2501 YORK ROAD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37135 | 62-1841762 | 501(C)3 | 0. | 7,556. | VALUE | FOOD | HUNGRY PEOPLE |
| , | | | | , | | | |
| NASHVILLE CARES | | | | | | | |
| 633 THOMPSON LANE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37204 | 62-1274532 | 501(C)3 | 0. | 6,921. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| NASHVILLE DREAM CENTER | | | | | | | |
| 3688 HIGHWAY 109 NORTH | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| LEBANON, TN 37087 | 20-3065115 | 501(C)3 | 0. | 49,052. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| NASHVILLE DRUG COURT FOUNDATION | | | | | | | |
| 1406 COUNTY HOSPITAL ROAD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37218 | 62-1693413 | 501(C)3 | 0. | 10,134. | VALUE | FOOD | HUNGRY PEOPLE |

Schedule I (Form 990) Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) NASHVILLE GENERAL HOSPITAL FOUNDATION - 1818 ALBION ST. -FAIR MARKET TO ASSIST IN FEEDING NASHVILLE, TN 37208 62-1383977 501(C)3 0. 9,026. VALUE HUNGRY PEOPLE FOOD REFRIGERATION, NASHVILLE RESCUE MISSION USDA 639 LAFAYETTE STREET FATR MARKET COMMODITIES TO ASSIST IN FEEDING NASHVILLE, TN 37203 45-2424130 501(C)3 0 759,714. VALUE FOOD HUNGRY PEOPLE NASHVILLE RESCUE MISSION WOMEN USDA FAIR MARKET CENTER - 1716 ROSA L. PARKS BLVD COMMODITIES TO ASSIST IN FEEDING NASHVILLE, TN 37208 45-2424130 501(C)3 0. 98,230. VALUE FOOD HUNGRY PEOPLE NEBO METHODIST CHURCH 305 WHITE FERN RD FAIR MARKET TO ASSIST IN FEEDING 501(C)3 0 12,713. VALUE HUNGRY PEOPLE BEECH BLUFF, TN 38313 FOOD NEIGHBORS CONCERNED / HARVEST USDA SHARE - 419 W. 9TH STREET -FAIR MARKET COMMODITIES TO ASSIST IN FEEDING 62-1124838 501(C)3 HUNGRY PEOPLE COLUMBIA, TN 38402 0. 313,661. VALUE FOOD NEW BEGINNINGS MINISTRY USDA 8125 HIGHWAY 69 A FATR MARKET COMMODITIES TO ASSIST IN FEEDING 336,653. VALUE FOOD HUNGRY PEOPLE BIG SANDY TN 38221 501(C)3 0. NEW COVENANT BAPTIST CHURCH 2201 OSAGE STREET FAIR MARKET TO ASSIST IN FEEDING 35-0868116 501(C)3 NASHVILLE, TN 37208 0. 5 601. VALUE FOOD HUNGRY PEOPLE NEW GARDEN CHURCH FATR MARKET TO ASSIST IN FEEDING 4636 LEBANON PIKE 134,512. VALUE HERMITAGE, TN 37076 62-0932793 501(C)3 0. FOOD HUNGRY PEOPLE NEW HARMONY BAPTIST CHURCH USDA 7050 HIGHWAY 69 SOUTH FAIR MARKET TO ASSIST IN FEEDING COMMODITIES. PARIS, TN 38242 501(C)3 211 186 VALUE FOOD HUNGRY PEOPLE 0.

| | | | | | | 1 | |
|--|------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | REFRIGERATION, | |
| NEW HOPE BAPTIST CHURCH | | | | | | EQUIPMENT, | |
| 6010 NEW HOPE ROAD | | | | | FAIR MARKET | USDA | TO ASSIST IN FEEDING |
| HERMITAGE, TN 37067 | | 501(C)3 | 0. | 849,816. | VALUE | COMMODITIES, | HUNGRY PEOPLE |
| NEW VISION MINISTRIES | | | | | | | |
| 3012 THOMPSON LANE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| WESTMORELAND, TN 37186 | | 501(C)3 | 0. | 246,741. | VALUE | FOOD | HUNGRY PEOPLE |
| NO POTENTIAL LEFT BEHIND | | | | | | USDA | |
| | | | | | FAIR MARKET | | TO AGGIGT IN EEEDING |
| 309 A LOVELL STREET | 22 0202504 | E01/G\2 | | 60 502 | | COMMODITIES, | TO ASSIST IN FEEDING |
| MADISON , TN 37115 | 32-0393594 | 501(C)3 | 0. | 60,583. | VALUE | FOOD | HUNGRY PEOPLE |
| NORTHFIELD CHURCH | | | | | | | |
| 2100 NASHVILLE PIKE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| GALLATIN , TN 37066 | | 501(C)3 | 0. | 80,763. | VALUE | FOOD | HUNGRY PEOPLE |
| NOURISH | | | | | | USDA | |
| 1809 MEMORIAL BLVD | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| MURFREESBORO, TN 37129 | 58-1565567 | 501(C)3 | 0. | 998,693. | | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| NOURISH FOOD BANK - SOUTH | | | | | | USDA | L |
| NASHVILLE - 416 E. THOMPSON LANE - | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37211 | 58-1565567 | 501(C)3 | 0. | 637,578. | VALUE | FOOD | HUNGRY PEOPLE |
| NOLENSVILLE FOOD PANTRY @ | | | | | | | |
| PROVIDENCE BAPTIST - 1668 SUNSET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| ROAD - BRENTWOOD, TN 37027 | | 501(C)3 | 0. | 147,499. | VALUE | FOOD | HUNGRY PEOPLE |
| OLIVET MISSIONARY BAPTIST | | | | | | | |
| 144 EWING DRIVE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| | 62-0577038 | 501 (C) 3 | 0. | 17 712 | | FOOD | HUNGRY PEOPLE |
| NASHVILLE, TN 37207 | 02-05//038 | 501(0/3 | 0. | 17,713. | VALUE | E OOD | HONGKI PEOPLE |
| ONE GENERATION AWAY | | | | | | USDA | |
| 320 PREMIER CT | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| FRANKLIN, TN 37067 | 46-2741214 | 501(C)3 | 0. | 4,699,589. | VALUE | FOOD | HUNGRY PEOPLE |

27-3589196 501(C)3

| Schedule I (Form 990) INC. | | | | | | | <u>52-1049447</u> ₽ |
|--|------------------|-------------------------------|--------------------------|---------------------------------------|--|--|---------------------------------------|
| Part II Continuation of Grants and Other | Assistance to Do | mestic Organizations | s and Domestic Go | vernments (Sch | edule I (Form 990), Pa T | art II.) T | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
| PPERATION STAND DOWN | | | | | L | | L |
| .125 12TH AVENUE S | | 504 (5) 0 | | 40.00 | FAIR MARKET | | TO ASSIST IN FEEDING |
| ASHVILLE, TN 37203 | 62-1638832 | 501(C)3 | 0. | 13,885. | VALUE | FOOD | HUNGRY PEOPLE |
| OUR DAILY BREAD FOOD PANTRY | | | | | | | |
| .180 WAYNE RD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| SAVANNAH, TN 38372 | 27-3220201 | 501 (C) 3 | 0. | 261,492 . | | FOOD | HUNGRY PEOPLE |
| | 2, 3220201 | 551(5/5 | 1 | 201,472. | 7111011 | 1 000 | PIONORI I DOLDE |
| OUTREACH MINISTRIES INTERNATIONAL | | | | | | | |
| .01 SCENIC VIEW RD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| OLD HICKORY, TN 37138 | | 501(C)3 | 0. | 45,736. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | 1 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | · · - | - | |
| PARIS FIRST CHURCH OF THE NAZERENE | | | | | | USDA | |
| 220 HIGHWAY 218 BYPASS | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| PARIS, TN 38242 | | 501(C)3 | 0. | 99,728. | VALUE | FOOD | HUNGRY PEOPLE |
| · | | | | , | | | |
| PARIS-FIRST UNITED METHODIST | | | | | | | |
| CHURCH - 101 EAST BLYTHE ST - | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| PARIS, TN 38242 | 31-1813333 | 501(C)3 | 0. | 183,087. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| PARSONS FIRST BAPTIST CHURCH | | | | | | | |
| 210 TENNESSEE AVENUE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| PARSONS, TN 38363 | 62-0577038 | 501(C)3 | 0. | 17,677. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| PATHFINDERS / BUFFALO VALLEY | | | | | | USDA | |
| 885 HIGHWAY 231 SOUTH | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| CASTALIAN SPRINGS, TN 37031 | | 501(C)3 | 0. | 151,427. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| PEACEFUL MINDS, INC | | | | | L | | |
| 1857 NINA MARIE DRIVE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| MURFREESBORO, TN 37129 | 27-0700399 | 501(C)3 | 0. | 9,866. | VALUE | FOOD | HUNGRY PEOPLE |

Schedule I (Form 990)

TO ASSIST IN FEEDING

HUNGRY PEOPLE

PEOPLE LOVING NASHVILLE 3511 GALLATIN PIKE STE 105

NASHVILLE, TN 37216

0.

FAIR MARKET

FOOD

54,830. VALUE

| 0) | INC. | | | | | | 6 | 2-1049447 | Page 1 | |
|--------|------------------|-------------------|----------------------|-----------------|------------------|-------------------------|--------|-----------|--------|--|
| ion of | Grants and Other | Assistance to Dor | mestic Organizations | and Domestic Go | overnments (Scho | edule I (Form 990), Par | t II.) | | | |
| | | | | | | | | | | |

| chedule I (Form 990) INC . | | | | | | | 52-1049447 F |
|--|------------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| Part II Continuation of Grants and Other A | Assistance to Do | mestic Organizations ⊺ | s and Domestic Go | overnments (Sch | iedule I (Form 990), Pa T | art II.) T | T |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
| PENNY MAXWELL MEMORIAL FOOD PANTRY | | | | | EATE MARKET | | TO AGGIGT IN DEED ING |
| 300 THE LANE ROAD | | E01 (G) 2 | | 11 400 | FAIR MARKET | 7000 | TO ASSIST IN FEEDING |
| COOKEVILLE, TN 38506 | | 501(C)3 | 0. | 11,428. | VALUE | FOOD | HUNGRY PEOPLE |
| PERRY CO FOOD BANK PLUS | | | | | | USDA | |
| 111 BROOKLYN AVENUE | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| LINDEN, TN 37096 | | 501(C)3 | 0. | 242,185. | | FOOD | HUNGRY PEOPLE |
| EINEEN, IN 37030 | | 501(0/5 | 1 | 212,103. | VIIIOI | 1 002 | HONORI FEOTEE |
| PICKETT COUNTY FOOD BANK | | | | | | USDA | |
| 141 SKYLINE DRIVE | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| BYRDSTOWN, TN 38549 | | 501(C)3 | 0. | 9,087. | | FOOD | HUNGRY PEOPLE |
| , | | | | ,,,,,,, | | | |
| PISTOLE BAPTIST CHURCH | | | | | | | |
| 1501 PISTOLE ROAD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| SPARTA, TN 38583 | 62-0535346 | 501(C)3 | 0. | 61,273. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| PLEASANT GREEN BAPTIST CHURCH | | | | | | | |
| 1410 JEFFERSON STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37208 | | 501(C)3 | 0. | 12,870. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| PLEASANT HEIGHTS BAPTIST CHURCH | | | | | FAIR MARKET | | TO AGGIOT IN EDEDING |
| 2712 TROTWOOD AVENUE | 62 0606151 | E01/G\2 | | F0 610 | | FOOD | TO ASSIST IN FEEDING |
| COLUMBIA, TN 38401 | 62-0696151 | 501(0)3 | 0. | 52,619. | VALUE | FOOD | HUNGRY PEOPLE |
| PLEASANT HILL METHODIST CHURCH | | | | | | | |
| 130 PLEASANT HILL RD | | | | | FAIR MARKET | EQUIPMENT, | TO ASSIST IN FEEDING |
| PLEASANT VIEW , TN 37146 | | 501(C)3 | 0. | 61,398. | | FOOD | HUNGRY PEOPLE |
| | | 51(0/5 | 1 | 31,330. | | - 302 | 101111 |
| PORTLAND PAY IT FORWARD | | | | | | | |
| 201 COLLEGE STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| PORTLAND, TN 37148 | 84-4163564 | 501(C)3 | 0. | 510,343. | VALUE | FOOD | HUNGRY PEOPLE |
| · | | | | , | | | |
| PRESTON TAYLOR MINISTRIES- WILSON | | | | | | | |
| CENTER - 4014 INDIANA AVENUE - | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37209 | 62-1757018 | 501(C)3 | 0. | 15,211. | VALUE | FOOD | HUNGRY PEOPLE |

Schedule I (Form 990) Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation or assistance organization or government if applicable cash grant noncash non-cash assistance (book, FMV, assistance appraisal, other) PROJECT RETURN 109 LAFAYETTE STREET FAIR MARKET TO ASSIST IN FEEDING 6,263. VALUE NASHVILLE, TN 37210 62-1058325 501(C)3 0. HUNGRY PEOPLE FOOD PROVISIONS MINISTRIES FOUNDRY 1419 CLINTON STREET FATR MARKET TO ASSIST IN FEEDING NASHVILLE, TN 37203 62-1532199 501(C)3 0 33,137. VALUE FOOD HUNGRY PEOPLE RADICAL MISSION COMPASSIONATE USDA MINISTRIES - 150 RICHVIEW ROAD -FAIR MARKET COMMODITIES TO ASSIST IN FEEDING CLARKSVILLE, TN 37043 20-1630209 501(C)3 0. 135,592. VALUE FOOD HUNGRY PEOPLE REFUGE CHURCH NASHVILLE USDA 309 RAYON DRIVE FAIR MARKET COMMODITIES TO ASSIST IN FEEDING 501(C)3 0 80,694. VALUE FOOD HUNGRY PEOPLE NASHVILLE, TN 37138 RESCUE 1 GLOBAL 2416 PLUM STREET FAIR MARKET TO ASSIST IN FEEDING 46-3971862 501(C)3 HUNGRY PEOPLE NASHVILLE, TN 37207 0. 16,924. VALUE FOOD REFRIGERATION RESTORING HOPE EQUIPMENT. 7310 BAXTER ROAD FATR MARKET USDA TO ASSIST IN FEEDING 30-0819576 501(C)3 535,559. VALUE COMMODITIES HUNGRY PEOPLE BAXTER TN 38544 0. RIVER LAKE BAPTIST CHURCH 4560 HIGHWAY 70 WEST FAIR MARKET TO ASSIST IN FEEDING WAVERLY, TN 37185 34,289. VALUE 501(C)3 0. FOOD HUNGRY PEOPLE ROOM IN THE INN USDA 705 DREXEL STREET FAIR MARKET COMMODITIES TO ASSIST IN FEEDING 35,804. VALUE NASHVILLE, TN 37203 62-0811413 501(C)3 0. FOOD HUNGRY PEOPLE RURAL HILL CHURCH OF CHRIST 564 BELL ROAD FAIR MARKET TO ASSIST IN FEEDING 37,355. VALUE HUNGRY PEOPLE ANTIOCH, TN 37013 501(C)3 0. FOOD

| Part II Continuation of Grants and Other | Assistance to Doi | mestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | art II.) | |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SACKS THRIFT AVE-FIRST UPC OF | | | | | | | |
| GREENFIELD - 2161 NORTH MERIDIAN | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| STREET - GREENFIELD, TN 38230 | 43-0679185 | 501 (C) 3 | 0. | 357,786. | | FOOD | HUNGRY PEOPLE |
| SIREEI - GREENFIELD, IN 30230 | 43-0079103 | 501(0/3 | 1 | 337,780. | VALUE | FOOD | HONGKI FEOFILE |
| SAFE HARBOR OF BUCKSNORT | | | | | | | |
| 5032 HIGHWAY 230 W | | | | | FAIR MARKET | | TO ACCION IN EFEDING |
| | F0 1710C02 | E01/G\2 | | 40.045 | | FOOD | TO ASSIST IN FEEDING |
| ONLY, TN 37140 | 58-1710683 | 501(C)3 | 0. | 49,245. | VALUE | FOOD | HUNGRY PEOPLE |
| SAFE HARBOR OF ERIN | | | | | | | |
| | | | | | EATD MADEEM | | TO AGGIOT IN EEEDING |
| 179 SUBSTATION LOOP | 50 4540600 | 504 (5) 0 | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| ERIN, TN 37061 | 58-1710683 | 501(C)3 | 0. | 44,930. | VALUE | FOOD | HUNGRY PEOPLE |
| CARR HAVION CHRAMHAM | | | | | | | |
| SAFE HAVEN CHEATHAM | | | | | L | | L |
| PO BOX 246 | | | _ | | FAIR MARKET | | TO ASSIST IN FEEDING |
| ASHLAND CITY, TN 37015 | | 501(C)3 | 0. | 5,452. | VALUE | FOOD | HUNGRY PEOPLE |
| GLE TOOD DIVERN | | | | | | | |
| SALT FOOD PANTRY | | | | | | USDA | |
| 7019 HICKORY RIDGE ROAD | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| LEBANON, TN 37090 | 99-1027322 | 501(C)3 | 0. | 208,576. | VALUE | FOOD | HUNGRY PEOPLE |
| CALVARION ADMY | | | | | | | |
| SALVATION ARMY | | | | | | | |
| 1137 W MAIN | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| MURFREESBORO, TN 37129 | 58-0660607 | 501(C)3 | 0. | 36,362. | VALUE | FOOD | HUNGRY PEOPLE |
| a.v | | | | | | | |
| SAMARITAN MINISTRIES OF TEMPLE | | | | | | USDA | |
| BAPTIST CHURCH - 1041 28TH AVENUE | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| NORTH - NASHVILLE, TN 37208 | 62-1341004 | 501(C)3 | 0. | 142,239. | VALUE | FOOD | HUNGRY PEOPLE |
| GINIDITAN DEGOVERY CONSTRUCTOR | | | | | | | |
| SAMARITAN RECOVERY COMMUNITY | | | | | L | | |
| 319 SOUTH 4TH STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37206 | 62-0723592 | 501(C)3 | 0. | 55,098. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | REFRIGERATION, | |
| SANDRIDGE BAPTIST CHURCH | | | | | | USDA | |
| 7350 HIGHWAY 12 WEST | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| LEXINGTON, TN 38351 | | 501(C)3 | 0. | 114,239. | VALUE | FOOD | HUNGRY PEOPLE |

Schedule I (Form 990)

Schedule I (Form 990) Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SARDIS RIDGE BAPTIST CHURCH 1335 SARDIS RIDGE ROAD FAIR MARKET TO ASSIST IN FEEDING 31,912. VALUE 62-0535346 501(C)3 0. HUNGRY PEOPLE PARSONS, TN 38363 FOOD SOUTH LAWRENCE (FAITH BAPTIST USDA CHURCH) - 723 N MILITARY STREET -FATR MARKET COMMODITIES TO ASSIST IN FEEDING LORETTO, TN 38469 501(C)3 0 58,045. VALUE FOOD HUNGRY PEOPLE SMITHVILLE CUMBERLAND PRESBYTERIAN USDA CHURCH - 201 S. COLLEGE STREET -FAIR MARKET COMMODITIES TO ASSIST IN FEEDING SMITHVILLE, TN 37166 501(C)3 0. 248,980. VALUE FOOD HUNGRY PEOPLE SMITHVILLE UNITED METHODIST CHURCH 430 EAST BROAD STREET FAIR MARKET TO ASSIST IN FEEDING SMITHVILLE, TN 37166 501(C)3 0 170,506. VALUE HUNGRY PEOPLE TOOD SMYRNA CHURCH OF CHRIST 205 FRONT STREET FAIR MARKET TO ASSIST IN FEEDING HUNGRY PEOPLE SMYRNA , TN 37167 501(C)3 0. 21,914. VALUE FOOD SMYRNA FIRST UNITED METHODIST CHURCH - 301 SAM DAVIS ROAD -FATR MARKET EQUIPMENT TO ASSIST IN FEEDING 8,590. VALUE FOOD HUNGRY PEOPLE SMYRNA TN 37167 501(C)3 0. SOUTH END UMC 5042 EDMONDSON PIKE FAIR MARKET TO ASSIST IN FEEDING NASHVILLE, TN 37211 501(C)3 0. 83,960. VALUE FOOD HUNGRY PEOPLE SOUTH LAWRENCE FOOD CTR USDA 723 W MILITARY STREET FAIR MARKET COMMODITIES TO ASSIST IN FEEDING 22,979. VALUE LORETTO, TN 38469 62-0535346 501(C)3 0. FOOD HUNGRY PEOPLE SOUTH NASHVILLE SEVENTH DAY ADVENTIST - 244 TUSCULUM ROAD -FAIR MARKET TO ASSIST IN FEEDING NASHVILLE, TN 37211 62-1723370 501(C)3 6 280 VALUE HUNGRY PEOPLE 0. FOOD

| Schedule I (Form 990) INC • | | | | | | | 52-1049447 Pag |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| Part II Continuation of Grants and Other A | Assistance to Dor | nestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | art II.) | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CDADMA WALES COLDANA MALO COMMON | | | | | | | |
| SPARTA WHITE COUNTY HELP CENTER | | | | | | | TO NGGIGE IN TERRING |
| 20 NORTH MAIN STREET | 47 2002050 | E01/G)3 | 0. | 420 120 | FAIR MARKET | ECOD | TO ASSIST IN FEEDING |
| SPARTA, TN 38583 | 47-2092859 | 501(C)3 | 0. | 430,128. | VALUE | FOOD | HUNGRY PEOPLE |
| SPRING CREEK BAPTIST CHURCH | | | | | | | |
| 2760 TRENTON ROAD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| CLARKSVILLE, TN 37040 | 62-0535346 | 501(C)3 | 0. | 36,065. | VALUE | FOOD | HUNGRY PEOPLE |
| • | | | | , | | | |
| ST VINCENT DE PAUL CATHOLIC CHURCH | | | | | | | |
| 1700 HEIMAN STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37208 | 53-0196617 | 501(C)3 | 0. | 39,463. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| ST. ANDREW CATHOLIC CHURCH | | | | | | | |
| 829 VALLEY VIEW DRIVE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| SPARTA, TN 38583 | | 501(C)3 | 0. | 84,135. | VALUE | FOOD | HUNGRY PEOPLE |
| ST. LUKE'S COMMUNITY HOUSE | | | | | | USDA | |
| 5601 NEW YORK AVENUE | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37209 | | 501(C)3 | 0. | 443,733. | | FOOD | HUNGRY PEOPLE |
| MASHVIDDE, IN 37209 | | 301(0/3 | · · · | 445,755. | VALUE | FOOD | HONGKI FEOTEE |
| ST. LUKE'S PRIMITIVE BAPTIST | | | | | | | |
| CHURCH - 135 LEWIS STREET - | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37210 | | 501(C)3 | 0. | 81,858. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| ST. MINA COPTIC ORTHODOX CHURCH | | | | | | | |
| 476 MCMURRAY DRIVE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37211 | 01-0907778 | 501(C)3 | 0. | 195,708. | VALUE | FOOD | HUNGRY PEOPLE |
| am putitp's Episcopy, swipsy | | | | | | Haby | |
| ST. PHILIP'S EPISCOPAL CHURCH | | | | | | USDA | TO AGGEGT THE PURPLES |
| 85 FAIRWAY DRIVE | 60 6005440 | F01/0\2 | | 06.415 | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37214 | 62-6075442 | DUI(C)3 | 0. | 26,445. | VALUE | FOOD | HUNGRY PEOPLE |
| ST. VINCENT DE PAUL-ST. PATRICK | | | | | | | |
| CHURCH - 1700 HEIMAN STREET - | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37208 | 53-0196617 | 501(C)3 | 0. | 52,833. | | FOOD | HUNGRY PEOPLE |

| 1 | Page | 1 |
|---|------|-----|
| | raue | - 1 |

| Part II Continuation of Grants and Other A | Assistance to Dor | mestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa | urt II.) | T |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ST.PAUL MISSIONARY BAPTIST CHURCH | | | | | | | |
| 66 BEACON ROAD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| | | 501(C)3 | 0. | 67,079. | | FOOD | HUNGRY PEOPLE |
| DECATURVILLE, TN 38329 | | 501(C)3 | 0. | 67,079. | VALUE | FOOD | HUNGRY PEOPLE |
| STAR MINISTRIES, INC. | | | | | | USDA | |
| 1307 LEWIS STREET | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37210 | 62-1651528 | 501(C)3 | 0. | 173,218. | | FOOD | HUNGRY PEOPLE |
| , | | | | 275,225 | | | |
| STEVENS STREET BAPTIST CHURCH CARE | | | | | | | |
| CENTER - 327 W STEVENS STREET - | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| COOKEVILLE, TN 38501 | | 501(C)3 | 0. | 149,553. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| STEWART COUNTY SENIORS/DOVER | | | | | | | |
| 111 GENERAL RICE STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| DOVER, TN 37058 | 62-1048733 | 501(C)3 | 0. | 6,550. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| STREET WORKS | | | | | | | |
| 1326 ROSA L PARKS | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37208 | 62-1806967 | 501(C)3 | 0. | 21,028. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| SULPHUR WELL CHURCH OF CHRIST | | | | | L | | L |
| 1760 OAK GROVE ROAD SOUTH | | E04 (E) 0 | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| SPRINGVILLE, TN 38256 | | 501(C)3 | 0. | 29,315. | VALUE | FOOD | HUNGRY PEOPLE |
| SUMNER COUNTY MISSIONS | | | | | | | |
| 724 EAST MAIN STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| HENDERSONVILLE, TN 37075 | | 501(C)3 | 0. | 145,969. | | FOOD | HUNGRY PEOPLE |
| MINDERSONVILLE, IN 37073 | | 501(0/5 | 1 | 143,303. | A17TOE | 1 200 | TOTORI FEOFIE |
| TAFT FULL GOSPEL FOOD BANK | | | | | | | |
| 1129 OLD RAILROAD BED RD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| TAFT, TN 38488 | | 501(C)3 | 0. | 12,468. | | FOOD | HUNGRY PEOPLE |
| 1111 1, 111 JOHOU | | | 1 | 12,400. | 7111011 | 1 000 | HOLOKI I BOLDB |
| TEEN CHALLENGE SAVANNAH | | | | | | | |
| 1450 FLORENCE ROAD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| | | | 1 | I | | 1 | |

62-1049447

| Part II Continuation of Grants and Other | Assistance to Dor | nestic Organizations | and Domestic Go | overnments (Sch | edule I (Form 990), Pa | rt II.) | |
|--|-------------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| TEMPLE BAPTIST CHURCH | | | | | | | |
| 3720 KINGS LANE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37218 | 62-1179598 | 501 (C) 3 | 0. | 10,060. | | FOOD | HUNGRY PEOPLE |
| MISHVILLE, IN 37210 | 02 1173330 | 301(0/3 | · · | 10,000. | VILLO | 1002 | HONGKI I HOLLE |
| TEMPLE OF PRAISE | | | | | | | |
| 1030 RAGSDALE LANE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| PULASKI, TN 38478 | 62-1618576 | 501(C)3 | 0. | 87,405. | VALUE | FOOD | HUNGRY PEOPLE |
| , | | | | , | | EQUIPMENT, | |
| THE BRANCH OF NASHVILLE, INC. | | | | | | USDA | |
| 41 TUSCULUM ROAD | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| ANTIOCH, TN 37013 | 46-3153789 | 501(C)3 | 0. | 2,261,065. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| THE COMMUNITY CHURCH | | | | | | | |
| 132 ST ANDREWS DRIVE SUITE C | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| MURFREESBORO, TN 37218 | | 501(C)3 | 0. | 22,478. | VALUE | FOOD | HUNGRY PEOPLE |
| THE FAMILY CENTER (SOUTH CENTRAL | | | | | | | |
| TENNESSEE EXCHANGE CLUB FAMILY | | | | | | USDA | |
| CENTER, INC.) - 921 SOUTH BECKETT | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| STREET - COLUMBIA, TN 38401 | 62-1597122 | 501(C)3 | 0. | 382,986. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| THE HELP CENTER | | | | | | USDA | |
| 213 W. MAPLEWOOD LANE | | | _ | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37207 | 47-2594358 | 501(C)3 | 0. | 391,499. | VALUE | FOOD | HUNGRY PEOPLE |
| THE TOURNEY HOME | | | | | | | |
| THE JOURNEY HOME | | | | | FAIR MARKET | | TO AGGIGE IN EEEDING |
| 308 WEST CASTLE STREET | | 501(C)3 | 0. | 22 575 | | FOOD | TO ASSIST IN FEEDING HUNGRY PEOPLE |
| MURFREESBORO, TN 37129 | | 501(C/3 | 0. | 32,575. | VALUE | REFRIGERATION, | HUNGRI PEOPLE |
| THE MILAN MUSTARD SEED, INC. | | | | | | USDA | |
| 2027 SECOND STREET | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| | 62-1224019 | 501/C)3 | 0. | 712 /16 | | FOOD | HUNGRY PEOPLE |
| MILAN , TN 38358 | 02-1224019 | 001(0/3 | 0. | 712,416. | VALUE | FOOD | NONGKI PEOPLE |
| THE NASHVILLE FOOD PROJECT | | | | | | | |
| 5904 CALIFORNIA AVENUE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37209 | 45-2905951 | 501(C)3 | 0. | 464,073. | | FOOD | HUNGRY PEOPLE |
| | 13 2703731 | | <u> </u> | 104,073. | | r | <u> </u> |

| Part II Continuation of Grants and Other Assi (a) Name and address of | istance to Dor | nestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 000) Do | | |
|--|----------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| (a) Name and address of | | | 1 | Terriments (eer | 160016 1 (F01111 990), Pa | irt II.) | 1 |
| organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | | |
| THE STORE, INC. 2009 12TH AVENUE SOUTH | | | | | FAIR MARKET | EQUIPMENT, | TO ASSIST IN FEEDING |
| | 81-4247568 | 501 (C) 3 | 0. | 243,289. | | FOOD | HUNGRY PEOPLE |
| NASHVILLE, IN 37204 | 01-4247500 | 301(0/3 | 0. | 243,203. | VALUE | EQUIPMENT, | HUNGRI FEOFLE |
| THE WELL | | | | | | USDA | |
| 5306 MAIN STREET | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| | 32-0258525 | 501 (C) 3 | 0. | 1,247,776. | | FOOD | HUNGRY PEOPLE |
| SPRING HILL, IN 37174 | 32 0230323 | 301(0/3 | 0. | 1,247,770. | VALOE | 1 000 | HONGKI FEOFIE |
| TNKIDS NUTRITION, INC. | | | | | | | |
| 1006 PEPPER STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| | 27-2268298 | 501(C)3 | 0. | 128,449. | | FOOD | HUNGRY PEOPLE |
| STRINGT I ELD , IN 37172 | 2, 2200230 | 301(0/3 | · · | 120,113. | VIII01 | 1 002 | |
| TONY RICE CENTER | | | | | | | |
| 1300 RAIRROAD AVENUE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| | 62-1461852 | 501(C)3 | 0. | 42,562. | | FOOD | HUNGRY PEOPLE |
| | | | | , | | | |
| TREVECCA COMMUNITY CHURCH | | | | | | | |
| 335 MURFREESBORO ROAD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| | 44-0552034 | 501(C)3 | 0. | 40,208. | | FOOD | HUNGRY PEOPLE |
| , | | (. , . | | | | | |
| TREZEVANT MINISTERIAL ALLIANCE | | | | | | | |
| PANTRY - 5365 MAIN STREET WEST - | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| TREZEVANT, TN 38258 | | 501(C)3 | 0. | 58,785. | | FOOD | HUNGRY PEOPLE |
| VICTORY CHRISTIAN CENTER-SHALOM | | | | , - | | | |
| FOOD MINISTRY - 1641 MIDDLE | | | | | | | |
| TENNESSEE BLVD - MURFREESBORO, TN | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| · I | 62-1606516 | 501(C)3 | 0. | 15,364. | | FOOD | HUNGRY PEOPLE |
| | | (. , . | | | | | |
| UCHRA / CHANCE RESIDENTIAL | | | | | | | |
| 1744 DERRYBERRY ROAD | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| BLOOMINGTON SPRINGS, TN 38545 | | 501(C)3 | 0. | 25,937. | | FOOD | HUNGRY PEOPLE |
| | | , _ , _ | 1 | | | | |
| UNITED MINISTRIES FOOD BANK OF | | | | | | USDA | |
| ROBERTSON COUNTY - 808 SOUTH MAIN | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| | 62-1581339 | 501(C)3 | 0. | 282,243. | | FOOD | HUNGRY PEOPLE |

62-0482363 501(C)3

| Schedule I (Form 990) INC . Part II Continuation of Grants and Other A | ssistance to Do | mestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990). Pa | | 2-1049447 F |
|---|-------------------|----------------------------------|--------------------------|----------------------------------|---|--|---------------------------------------|
| Part II Outlindation of Grants and Other P | issistance to Doi | liestic Organizations | and Domestic de | Verninents (OCI) | Cadic 1 (1 om 550), 1 a | | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| | | | | | | EQUIPMENT, | |
| VINE RIDGE BAPTIST / 5 LOAVES | | | | | | USDA | |
| 602 VINE RIDGE ROAD | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| CRAWFORD, TN 38554 | | 501(C)3 | 0. | 732,117. | VALUE | FOOD | HUNGRY PEOPLE |
| VOICE OF VICTORY | | | | | | | |
| 127 CAMPBELLSVILLE PIKE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| | 83-3834729 | 501/C)3 | 0. | 255,873. | | FOOD | HUNGRY PEOPLE |
| ETHRIDGE, TN 38456 | 03-3034723 | 501(0/5 | 0. | 255,675. | VALUE | REFRIGERATION, | HONGKI FEOFILE |
| VOICES OF SAVANNAH | | | | | | USDA | |
| 212 EUREKA STREET | | | | | FAIR MARKET | COMMODITIES, | TO ASSIST IN FEEDING |
| MILAN , TN 38358 | | 501(C)3 | 0. | 165,683. | | FOOD | HUNGRY PEOPLE |
| MILAN , IN 30330 | | 501(0/5 | 0. | 103,003. | VALUE | FOOD | HONGKI FEOFILE |
| WATSON GROVE MISSIONARY BAPTIST | | | | | | | |
| CHURCH - 1415 HORTON AVENUE - | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37212 | | 501(C)3 | 0. | 25,725. | | FOOD | HUNGRY PEOPLE |
| , | | 552(5)5 | • | 20,720. | | 1 002 | |
| WAYNESBORO MINISTERIAL ASSOCIATION | | | | | | | |
| 210 S MAIN STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| WAYNESBORO, TN 38485 | 62-0577038 | 501(C)3 | 0. | 171,365. | | FOOD | HUNGRY PEOPLE |
| , | | | | , - | | | |
| WE CARE MINISTRIES | | | | | | | |
| 530 N. LINDELL STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| MARTIN, TN 38237 | 62-1292937 | 501(C)3 | 0. | 32,286. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |
| WELCOME HOME MINISTRIES | | | | | | | |
| 446 BROADMOOR DRIVE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| NASHVILLE, TN 37216 | | 501(C)3 | 0. | 7,076. | VALUE | FOOD | HUNGRY PEOPLE |
| ARGUEN HELGING INTERS ASSOCIATE | | | | | | | |
| WESLEY HEIGHTS UNITED METHODIST | | | | | | | |
| CHURCH - 2101 E LINCOLN STREET - | 04 40-00- | 504 (5) 0 | _ | | FAIR MARKET | L | TO ASSIST IN FEEDING |
| TULLAHOMA, TN 37388 | 31-1813333 | 501(C)3 | 0. | 13,898. | VALUE | FOOD | HUNGRY PEOPLE |
| | | | | | | | |

Schedule I (Form 990)

TO ASSIST IN FEEDING

HUNGRY PEOPLE

WEST TENNESSEE CHILDREN'S HOME

170 FRANK LATHAM ROAD

PINSON, TN 38366

0.

FAIR MARKET

FOOD

31,355. VALUE

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| WESTSIDE CHURCH OF THE NAZARENE | | | | | | | |
| 123 WESTSIDE DRIVE | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| TULLAHOMA, TN 37388 | | 501(C)3 | 0. | 2,085,400. | | FOOD | HUNGRY PEOPLE |
| | | 001(0)0 | 1 | 2,000,100. | | 1002 | |
| WHITTAKER CHURCH OF GOD/WHEEL | | | | | | | |
| COMMUNITY FB - 2547 HIGHWAY 64 | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| WEST - SHELBYVILLE, TN 37160 | | 501(C)3 | 0. | 511,832. | | FOOD | HUNGRY PEOPLE |
| , 11 3, 100 | | 301(0/3 | • | 311,032. | VIIIOE | 1 502 | ITOMORT TEOTEE |
| WILSON COUNTY HELP CENTER | | | | | | | |
| 203 W HIGH STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| LEBANON, TN 37087 | 62-1364149 | 501(C)3 | 0. | 48,407. | | FOOD | HUNGRY PEOPLE |
| | 02 2001213 | 551(5)5 | 1 | 20, 207. | | 1002 | |
| WINCHESTER FIRST BAPTIST | | | | | | | |
| 108 S HIGH STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| WINCHESTER, TN 37398 | 62-0535346 | 501(C)3 | 0. | 40,256. | | FOOD | HUNGRY PEOPLE |
| | 12 0000010 | 001(0)0 | + | 10,200. | | | |
| WOODBURY UNITED METHODIST CHURCH | | | | | | | |
| 502 WEST HIGH STREET | | | | | FAIR MARKET | | TO ASSIST IN FEEDING |
| WOODBURY, TN 37190 | 62-1180101 | 501(C)3 | 0. | 190,402. | | FOOD | HUNGRY PEOPLE |
| , 100220K1, 110 37130 | 02 1100101 | 301(0/3 | · · | 150,102. | VIIIOE | 1 502 | ITOMORIT TEOTEE |
| | | | | | | | |
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Page 2

Part III

INC. 62-1049447 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

| Part III can be duplicated if additional space is needed. | | | | | | | | | |
|---|---|--------------------------|---------------------------------------|---|---------------------------------------|--|--|--|--|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance | | | | |
| COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) | 22565 | 0. | 1,308,534. | FAIR MARKET VALUE | CSFP COMMODITIES | | | | |
| | | | , , | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Part IV Supplemental Information. Provide the information req | uired in Part I, lin | e 2; Part III, column | (b); and any other ac | dditional information. | | | | | |
| TEFAP COMMODITIES ELIGIBILITY CRITE | ERIA - PA | RTNER AGEN | CIES ARE M | ONITORED BY | | | | | |
| SITE VISITS BY SECOND HARVEST STAFE | AND ARE | REQUIRED | TO SUBMIT | MONTHLY | | | | | |
| INVENTORY LISTINGS OF USDA COMMODIT | TIES RECE | IVED AND U | SED IN FEE | DING | | | | | |
| PROGRAMS. IN ORDER TO BE ELIGIBLE, | LISTINGS OF USDA COMMODITIES RECEIVED AND USED IN FEEDING IN ORDER TO BE ELIGIBLE, ORGANIZATIONS SHOULD BE A 501(C)(3) | | | | | | | | |
| ORGANIZATION OR AN EQUIVALENT UNICO | ZATION OR AN EQUIVALENT UNICORPORATED FAITH-BASED ORGANIZATION | | | | | | | | |
| MEETING 12/14 CRITERIA ESTABLISHED | BY THE F | OOD BANK. | | | | | | | |
| CSFP - PARTICIPATING CLIENTS MUST H | CSFP - PARTICIPATING CLIENTS MUST BE 60 YEARS OF AGE OR OLDER, LIVE IN | | | | | | | | |
| AVIDSON COUNTY, AND MEET INCOME GUIDELINES. CSFP PARTNER AGENCIES ARE | | | | | | | | | |

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Name of the organization

Department of the Treasury

SECOND HARVEST FOOD BANK OF MIDDLE TN, INC.

Inspection
Employer identification number

62-1049447

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? 4a Х 4b **b** Participate in or receive payment from a supplemental nonqualified retirement plan? X c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a X **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III X 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8

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

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2023

Regulations section 53.4958-6(c)?

INC.

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of W | /-2 and/or 1099-MIS0 compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) | |
|--------------------------------|------|-----------------------|---|-------------------------------------|-----------------------------------|-------------------------|------------------------------------|---|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 | |
| (1) NANCY KEIL | (i) | 295,261. | 48,496. | 0. | 26,377. | 10,184. | 380,318. | 0. | |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (2) KIM MOLNAR | (i) | 214,438. | 23,278. | 0. | 18,246. | 10,326. | 266,288. | 0. | |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (3) HEATHER VERBLE | (i) | 190,054. | 21,775. | 0. | 17,074. | 9,860. | 238,763. | 0. | |
| CHIEF FINANCIAL OFFICER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (4) ALLISON PARSONS (END 5/24) | (i) | 163,304. | 18,656. | 0. | 14,614. | 9,601. | 206,175. | 0. | |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (5) KARYN THOMPSON | (i) | 129,673. | 14,921. | 0. | 11,696. | 9,289. | 165,579. | 0. | |
| VP OF HUMAN RESOURCES | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (6) TRACEY ALDERDICE | (i) | 117,196. | 13,800. | 0. | 10,616. | 12,426. | 154,038. | 0. | |
| VP OF COMMUNITY IMPACT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (7) RICHARD BROWN | (i) | 118,194. | 6,494. | 0. | 10,784. | 17,438. | 152,910. | 0. | |
| SR DIRECTOR CORPORATE ENGA | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| (8) MICHAEL MICHLOWSKI | (i) | 122,282. | 5,961. | 0. | 4,866. | 17,505. | 150,614. | 0. | |
| DIR TECHNOLOGY | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |
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| | (ii) | | | | | | | | |
| | (i) | | | | | | | | |
| | (ii) | | | | | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 5:

THE EXECUTIVE COMPENSATION COMMITTEE HAS A THREE-PART REVIEW TO DETERMINE

IF AND HOW MUCH IN EXECUTIVE BONUSES WILL BE PAID. THEY LOOK AT 1)

ACHIEVEMENT OF ANNUAL OPERATING BUDGET, 2) ATTAINING THE GOALS SET AS KPIS

FOR THE YEAR (DONATED POUNDS, CLOSE THE MEAL GAP, FUNDRAISING, PROJECT

PRESERVE NET REVENUE, AND EMPLOYEE NET PROMOTER SCORE), AND 3) POSITIVE

CASH FLOW FOR THE YEAR.

PART I, LINE 6:

THE EXECUTIVE COMPENSATION COMMITTEE HAS A THREE-PART REVIEW TO DETERMINE

IF AND HOW MUCH IN EXECUTIVE BONUSES WILL BE PAID. THEY LOOK AT 1)

ACHIEVEMENT OF ANNUAL OPERATING BUDGET, 2) ATTAINING THE GOALS SET AS KPIS

FOR THE YEAR (DONATED POUNDS, CLOSE THE MEAL GAP, FUNDRAISING, PROJECT

PRESERVE NET REVENUE, AND EMPLOYEE NET PROMOTER SCORE), AND 3) POSITIVE

CASH FLOW FOR THE YEAR.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Go to www.irs.gov/Form990 for instructions and the latest information.

SECOND HARVEST FOOD BANK OF MIDDLE TN,

Employer identification number 62-1049447

| | INC. | | | | 62-1 | 0494 | 447 | |
|-----|--|-------------------------------|---|---|---|----------|-----|-----|
| Pai | rt I Types of Property | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | etermini | _ | 5 |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | X | 34 | 377,488. | SALES PRICE | | | |
| 10 | Securities - Closely held stock | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | |
| | trust interests | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | |
| | Historic structures | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | |
| 15 | Real estate - Residential | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | |
| 17 | Real estate - Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | X | 29,377 | 72,000,495. | RECORDS | | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other (OTHER DONATIONS) | X | 220 | | COMPARABLE | | | |
| 26 | Other (PROJECT MATERIA) | X | 3 | | COMPARABLE | | | |
| 27 | Other (GIFT CARDS) | X | 5 | 410. | COMPARABLE | SALI | ΞS | |
| 28 | Other () | | | | | | | |
| 29 | Number of Forms 8283 received by the organia | zation durinç | the tax year for c | ontributions | | | | |
| | for which the organization completed Form 82 | 83, Part V, D | onee Acknowledg | ement 29 | | | | |
| | | | | | | \Box | Yes | No |
| 30a | During the year, did the organization receive by | y contributio | n any property rep | orted in Part I, lines 1 throug | h 28, that it | | | |
| | must hold for at least 3 years from the date of | the initial co | ntribution, and whi | ich isn't required to be used t | or | | | |
| | exempt purposes for the entire holding period | ? | | | | 30a | | _X_ |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance p | oolicy that re | equires the review | of any nonstandard contribut | ions? | 31 | | _X_ |
| 32a | Does the organization hire or use third parties | or related or | ganizations to soli | cit, process, or sell noncash | | | | |
| | contributions? | | | | | 32a | | X |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of property | for which column (a) is chec | ked, | | | |
| | describe in Part II. | | | | | | | |

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

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

SECOND HARVEST FOOD BANK OF MIDDLE TN, INC.

Employer identification number 62-1049447

FORM 990, PART I, LINE 6: TO DETERMINE THE NUMBER OF VOLUNTEERS THE ORGANIZATION DIVIDES THE TOTAL NUMBER OF VOLUNTEER HOURS FOR THE FISCAL YEAR OF 62,621 BY THE LENGTH OF THE 2.5 HOUR VOLUNTEER SHIFTS. THE ESTIMATED NUMBER OF VOLUNTEERS FOR THE FISCAL YEAR 2024 IS 25,048. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: "NETWORK") FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: INSECURE FAMILIES. SNAP OUTREACH - SECOND HARVEST OFFERS SNAP OUTREACH THROUGH OUR NEIGHBOR CARE PANTRIES, MOBILE PANTRY DISTRIBUTIONS, AND PARTNER AGENCIES. SNAP, PREVIOUSLY KNOWN AS FOOD STAMPS, ASSISTS LOW-INCOME INDIVIDUALS AND FAMILIES BY PROVIDING MONTHLY ASSISTANCE TO PURCHASE FOOD. SECOND HARVEST'S CLIENT OUTREACH STAFF SHARE INFORMATION ABOUT THE NUTRITION BENEFITS OF SNAP, PRE-SCREEN PARTICIPANTS, AND HELP INDIVIDUALS COMPLETE THE SNAP APPLICATION. OUTREACH STAFF ASSISTED IN COMPLETING APPROXIMATELY 1,500 APPLICATIONS DURING THE YEAR ENDED JUNE 30, 2024 (1,000 APPLICATIONS IN 2023). COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) - SECOND HARVEST OPERATES CSFP WHICH WORKS TO IMPROVE THE HEALTH OF LOW-INCOME INDIVIDUALS AT LEAST 60 YEARS OF AGE BY SUPPLEMENTING THEIR DIETS WITH NUTRITIOUS USDA FOODS. IN THE YEAR ENDED JUNE 30, 2024, NEARLY 23,000 BOXES WERE

332211 11-14-23

DISTRIBUTED TO QUALIFIED SENIORS IN DAVIDSON COUNTY (NEARLY 23,000

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

Schedule O (Form 990) 2023 Page 2

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

BOXES IN 2023).

MANUFACTURING - SECOND HARVEST OPERATES A COOK/CHILL OPERATION, WHICH IS A METHOD OF FOOD MANUFACTURING THAT INVOLVES HEATING FOOD, PUMPING THE PRODUCT INTO FORM-FILL PLASTIC BAGS THAT ARE HEAT SEALED, THEN SUPER COOLED FOR APPROXIMATELY 45 MINUTES PRIOR TO FREEZING THE PRODUCT. IT HAS UTILIZED LARGE AMOUNTS OF DONATED INGREDIENTS THAT WOULD HAVE OTHERWISE BEEN WASTED. OR THE YEAR ENDED JUNE 30, 2024 THIS PROGRAM UTILIZED MORE THAN 156,000 POUNDS OF DONATED INGREDIENTS THAT WOULD HAVE OTHERWISE BEEN WASTED. ADDITIONALLY, THIS OPERATION PRODUCES TRAY PACK MEALS FOR CHILDREN'S FEEDING, SENIOR NUTRITION AND PARTNER AGENCIES THAT DO DIRECT HOME DISTRIBUTION TO CLIENTS IN NEED. GROCERY RESCUE - THIS PROGRAM COLLECTS PERISHABLE AND NON-PERISHABLE FOOD FROM OVER 520 RETAIL PARTNERS FOR DISTRIBUTION TO PARTNER AGENCIES AND PROGRAM SITES. PRODUCTS RESCUED AND DISTRIBUTED INCLUDE MEAT, PRODUCE, DAIRY, BREAD, BAKERY ITEMS, AND DRY PRODUCTS. DURING THE YEAR ENDED JUNE 30, 2024, SECOND HARVEST PICKED UP DIRECTLY OR FACILITATED PICKUP BY PARTNER AGENCIES OVER 13.3 MILLION POUNDS OF FOOD (EQUIVALENT TO MORE THAN 11 MILLION MEALS) AND COLLECTED 11.6 MILLION POUNDS OF FOOD IN 2023.

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

WAS ABLE TO RESPOND TO THE NEEDS OF FEEDING AMERICA NETWORK FOOD BANKS

FOR HURRICANE IAN RESPONSE BY PROVIDING NEARLY 300,000 ASSEMBLED FOOD

BOXES TO FLORIDA AND OTHER IMPACTED STATES FOR A TOTAL OF NEARLY \$6

MILLION IN SALES.

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

OTHER PROGRAM SERVICES INCLUDE:

Schedule O (Form 990) 2023 Page **2**

Name of the organization SECOND HARVEST FOOD BANK OF MIDDLE TN , **Employer identification number** 62-1049447 INC. EMERGENCY FOOD BOX - THE LONGEST-OPERATING PROGRAM OF SECOND HARVEST PROVIDED NEARLY TWO MILLION MEALS DURING THE YEAR ENDED JUNE 30, 2024 (JUST OVER ONE MILLION MEALS IN 2023). EMERGENCY STAPLES, AS WELL AS PRODUCE, MEAT, AND DAIRY, ARE PROVIDED TO FAMILIES IN NEED THROUGH ITS SATELLITE CENTERS IN DAVIDSON COUNTY. CHILDREN'S FEEDING PROGRAMS - SECOND HARVEST'S CHILDREN'S FEEDING PROGRAMS INCLUDES KIDS CAFE, AT RISK AFTER SCHOOL PROGRAM, SUMMER FOOD SERVICE PROGRAM, SCHOOL PANTRY PROGRAM, AND BACKPACK PROGRAM. KIDS CAFE, AT RISK AFTER SCHOOL PROGRAM, AND SUMMER FOOD SERVICE PROGRAM OPERATES A WEEKLY FEEDING PROGRAM FOR CHILDREN AT RISK OF HUNGER IN SEVERAL AREA COMMUNITY CENTERS AND PROVIDED OVER 86,000 NUTRITIOUS MEALS TO CHILDREN DURING 2024 (OVER 83,000 MEALS IN 2023). THE BACKPACK PROGRAM MEETS THE NEEDS OF HUNGRY CHILDREN BY PROVIDING THEM WITH NUTRITIOUS AND EASY-TO-PREPARE FOOD TO TAKE HOME ON WEEKENDS WHEN OTHER

EXPENSES \$ 5,779,699. INCLUDING GRANTS OF \$ 1,465,593. REVENUE \$ 0.

RESOURCES ARE NOT AVAILABLE. DURING THE YEAR ENDED JUNE 30, 2024,

SECOND HARVEST DISTRIBUTED OVER 230,000 BACKPACKS TO HUNGRY CHILDREN

(303,000 BACKPACKS IN 2023). THE SCHOOL PANTRY PROGRAM IS DESIGNED TO

INCREASE FOOD ACCESS FOR FAMILIES IN NEED. FIFTY SITES WERE OPERATED

DURING EACH OF THE 2024 AND 2023 FISCAL YEARS, PROVIDING MORE THAN

FORM 990, PART VI, SECTION B, LINE 11B:

NANCY KEIL, PRESIDENT/CEO AND HEATHER VERBLE, CFO, WILL REVIEW THE 990 FOR ACCURACY. ONCE APPROVED BY THEM, IT WILL BE REVIEWED AND APPROVED BY THE AUDIT COMMITTEE OF THE BOARD. FOLLOWING THE AUDIT COMMITTEE APPROVAL, THE 990 WILL BE PROVIDED TO THE FULL BOARD PRIOR TO FILING WITH THE IRS.

300,000 MEALS.

| Schedule O (Form 990) 202 | 3 | | | | | | | Page 2 |
|---------------------------|-------------|-----------|------|--------|----|--------|-----|---|
| Name of the organization | SECOND INC. | HARVEST | FOOD | BANK | OF | MIDDLE | TN, | Employer identification number 62-1049447 |
| FORM 990, PART | VI, SE | ECTION B, | LINE | E 12C: | | | | |

AT NEW MEMBER BOARD ORIENTATION, BOARD MEMBERS ARE GIVEN A CONFLICT OF

INTEREST FORM TO READ AND SIGN. THE CEO AND BOARD CHAIR REVIEW ANY ISSUES

THAT COME UP.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMPENSATION COMMITTEE, COMPRISED OF BOARD MEMBERS, REVIEW

THE CEO, OFFICERS, AND OTHER KEY EMPLOYEES SALARIES AND BENEFITS. THE BOARD

APPROVES THE CEO COMPENSATION, AND THE CEO APPROVES ALL OTHER SALARY

CHANGES AFTER CONSULTING WITH THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC. THE 990 AND AUDIT ARE ON THE SECOND

HARVEST FOOD BANK AND GIVING MATTERS WEBSITES. THE FORM 990 IS ALSO

AVAILABLE ON GUIDESTAR.

FORM 990, PART XII, LINE 2C:

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

OR THE SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED

FROM THE PRIOR YEAR.