|              |                         |                                 | EXTENDED TO MAY 15, 20<br>Return of Organization Exempt F   | 024<br>From lu | ncome Tax                    | OMB No. 1545-0047                  |  |  |  |  |  |
|--------------|-------------------------|---------------------------------|---|----------------|------------------------------|------------------------------------|--|--|--|--|--|
| Farr         | Q                       | 90                              | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue  |                |                              | 0000                               |  |  |  |  |  |
| FOI          |                         |                                 |   |                |                              |                                    |  |  |  |  |  |
| Depa         | tment o                 | of the Treasury<br>enue Service | Do not enter social security numbers on this form as<br>Go to www.irs.gov/Form990 for instructions and th       | -              |                              | Open to Public<br>Inspection       |  |  |  |  |  |
|              |                         |                                 | · · · · · · ·   |                | UN 30, 2023                  | mopeenen                           |  |  |  |  |  |
| Bc           | heck if                 | C Name of                       | organization  | 0 0            | D Employer identifie         | cation number                      |  |  |  |  |  |
| a            | oplicab                 | le.                             | ND HARVEST FOOD BANK OF EAST  |                | ,,                           |                                    |  |  |  |  |  |
|              | Addre                   | ress <b>TENN</b>                | ESSEE   |                |                              |                                    |  |  |  |  |  |
|              | Name<br>Chang           | ge Doing bu                     | usiness as  |                | 58-14501                     | 39                                 |  |  |  |  |  |
|              | Initial<br>return       | Number                          | and street (or P.O. box if mail is not delivered to street address)   | Room/suite     | E Telephone number           | r                                  |  |  |  |  |  |
|              | ]Final<br>return        |                                 | HARVEST LANE  |                | 865-243-                     |                                    |  |  |  |  |  |
|              | termir<br>ated          | City or to                      | own, state or province, country, and ZIP or foreign postal code   |                | <b>G</b> Gross receipts \$   | 40,980,393.                        |  |  |  |  |  |
|              | Amen<br>return          | MARI                            | VILLE, TN 37801   |                | H(a) Is this a group re      |                                    |  |  |  |  |  |
|              | Applic<br>tion<br>pendi | F Name a                        | nd address of principal officer: ELAINE STRENO  |                | for subordinates             |                                    |  |  |  |  |  |
|              | -                       | 130 H                           | ARVEST LANE, MARYVILLE, TN 37801  |                | H(b) Are all subordinates in |                                    |  |  |  |  |  |
|              |                         | empt status:                    |   | or 527         | 1 '                          | list. See instructions             |  |  |  |  |  |
| _            | Vebsi                   |                                 |   |                | H(c) Group exemptio          |                                    |  |  |  |  |  |
|              | orm o<br>I <b>rt I</b>  | f organization: [<br>Summary    | X Corporation Trust Association Other   | <b>L</b> Year  | of formation: 1981 N         | State of legal domicile: <b>TN</b> |  |  |  |  |  |
| Га           |                         |                                 |   |                | זעיי פאשמתתא                 | 7                                  |  |  |  |  |  |
| e            | 1                       |                                 | e the organization's mission or most significant activities: <u>ASSES</u><br>ONAL NEEDS OF ALL PEOPLE EXPERIENC | TNG HI         | NGER IN OUR                  |                                    |  |  |  |  |  |
| Governance   | 2                       | Check this box                  |   |                |                              |                                    |  |  |  |  |  |
| /err         | 2                       |                                 |   |                |                              | 12                                 |  |  |  |  |  |
| Go           | 4                       |                                 |   |                |                              | 12                                 |  |  |  |  |  |
| 8            | -                       |                                 |   |                |                              |                                    |  |  |  |  |  |
| itie         |                         |                                 | of volunteers (estimate if necessary)   |                |                              | 63<br>9616                         |  |  |  |  |  |
| Activities & |                         |                                 | d business revenue from Part VIII, column (C), line 12  |                |                              | 0.                                 |  |  |  |  |  |
| Ă            |                         |                                 | business taxable income from Form 990-T, Part I, line 11  |                |                              | 0.                                 |  |  |  |  |  |
|              |                         |                                 |   |                | Prior Year                   | Current Year                       |  |  |  |  |  |
| e            | 8                       | Contributions                   | and grants (Part VIII, line 1h)   |                | 37,089,295.                  | 36,770,279.                        |  |  |  |  |  |
| Revenue      | 9                       | Program servi                   | ce revenue (Part VIII, line 2g)   |                | 2,509,881.                   | 3,690,168.                         |  |  |  |  |  |
| Seve         |                         |                                 | come (Part VIII, column (A), lines 3, 4, and 7d)  |                | 118,587.                     | 517,525.                           |  |  |  |  |  |
| ш            | 11                      | Other revenue                   | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |                | 398,195.                     | -40,633.                           |  |  |  |  |  |
|              | 12                      |                                 | - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  |                | 40,115,958.                  | 40,937,339.                        |  |  |  |  |  |
|              |                         |                                 | nilar amounts paid (Part IX, column (A), lines 1-3)   |                | 243,868.                     | 455,582.                           |  |  |  |  |  |
|              |                         |                                 | o or for members (Part IX, column (A), line 4)  |                | 0.                           | 0.                                 |  |  |  |  |  |
| ses          | 15                      |                                 | compensation, employee benefits (Part IX, column (A), lines 5-10)   |                | 3,155,593.<br>234,216.       | <u>3,654,929.</u><br>240,974.      |  |  |  |  |  |
| Expenses     | 16a<br>⊾                |                                 | Indraising fees (Part IX, column (A), line 11e)<br>ng expenses (Part IX, column (D), line 25) 1,429,61          | 1              | 234,210.                     | 240,974.                           |  |  |  |  |  |
| Exp          | 17                      |                                 | ng expenses (Part IX, column (D), line 25) <u>1,429,61</u><br>es (Part IX, column (A), lines 11a-11d, 11f-24e)  |                | 35,675,542.                  | 36,756,962.                        |  |  |  |  |  |
|              |                         |                                 | s. Add lines 13-17 (must equal Part IX, column (A), line 25)  |                | 39,309,219.                  | 41,108,447.                        |  |  |  |  |  |
|              |                         |                                 | expenses. Subtract line 18 from line 12   |                | 806,739.                     | -171,108.                          |  |  |  |  |  |
| ar<br>es     | 10                      |                                 |   |                | ginning of Current Year      | End of Year                        |  |  |  |  |  |
|              |                         |                                 |   |                |                              |                                    |  |  |  |  |  |
| Ass<br>I Ba  | 21                      |                                 | (Part X, line 26)   |                | 710,016.                     | <u>30,197,704.</u><br>816,860.     |  |  |  |  |  |
| [Net         | 22                      |                                 | fund balances. Subtract line 21 from line 20  |                | 28,075,759.                  | 29,380,844.                        |  |  |  |  |  |
| Pa           | rt II                   |                                 |   |                |                              |                                    |  |  |  |  |  |
| Unde         | er pena                 | alties of perjury,              | declare that I have examined this return, including accompanying schedules                                      | and stateme    | ents, and to the best of my  | knowledge and belief, it is        |  |  |  |  |  |
| true,        | corre                   | ct, and complete.               | Declaration of preparer (other than officer) is based on all information of whi                                 | ich preparer   | has any knowledge.           |                                    |  |  |  |  |  |
|              |                         |                                 |   |                |                              |                                    |  |  |  |  |  |
| Sigr         | ו                       | Signature of of                 |   |                | Date                         |                                    |  |  |  |  |  |
| Her          | e                       | ELAINE                          | STRENO, EXECUTIVE DIRECTOR  |                |                              |                                    |  |  |  |  |  |

|              | Type or print name and title   |                      |                                     |  |  |  |  |  |  |  |
|--------------|--|----------------------|-------------------------------------|--|--|--|--|--|--|--|
|              | Print/Type preparer's name   | Preparer's signature | Date Check PTIN                     |  |  |  |  |  |  |  |
| Paid         | AMANDA P. HENSLEY, CPA   |                      | 02/16/24 if self-employed P01524172 |  |  |  |  |  |  |  |
| Preparer     | rer Firm's name LBMC, PC Firm's EIN 62-1199757   |                      |                                     |  |  |  |  |  |  |  |
| Use Only     | Firm's address 2095 LAKESIDE CEN   | FRE WAY, SUITE 220   |                                     |  |  |  |  |  |  |  |
|              | KNOXVILLE, TN 37922 Phone no. (865) 691-9000   |                      |                                     |  |  |  |  |  |  |  |
| May the IF   | May the IRS discuss this return with the preparer shown above? See instructions 🛛 🔀 Yes 🗌 No           |                      |                                     |  |  |  |  |  |  |  |
| 232001 12-10 | 232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022) |                      |                                     |  |  |  |  |  |  |  |

| 2001 12-13-22 |          |   | ik neuu | iction Act Notice, see the | e separate msu | uctions.  |              |
|---------------|----------|---|---------|----------------------------|----------------|-----------|--------------|
| SEE           | SCHEDULE | 0 | FOR     | ORGANIZATION               | MISSION        | STATEMENT | CONTINUATION |

Form **990** (2022)

|        | SECOND HARVEST FOOD BANK OF EAST   |
|--------|--|
|        | 990 (2022) TENNESSEE 58-1450139 Page 2   |
| Pa     | t III Statement of Program Service Accomplishments   |
|        | Check if Schedule O contains a response or note to any line in this Part III   |
| 1      | Briefly describe the organization's mission:<br>SECOND HARVEST FOOD BANK OF EAST TENNESSEE IS DEDICATED TO                                   |
|        | COMPASSIONATELY FEEDING EAST TENNESSEANS EXPERIENCING HUNGER &   |
|        | ENGAGING THE COMMUNITY IN THE FIGHT TO ELIMINATE HUNGER.   |
|        |  |
| 2      | Did the organization undertake any significant program services during the year which were not listed on the                                 |
|        | prior Form 990 or 990-EZ?  |
|        | 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?                                 |
|        | 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 \$ 39,121,685. including grants of \$ 455,582.) (Revenue \$ 3,691,109.)  |
|        | SECOND HARVEST FOOD BANK SERVES CLIENTS THROUGH MOBILE DISTRIBUTIONS   |
|        | WHEN LOCAL COMMUNITY LACKS INFRASTRUCTURE. THE FOOD FOR KIDS PROGRAM   |
|        | SERVES STUDENTS WEEKLY TO SUPPLEMENT FOOD OVER THE WEEKENDS. THE FOOD  |
|        | RESCUE PROGRAM REDUCES FOOD WASTE BY RESCUING FOOD FROM GROCERS,<br>RESTAURANTS, AND FARMERS TO REROUTE IT FROM LANDFILLS TO PARTNER         |
|        | AGENCIES.  |
|        | AGENCIES.  |
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| 4b     | (Code:) (Expenses \$ including grants of \$) (Revenue \$ )   |
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| 4c     | (Code:) (Expenses \$ including grants of \$) (Revenue \$)  |
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| 44     | Other program services (Describe on Schedule O)  |
| 4d     | Other program services (Describe on Schedule O.)   |
| مە     | (Expenses \$ including grants of \$ )     (Revenue \$ )       Total program service expenses     39,121,685.                                 |
| -10    | Form <b>990</b> (2022)   |
| 232002 | 2 12-13-22   |

12410216 759456 2000792

TENNESSEE

Part IV Checklist of Required Schedules

Form 990 (2022)

| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |  |     | Yes      | No       |
|--|-----|--|-----|----------|----------|
| 2         Its the organization enguge in direct or index policital campaign activities on bhail of or in opposition to camplete Schedule Q, Part I         3         X           3         Did the organization enguge in direct or index policital campaign activities on bhail of or in opposition to camplete Schedule Q, Part I         4         X           4         Section 501(Q)(3) organizations. Did the organization enguge in lobbying activities, or have a section 501(P) election in effect did the organization matrian any donor advised funds or any similar funds or accounts? If Yes, 'complete Schedule Q, Part I         4         X           5         It the organization matrian any donor advised funds or any similar funds or accounts? If Yes, 'complete Schedule Q, Part I         5         X           6         Did the organization matrian collections of twols: of ant, bifcorical treasures, or other similar assets? If Yes, 'complete Schedule Q, Part II         6         X           7         X         Bift the organization matrian collections of works of at, historical treasures, or other similar assets? If Yes, 'complete Schedule Q, Part II         7         X           9         Did the organization parts an amount in Part X, Ina 21, for secret organization reposition secrets? If 'Yes, 'complete Schedule Q, Part II         8         X           10         Did the organization asset or any of the following questions is 'Yes, 'then complete Schedule D, Part V, II, NI, NO, X, as asplicable.         8         X           11         If the organization report a  | 1   |  |     | v        |          |
| <ul> <li>Dit the cognization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officit? If Yes, "complete Schedule C, Part II</li> <li>Section 501(b) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the tax year? If Yes, "complete Schedule C, Part II</li> <li>Did the organization maintain and yound avised that realizes membernhip dues, assessments, or similar amounts as defined in Rev. Proc. 81197 (IY'se, "complete Schedule C, Part II</li> <li>Did the organization maintain and yound avised that realizes use of the similar assess? If Yes, "complete Schedule C, Part II</li> <li>Did the organization maintain and schedule or any smills realized assesses? If Yes, "complete Schedule D, Part II</li> <li>Did the organization maintain collections of works of art, historical baseuse, or other smillar assess? If Yes, "complete Schedule D, Part II</li> <li>Did the organization maintain collections of works of art, historical baseuse, or other smillar assess? If Yes, "complete Schedule D, Part II</li> <li>Did the organization maintain collections of works of art, historical baseuse, or other smillar assess? If Yes, "complete Schedule D, Part IV</li> <li>Did the organization reaper an amount for insugn a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part IV</li> <li>Did the organization report an amount for insustments - other saccuritis in Part X, line 107 If Yes, 'complete Schedule D, Part IV</li> <li>Did the organization report an amount for insustments - other saccuritis in Part X, line 107 If Yes, 'complete Schedule D, Part VI</li> <li>Did the organization report an amount for insustments - other saccuritis in Part X, line 107 If Yes, 'complete Schedule D, Part VI</li> <li>Did the organization report an amount for insustments - program related in Part X, line 107 If</li></ul>   | ~   |  |     | <u> </u> | v        |
| public official of "In'Sec." complete Schedule Q. Purt I         3         X           4 Section 501(e)[2] organization. Diff the organization engage in lobbying activities, or have a section 501(e)[2] organization.         4         X           5 Is the organization a saction 501(e)[0], 501(e)[5] or 501(e)[6] or ganization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98:102 II''Ves," complete Schedule C, Part II         5         X           6 Did the organization matinar any donor advised funds or any similar funds or accounts for which donors have the night to provide advice in the distribution or investment of amounts in such funds or accounts for which donors have the night to provide advice in the distribution or investment of amounts in such funds or accounts for which donors have the night to for X         6         X           7         X         8         8         X         7         X           8         Did the organization receive or hold a conservation assement, including assements, or dist negotiation services?         7         X           9         Did the organization reports a mount in Part X, line 21, for accrow or cutodial account liability, serve as a cutodiam for amounts not through a related organization, notevice ?         9         X           10         Did the organization report an amount for investments - to bia search in Part X, line 21, for to bia search in Part X, line 21, for to bia search in Part X, line 12, for to bia search in Part X, line 12, for to bia search in Part X, line 12, for to bia search in Part X, line 12, for to bia search in Part X   | -   |  | 2   |          | _A       |
| 4         Section 501(c)(3) organizations. Dublies organization engage in lobbying activities, or have a section 501(k)) election in effect<br>during the tax year? // **s, *complete Schedule C, Pert II         4         X           5         Is the organization a section 501(k)(k). or 501(k)(k) or 501(k)(k)         501(k)(k). or 501(k)(k).         501(k)(k)(k).         501(k)(k)(k)(k)(k)(k)(k)(k)(k)(k)(k)(k)(k)(   | 3   |  |     |          | v        |
| during the tax year? If Yes," complete Schedule C, Part II       4       X         5       Is the organization a section S(I)(4), 501((5), 601((5), 601(5))       5       X         6       Did the organization maintain any doma advised funds or any similar funds or accounts for which domas have the right to provide advise on the distribution or investment of admunts in such tunds or accounts? If Yes, "complete Schedule D, Part II       6       X         7       XI       Did the organization maintain any doma advised funds or any similar funds or accounts? If Yes, "complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of at, historical treasures, or other similar assets? If Yreg, "complete Schedule D, Part II       7       X         9       Did the organization inserver to any of the following questions is 'Yes, 'the complete Schedule D, Part IV       8       X         9       Did the organization, answer to any of the following questions is 'Yes,' the nomplete Schedule D, Part V       10       X         10       Did the organization report an amount for investments - program related in Part X, line 10? If 'Yes, "complete Schedule D, Part V       10       X         11       If the organization report an amount for investments - program related in Part X, line 10? If 'Yes, 'complete Schedule D, Part V       10       X         12       If the organization report an amount for investments - program related in Part X, line 10? If 'Yes, 'complete Schedul  | 4   |  | 3   |          | <u>л</u> |
| 5         Is the organization a sector 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or<br>similar amounts as defined in Rev. Proc. 99-187. If "Yes," complete Schedule C, Part II         5         X           6         Did the organization markina may donor advect funds or an gonital infunds or account?? If "Yes," complete Schedule D, Part II         6         X           7         X         8         2         7         X           8         Did the organization report on tobid a conservation funding assements to preserve open space.         7         X           9         Did the organization report an amount in Part X, line 21, for sacrow or custodial account liability, same as a custodial for<br>amounts not listed in Part X, or provide credit conselling, debt management, credit regain, or debt negations services?         8         X           9         Did the organization report an amount in Part X, line 21, for sacrow or custodial account liability, same as a custodial for<br>amounts not listed in Part X, line 24, provide credit conselling, debt management, credit regain, or debt negations services?         8         X           9         Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,<br>Part V         10         X           11         If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total<br>assets reported in Part X, line 147. Yes, "complete Schedule D, Part X         1111         X  | 4   |  |     |          | x        |
| similar amounts as defined in Rev. Proc. 98-197. #"Yes," complete Schedule C, Part II         5         X           0 Did the organization maintain any doore advised funds or any similar funds or accounts? If if Yes," complete Schedule D, Part I         6         X           7 Did the organization maintain ease, or historic attructers? 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 Yres, "complete Schedule D, Part II         7         X           9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yres, "complete Schedule D, Part II         8         X           9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quale indowments? If Yres, "complete Schedule D, Part IV         9         X           10 Did the organization answer to any of the following questions is 'Yes," then complete Schedule D, Part V         10         X           11 If the organization report an amount for land, buildings, and equipment in Part X, line 120; Hr Yes, "complete Schedule D, Part V         11         X           12 Did the organization report an amount for land, buildings, and equipment in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167; Hr Yes, "complete Schedule D, Part V         11         X           13 Did the organization report an amount for land, buildings in Part X, line 120; Hr Yes, "complete Schedule D, Part X   | 5   |  | 4   |          | -23      |
| <ul> <li>Bit the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or invostment of amounts in such funds or accounts for which complete Schedule D, Part II</li> <li>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</li> <li>Did the organization neutrino the Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ior provide credit counseling, debt management, credit repair, or debt negotiation services?</li> <li>If "Yes," complete Schedule D, Part IV</li> <li>Did the organization answer to any of the following questions is "Yes," then complete Schedule D, Part X, in question assets of any of the following questions is "Yes," then complete Schedule D, Part X, in a supplicable.</li> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total asset seported in Part X, line 16? If "Yes," complete Schedule D, Part VI</li> <li>Did the organization report an amount for investments - program related in Part X, line 12, that is 5% or more of its total asset reported in Part X, line 16? If "Yes," complete Schedule D, Part VI</li> <li>Did the organization report an amount for other liabilities in Part X, line 25, H 'Yes," complete Schedule D, Part X</li> <li>Did the organization included in consolidated financial statements for the tax year? If 'Yes," complete Schedule D, Part X</li> <li>Did the organization included in socion 170(b)(1)(1)(4)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)</li></ul>   | 5   |  | 5   |          | x        |
| 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 inductures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization report an amount in Part X, line 21, for escrow or custolial account liability, serve as a custolan for amounts no listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custolial account liability, serve as a custolan for amounts no listed in Part X, ire 21, wes, "complete Schedule D, Part IV       10       X         9       Did the organization report an amount for lawstemets - fordit repair, or debt negotiation services?       9       X         10       Did the organization report an amount for lawstemets - softer securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       10       X         11a       X       11a       X       11a       X         11a       X  | 6   |  | 5   |          | 21       |
| 7       Did the organization receive or hold a conservation easement, including easements to preserve open space.       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       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?       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       9       X         10       Did the organization report an amount for land, buildings, and equipment 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 VI       11a       X         10       Did the organization report an amount for investments - orgam related 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 VI       11a       X         11       Did the organization report an amount for other assets 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 VI       11a       X         11       Did the organization report an amount for other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16?   | 0   |  | 6   |          | x        |
| the environment, historic land areas, or historic structures? If Yies, "complete Schedule D, Part II   | 7   |  | 0   |          | - 23     |
| <ul> <li>Bit the organization maintain collections of works of art, historical treasures, or other similar assets? <i>I</i>, "Yes," complete Schedule D, Part III</li> <li>Bit the organization organization 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 dobt negotiation services?</li> <li>Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? <i>II</i> "Yes," complete Schedule D, Part V</li> <li>Did the organization report an amount for low graphets Schedule D, Part V, VII, VII, IX, or X, as applicable.</li> <li>Did the organization report an amount for investments - other securities in Part X, line 10? <i>II</i> "Yes," complete Schedule D, Part V</li> <li>Did the organization report an amount for investments - other securities in Part X, line 10? <i>II</i> "Yes," complete Schedule D, Part V</li> <li>Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> "Yes," complete Schedule D, Part VI</li> <li>Did the organization report an amount for other labilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> "Yes," complete Schedule D, Part X</li> <li>Did the organization separate or consolidated financial statements for the tax year' <i>II</i> 'Yes," complete Schedule D, Part X</li> <li>Did the organization separate, independent audited financial statements for the tax year?</li> <li>'Yes," and <i>III</i> wis organization approxement and the organization approxement audited financial statements for the tax year?</li> <li>'Yes," and <i>III</i> wis organization approxement and the organization neport on Part X, column (N), line 3, more than \$10,000 forg manthading, fundraling, business, investimant, and program service activities contol 1</li></ul> | '   |  | 7   |          | x        |
| Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, sarve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "yes," complete Schedule D, Part V       10       X       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 127, if "yes," complete Schedule D, Part V VI       10       X       111       X         12       Did the organization report an amount for investments - other securities in Part X, line 128, that is 5% or more of its total assets reported in Part X, line 167 if "yes," complete Schedule D, Part VI       111       X         13       Did the organization report an amount for investments - other securities in Part X, line 128, that is 5% or more of its total assets reported in Part X, line 167 if "yes," complete Schedule D, Part X       1112       X         14       Did the organization report an amount for investments for that year include a foothorte that addresses the organization separat a mount for other liabilities in Part X, line 127 if "yes," complete Schedule D, Part X       1112       X         14       Did the organization obtain separate, independent audted financial statements for the tax year?       1112       X  | 8   |  |     |          |          |
| 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 regain, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? <i>II'</i> Yes, 'complete Schedule D, Part V       10       X         11       If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts V, VII, VIII, IX, or X, as applicable.       10       X         12       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If</i> 'Yes,' complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> 'Yes,' complete Schedule D, Part VI       11a       X         14       Did the organization report an amount for other labilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> 'Yes,' complete Schedule D, Part X       11d       X         11d       Did the organization report an amount for other labilities in Part X, line 25? <i>If</i> 'Yes,' complete Schedule D, Part X       11d       X         11d       Did the organization report an amount for other labilities in Part X, line 25? <i>If</i> 'Yes,' complete Schedule D, Part X       11d       X <tr< td=""><td>0</td><td></td><td>8</td><td></td><td>x</td></tr<>   | 0   |  | 8   |          | x        |
| amounts not listed in Part X; or provide credit counseling, debt management, or debt negotiation services?       y       X         if "Yes," complete Schedule D, Part V       10       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments       y       X         11       If the organization, directly or through a related organization, hold assets in donor-restricted endowments       y       X         11       If the organization, directly or through a related organization, hold assets in donor-restricted endowments       y       X         11       If the organization report an amount for investments - other securities in Part X, line 10? If "yes," complete Schedule D, Part VI       111       X         11       Did the organization report an amount for investments - other assets 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       112       X         11       Did the organization report an amount for investments - other assets 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 VI       112       X         11       Did the organization report an amount for investments - program related in Part X, line 12, Part X       114       X         11       Did the organization negorat amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       114       X     <   | a   |  |     |          |          |
| If "Yes," complete Schedule D, Part IV       9       X         10       Did the organization, directly or through a related organization, hold assets in donorrestricted endowments       10       X         11       If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VII, VII, VI, VI, VII, VII, V  | 5   |  |     |          |          |
| 10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments<br>or in quasi endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, VI, VII, VI, VII, VII, VI, V  |     |  | a   |          | x        |
| or in quasi endowments? If "Yes," complete Schedule D, Part V     10     X       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.     11a     X       a) 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? If "Yes," complete Schedule D, Part VII     11a     X       c) Did the organization report an amount for investments - other securities 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 liabilities 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 VIII     11d     X       e) Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X     11d     X       e) Did the organization is parate, independent audited financial statements for the tax year?     11t     X       12a     Did the organization included in consolidated, independent audited financial statements for the tax year?     11t     X       13     Is the organization included in consolidated, independent audited financial statements for the tax year?     11d     X       14a     Did the organization aschool described in esction 170bi(1VA)(ii  | 10  |  |     |          |          |
| 11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, NK, or X, as applicable.       In the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       Int the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII       Int X         0       Did the organization report an amount for investments - other securities 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       Int X         0       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 VIII       Int X         0       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       Int X         0       Did the organization separate or consolidated financial statements for the tax year?       Int X         11       X       Int X         12       Did the organization aseparate, independent audited financial statements for the tax year?       Int X         13       S the organization asentare independent audited financial statements for the tax year?       Int X         14       Did the organization asentare or consolidated, independent audited financial statements for the tax year?       Int X         14       Did the organization asentare in  | 10  |  | 10  | x        |          |
| as applicable.       a) Id 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         c) Did the organization report an amount for investments - orgonare 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 X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 17. Vies," complete Schedule D, Part X       11d       X         12a       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization report an amount for tor the liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization report an amount for the tax positions under FIN 48 (ASC 740?) If "Yes," complete Schedule D, Part X       11t       X         12a       X  | 11  |  |     |          |          |
| a 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 VI       11b       X         c 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 VII       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 X       11d       X         e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f Did the organization separate or consolidated financial statements for the tax year include a footnote that addressee the organization separate, independent audited financial statements for the tax year?       11f       X         12a Did the organization aschool described in section 170(b)(1/(A)lii)? If "Yes," complete Schedule D, Part X and XII       12a       X         b Did the organization aschool described in section 170(b)(1/(A)lii)? If "Yes," complete Schedule E       13       X         13 Is the organization aschool described in section 170(b)(1/(A)lii)? If "Yes," complete Schedule E       13       X         14 Did the organization nax  | ••  |  |     |          |          |
| 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? // *Yes," complete Schedule D, Part VII       11b       X         c       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? // *Yes," complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 25? // *Yes," complete Schedule D, Part X       11d       X         e       Did the organization report an amount for other assets in Part X, line 25? // *Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization bial separate, independent audited financial statements for the tax year?       11f       X         f       If the organization neucled in consolidated, independent audited financial statements for the tax year?       11f       X         tif *Yes," and if the organization maintain an office, employees, or agents outside of the United States?       14a       X         a       Did the organization nave eactivities outside the United States, or aggregate foreign investments, such at \$100,000 or more?       14b       X         11d       X       14b       X       16   | а   |  |     |          |          |
| 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? // r*yes," complete Schedule D, Part VII       11b       X         c       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? // r*yes," complete Schedule D, Part VII       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? // r*yes," complete Schedule D, Part X       11d       X         e       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.       11d       X         e       Did the organization report an amount for other liabilities in Part X, line 16? // r*yes," complete Schedule D, Part X       11d       X         11d       X       11d       X       11d       X         12a       Did the organization included in consolidated financial statements for the tax year?       11f       X         12a       X       Was the organization aschool described in section 170(b)(1)(A)(ii)?       If "Yes," complete Schedule E       13       X         13       Is the organization make aggregate revenues or respress of more than \$10,000 from grantmaking, fundraising, fundraising, fundraising, fundraising, fundraising, fundraising, fundraising, fundraising, fundra  |     |  | 11a | х        |          |
| assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c 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 X       11c       X         e 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 X       11e       X         11d       X       11d       X       11d       X         11d       X       11d       X       11d       X         11d       X       11d       X       11d       X         12a       Did the organization separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X       11f       X         13       Is the organization an askered "No" to line 12a, then completing Schedule D, Part X and XII is optional       12a       X         14a       Did the organization aschedin asction 170(b)(1)(A)(ii)?       If "Yes," complete Schedule E       13a       X         13       Is the organization report on Part IX, column (A), line 3, more than \$5,000 o  | b   |  |     |          |          |
| c       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 X       11c       X         e       Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X       11e       X         e       Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X       11e       X         12a       Did the organization othin separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in accisolidated, independent audited financial statements for the tax year?       11f       X         13a       State organization asknewed "No" to line 12a, then completing Schedule D, Part X and XII as optional       12a       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         14b       X       Out the organization report on Part X, column (A), line 3, more than \$5,000 of garnts or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV       14a       X         15   |     |  | 11b |          | х        |
| 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 X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year: complete Schedule D, Part X       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X and XII       12a         b Was the organization answerd "No" to line 12a, then completing Schedule D, Parts XI and XII       12b       X         14a       Did the organization answerd "No" to line 12a, then completing Schedule D, Parts XI and XII       12b       X         14a       Did the organization and program service activities outside the United States?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate foreign investments valued at \$100,000       14b       X         15       Did the organization report more than \$15,000 of expreses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report more than \$15,000 of exp  | с   |  |     |          |          |
| 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 167 If "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       11f       X         13       Schedule D, Part X and XII       Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12a       X         14a       Did the organization aschool described in section 170(b(1)(A)(ii)? If "Yes," complete Schedule E       11a       X         14a       Did the organization anothic e, employees, or agents outside of the United States?       14a       X         15       Did the organization neport on Part IX, column (A), line 3, more than \$5,000 of garts or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "yes," complete Schedule F, Part II and IV       16       X         15       Did the organization report more than \$15,000 of expenses for professional fundraising s  |     |  | 11c |          | х        |
| Part X, line 16? /f "Yes," complete Schedule D, Part IX.       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         12a       X       11t       X       12a       X         b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12a       X         13a       X       11d       X         14a       12b       X         14a       11d       X         15b       Did the organization assence are expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States?       14a       X         15b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16a       X         17b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistanc   | d   |  |     |          |          |
| e       Did the organization report an amount for other liabilities in Part X, line 25? /f *Yes, * complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         b       Was the organization a school described in section 170(b)(1)(A)(ii)?       f' yes, * complete Schedule D, Parts XI and XII is optional       12a       X         b       Was the organization a school described in section 170(b)(1)(A)(iii)?       f' yes, * complete Schedule E       13       X         14a       X       Did the organization and school described in section 170(b)(1)(A)(iii)?       f' yes, * complete Schedule E       13       X         14a       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X  |     |  | 11d |          | х        |
| f       Did the organization's isability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, 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 or or foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report more than \$15,000 tand furthaising event gross income and contri   | е   |  | 11e |          | Х        |
| the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       111       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         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 or more? If "Yes," complete Schedule F, Parts II and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Di  | f   |  |     |          |          |
| 12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         b       Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization nave 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 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report an Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II       18       X         18       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 II       18   |     |  | 11f | Х        |          |
| Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         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       X         b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of grass income and contributions on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       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 II       18       X     <   | 12a |  |     |          |          |
| b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12       X         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       X         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?       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report a total of more than \$15,000 of gross income and contributions on Part VIII, lines and and the? If "Yes," complete Schedule G, Part I.       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  |     |  | 12a | Х        |          |
| 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       X         15       Did the organization report a cativities outside the United States, or aggregate foreign investments valued at \$100,000       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         20a       IX       20a <td< td=""><td>b</td><td></td><td></td><td></td><td></td></td<>  | b   |  |     |          |          |
| <ul> <li>13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li> <li>14 Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>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 or more? If "Yes," complete Schedule F, Parts I and IV</li> <li>14 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.</li> <li>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 II</li> <li>20a 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 H.</li> <li>20b Di</li> </ul>  |     | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional      | 12b |          | Х        |
| 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 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         16       X       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3 more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       X       20b       20a       X         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 H       20a       X <td>13</td> <td></td> <td></td> <td></td> <td>Х</td>   | 13  |  |     |          | Х        |
| <ul> <li>investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000</li> <li>or more? If "Yes," complete Schedule F, Parts I and IV</li> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>16 X</li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions</li> <li>17 X</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"</li> <li>19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H</li> <li>20a X</li> <li>20b</li> <li>21 X</li> </ul>  | 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                | 14a |          | Х        |
| <ul> <li>investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000</li> <li>or more? If "Yes," complete Schedule F, Parts I and IV</li> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV</li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>16 X</li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions</li> <li>17 X</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"</li> <li>19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H</li> <li>20a X</li> <li>20b</li> <li>21 X</li> </ul>  | b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,    |     |          |          |
| <ul> <li>15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i></li> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i></li> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions</li> <li>18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1e and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i></li> <li>19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>20a Did the organization report more than \$5,000 of grants or other assistance to this return?</li> <li>20b</li> <li>21 Did the organization report more than \$5,000 of grants or other assistance to any domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i></li> </ul>  |     | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 |     |          |          |
| foreign organization? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or       21       X  |     | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b |          | Х        |
| <ul> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i></li></ul>   | 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  |     |          |          |
| <ul> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i></li></ul>   |     |  | 15  |          | Х        |
| <ul> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions</li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i></li> <li>20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>20a 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i></li> <li>21</li> </ul>   | 16  |  |     |          |          |
| column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines<br>1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or<br>domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21       X   |     | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16  |          | Х        |
| 18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines         1       1c and 8a? If "Yes," complete Schedule G, Part II         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H         20a       Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or         21       Did the organization operate on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  | 17  |  |     |          |          |
| 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate one or 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       X   |     |  | 17  | Х        |          |
| 19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21       X  | 18  |  |     |          |          |
| complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       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       X  |     |  | 18  | Х        |          |
| 20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       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       X   | 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"     |     |          |          |
| b       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       X   |     |  | 19  |          |          |
| 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       X  | 20a |  | 20a |          | Х        |
| domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II  | b   |  | 20b |          |          |
|  | 21  |  |     |          |          |
|  |     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                          |     | 000      |          |

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232003 12-13-22

TENNESSEE

Part IV Checklist of Required Schedules (continued)

Form 990 (2022)

|        |  |      | 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   | X   |          |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the  |      |     |          |
|        | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete   |      |     |          |
|        | Schedule K. If "No," go to line 25a  | 24a  |     | <u> </u> |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b  |     |          |
| с      | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease   |      |     |          |
|        | 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  |     |          |
| 25a    | 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  |     | X        |
| 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  |      |     | v        |
| ~~     | Schedule L, Part I   | 25b  |     | <u> </u> |
| 26     | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  | 1    |     |          |
|        | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  | 00   |     | x        |
| 27     | controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>  | 26   |     |          |
| 21     | 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   |     | х        |
| 28     | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,   | 21   |     |          |
| 20     | instructions for applicable filing thresholds, conditions, and exceptions):  |      |     |          |
| а      | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>  |      |     |          |
|        | "Yes," complete Schedule L, Part IV  | 28a  |     | х        |
| b      | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b  |     | Х        |
|        | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>  |      |     |          |
|        | "Yes," complete Schedule L, Part IV  | 28c  |     | Х        |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29   | Х   |          |
| 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   |     | Х        |
| 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   |     | <u> </u> |
| 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   |     | X        |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and  |      |     | v        |
| 05 -   | Part V, line 1   | 34   |     | X<br>X   |
|        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?<br>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 35a  |     |          |
| D      |  | 35b  |     |          |
| 36     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 330  |     |          |
| 50     | If "Yes," complete Schedule R, Part V, line 2  | 36   |     | х        |
| 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   |     | х        |
| 38     | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?   |      |     |          |
|        | Note: All Form 990 filers are required to complete Schedule O  | 38   | Х   |          |
| Par    |  |      |     |          |
|        | Check if Schedule O contains a response or note to any line in this Part V   |      |     |          |
|        |  |      | Yes | No       |
| 1a     | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   | -    |     |          |
| b      | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0   |      |     |          |
| С      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming   |      |     |          |
|        | (gambling) winnings to prize winners?  | 1c   | X   | <u> </u> |
| 232004 | . 12-13-22<br>5  | Form | 990 | (2022)   |
|        | C  |      |     |          |

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TENNESSEE

Form 990 (2022)

| 28       Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Incl. A Construction of the sequence of the organization finance and sequence of the sequence of the organization finance and sequence of the organization finance and sequence of the organization finance and sequence of the se | Par | Statements Regarding Other IRS Filings and Tax Compliance (continued)  |    |                  |     |          |  |  |  |  |
|--|-----|--|----|------------------|-----|----------|--|--|--|--|
| Interpretent of the calendary generating with or within the year covered by this return       2a       63       5         3b       Diff the cognization have unrelated backness gross income of \$1,000 or mee during the year?       3a       3a       X         3b       Diff the cognization have an influence of \$1,000 or mee during the year?       3a       X       3b       X         3c       Diff the cognization have an influence in or a signiture or other activity over, a transmit account in a foreign country income as a bank account, a content transmit and cocounts (FBAR).       3a       X         3c       If 'viss, 'inter the name of the cognization have an influence in or a signiture or other activity over, a transmit account of the organization have an uproblem that share than the organization approximation and the organization factor in a prohibited tax share than a signification approximation in the enginet activity over, a transmit account of the organization factor wave and the activity over a prohibited tax share than \$100,000, and did the organization factor wave and tax deductible and matrixe incompany greater than \$100,000, and did the organization factor wave and tax deductible and transface contributions?       7a       X         0       If the organization network acquerity as a share to a spray to a prohibited tax share than \$100,000, and did the organization factor wave and tax deductible accounts?       7a       X         0       If the organization network acquerity as a charable contributions?       7a       X         0       If the organization network acquerity a   |     |  |    |                  | Yes | No       |  |  |  |  |
| b         It least one is reported to the 2a, did the organization file all required federal employment fax returns?         gb         X           a         Did the organization have unified business, grows income of \$1,000 or more during the year?         gb         X           a         A ran time during the calendar year, did the organization have an interest in, or a Signature or other authority over, a framework in a toreing neority (such as a barnet calendar year, did the organization have an interest in, or a Signature or other authority over, a framework in account, security is exercised to a prohibited tax helter transaction?         gb         X           b         V'es, " whet the name of the foreign country (such as a barnet country, accounts (FBAR).         ga         X           b         D did my taxability organization that are normal grows recepts that are normal grows recepts that are or orally grows than any time during the tax year?         gb         Sc           c         D did my taxability organization that are normal grows recepts that are normal  |     |  | 62 |                  |     |          |  |  |  |  |
| 3a       Dd the organization have unrelated basiness prosincem of \$1,000 or more during the year?       3a       Dd         b       If Yes, 'inst field a Ferm 9001 for this year?       3b   |     |  |    |                  | 37  |          |  |  |  |  |
| II "Yes," fast filled a Form 980.7 for this yea? /r Wo'r to ite 3b, provide an explanation on Schedule 0       9b         A Harry time during the calandar year, did the organization have an interest in, or a signature or other submity over, a financial account, security securities account, or other financial accounts (FBAR).       4a         X In "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).       5a         X Wes, "Instantian of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).       5a         X Wes to instantian on a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         D Did any taxabula gravity out a prohibited tax shelter transaction at any time during the tax year?       5a       X         D Did any taxabula gravity out a prohibited tax shelter transaction at any time during the tax year?       5a       X         D D Did any taxabula gravity out and any two or is party to any output during the tax year?       5a       X         D If Yes, "idit the organization nate way solicitation an express statement that such contributions or gifts were not tax deductible?       7a       X         D If Yes, "idit the organization nate way taxability the acyon at any two applications a spines or services provided?       7a       X         D If the organization nate way taxability as a contribution an approve provided?       7a       X         D If the organization nate wa  |     |  |    |                  |     |          |  |  |  |  |
| 4. A trany time during the calendary year, did the organization have an interest in, or a signature or other sturbing your, a financial accounts in a foreign country (such as the acha kaccount, securities account, or other functial accounts (FBAR). <ul> <li>b di 'rys, 'enter the name of the foreign country.</li> <li>See instructions for filing requirements for FincENF Form 114. Report of Foreign Bask and Financial accounts (FBAR).</li> <li>b di any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?</li> <li>b di any taxable party notify the organization from B88-07.</li> <li>b di any taxable party notify the organization from B88-07.</li> <li>c "''se": i di the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles on chributions under section 170(c).</li> <li>d fult di organization reside a party thand, grade party as a contribution any express statement that such contributions or gifts were not tax deductibles on chributions under section 170(c).</li> <li>d fult di organization reside a party thand, grade party as a contribution any parts and services provided to the part?</li> <li>d fult di organization reside a party thand, grade party as a contribution any parts and services provided to the part?</li> <li>d fult di organization reside a party thands, grade party as a contribution any parts and party to a contribution of grad.</li> <li>d fult di organization reside a party thand, grade party as any particular service a party of a form 888-07.</li> <li>d fult di organization reside a party thand, grade party as and party than grade parts as any taxable distributions.</li> <li>d fult di organization reside a party thang divertaty or indirecity, to pay premiums on a personal benefit</li></ul>  |     |  |    |                  |     |          |  |  |  |  |
| If "res," return terms are of the foreign country     4a     X       b If "res," return terms are of the foreign country     5a     X       5b Dd any taxabus the organization tax and the organization taxabus the arron tax deductible as the arron tax deductible as the arron tax deductible as the arron tax deductible activity to a prohibited tax she arron tax deductible as the arron tax deductible as the arron tax deductible activity to a prohibited tax she arron tax deductible arron tax deductible contributions that may receive deductible contributions are sprass tatement that such contributions or gifts were not tax deductible contributions are sprass tatement that such contributions or gifts were not tax deductible activity to a prohibited tax she arron tax deductible activity to arron tax a  |     |  |    | 30               |     |          |  |  |  |  |
| b       If "Yes," enter the name of the foreign country         Be instructions to fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       So         D K3 west be cognization a party to a prohibited tax shefer transaction?       So         D K4 any taxable party notify the organization find th was or is a party to a prohibited tax shefer transaction?       So         D K4 any taxable party notify the organization find the way sear?       So         D K4 any taxable party notify the organization find the organization fract was detailable contributions?       So         D Cost the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles exclusions that may receive deductible contributions under section 170(c).       Oth the organization notify the donor or the value of the good or services provided?       To         D If Yes, ' idid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and services or services?       To       X         D If the organization notify the donor or the value of the good or services provided?       To       X       To         D If the organization methy the donor or the value of the good or services provided?       To       X         D If the organization methy as a contribution of analfied infielectual property for which it was required?       Tr       X         D If the organization methy and conor adviced than during the year? <td< td=""><td></td><td></td><td></td><td>12</td><td></td><td>x</td></td<>   |     |  |    | 12               |     | x        |  |  |  |  |
| See instructions for filling requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         b       Was the organization a park bit organization that is varied of the tax year?       5b       X         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         c       If "Ves' to line 5a or 5b, did the organization that may organization that may construction that any constructions or gifts       5a       X         b       If "Ves' to line organization have mail gross received state non-maily greater than \$100,000, and did the organization solid mergenization notify the donor of the varies of the organization incide with very solicitation an express statement that such contributions or gifts       6a       X         b       If "Ves', 'did the organization notify the donor of the value of the goods or services provided?       7a       X         c       Did the organization notify the donor of the value of the goods or services provided?       7a       X         c       Did the organization notify the donor of the value of the goods or services provide?       7a       X         c       Did the organization contribution of organization and partly for goods and services provide?       7a       X         d       If "Yes, ' raticate he number of Forms B282 field during the year       7d       X       7a       X         d <td></td> <td></td> <td></td> <td>-<del>1</del>0</td> <td></td> <td><u> </u></td>  |     |  |    | - <del>1</del> 0 |     | <u> </u> |  |  |  |  |
| 5a         Was the organization a party to a prohibited tax oheter transaction at any time during the tax year?         5a         X           b         Did any taxable party notify the organization fills Form 8886 T?         5b         5c         5c           is the organization have annual gress receipts that are normally greater than \$100,000, and did the organization solicit any contributions that we end tax deductable?         5c         5c           is the organization nace tax deductable contributions under section 170(c).         6a         X         5c           is the organization nace any contribution surder section 170(c).         7a         X         5c         X           is the organization nace approace any contribution and party to goods and services provided to the party of the organization nace approace of threads or the value of the cost or services provided?         7a         X           is the organization receive a payment in excess of \$76 made party is a contribution and party tor goods and services provided to the party of the organization nace any funds, directly or indirectly, to pay premiums on a personal benefit contract?         7a         X           is the organization receive d a contribution of qualified intellectual property, did the organization file a form 10886?         7a         X           if the organization receive a contribution of qualified intellectual property, did the organization file a form 10886?         7a         X           if the organization near vecess business holding at any thread inter d  |     |  |    |                  |     |          |  |  |  |  |
| b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     55     X       c     If "Yes' to line 50, did the organization file Form 8886-17.     56     X       d     Does the organization any annual gross receipts that are normally greater than \$100,000, and dd the organization solutions or gifts     68     X       b     If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts     68     X       b     If "Yes," did the organization include with every solicitation an express transmitter than \$100,000, and dd the organization every a payment in excess of \$75 made partly as a contribution of quartation reserve a payment in excess of \$75 made partly as a contribution of quartation reserve a payment in excess of \$75 made partly as a contribution of quartation reserve any tork which it was required?     7a     X       d     If "Yes," did the organization netwice despose of tangible personal property for which it was required?     7a     X       d     If "Yes," did the organization netwice a contribution of quartation file.     7a     X       d     If "Yes," did the organization netwice a contribution of quartation events a pay premiume, directly or indirectly, to pay premiums on a personal benefit contract?     7a     X       d     If the organization netwice a contribution of quartation file.     Form 8898 as required?     7a     7a       f     If did the organization make any taxable distributions under section 4966?  | 5a  |  |    | 5a               |     | Х        |  |  |  |  |
| c       1**** to line 5a or 5b, did the organization file Form 8888-77.       5c         Ga       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible:       5a         V       Thes,** did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible:       6a       X         0       To organization that were not tax deductible:       0.57 mode party as contribution and party for goods and services provided to the party of the organization notify the donor of the value of the goods or services provided?       7a       X         0       To demination review a generalization seles:       7a       X         1       The organization review a grant funds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         1       The organization review a grant funds, directly or indirectly, on a personal benefit contract?       7a       X         1       The organization review a contribution of quarks aprilates, or other vehicles, did the organization file as a contribution or quarks and file from 8089 as required?       7a       X         1       The organization review a contribution of quarks aprilates, or other vehicles, did the organization file as form 1086-07.       7a       X         1       The organization review a contribution or quarkie dunds.       1a       1a  |     |  |    |                  |     |          |  |  |  |  |
| 6a     Does the organization have amual gross receipts that are normally greater than \$100,000, and did the organization solicit<br>any contributions that were not tax deductible a charitable contributions?     6a     X       b     If Yes, 'idd the organization include with every solicitation an express statement that such contributions or gits<br>were not tax deductible?     6a     X       c     Organizations that may receive deductible contributions and partly for goods and services provided to the payo?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided?     7b     X       c     Did the organization receive any funds, directly or indirectly, on a personal benefit contract?     7c     X       d     If Yes, 'indicate the number of Forms 8282 field during the year     7d     X       d     Did the organization receive any funds, directly or indirectly, on a personal benefit contract?     7c     X       d     If the organization receive a contribution of qualified intellectual property, did the organization contract?     7f     X       g     Sponsoring organization maining door advised funds. Did a door advised funds     Form 8890 as required?     7g       d     Sponsoring organization make any taxable distributions under section 4966?     9a     9a     9b       d     Did the sponsoring organization make any taxable distributions under section 4966?     9a     9b       d     Did the sponsoring orga  |     |  |    | 5c               |     |          |  |  |  |  |
| b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         a       Did the organization celve a payment in excess of \$75 made parity as a contribution and parity for goods and services provided?       7b       X         b       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         c       Did the organization receive any functs, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7d       X         g       Sponsoring organizations maintaining door advised funds.       Did the sponsoring organization make at atvable distributions under section 4966?       9e       9e         g       Section 501(c)(12) organizations. Enter:       10a       11a       10a         g       Section 501(c)(12) organizations. Enter:       10a       11a       10a         g       Section 501(c)(12) organizations. Enter:       11a       10a   |     |  |    |                  |     |          |  |  |  |  |
| were not tax deductible?     60       7 organizations that may receive deductible contributions under section 170(c).     7       a Did the organization neity the donor of the value of the goods or services provided?     7       b I'' Yes,'' did the organization neity the donor of the value of the goods or services provided?     7       b I'' Yes,'' naticate the number of Forms 8282 filed during the year     7     7       c Did the organization call, exchange, or otherwise dispose of tangible personal property for which it was required     7     7       d I''Yes,'' naticate the number of Forms 8282 filed during the year     7     7     X       d Did the organization necelve any thunds, directly or indirectly, on a personal benefit contract?     7     7     X       f I' the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization faile a Form 1098 cf?     7     7     X       8 Did the sponsoring organization make eases busides at any time during the year?     9     9     9       9 Sponsoring organization make asy taxable distributions under section 4966?     9     9     9       9 Did the sponsoring organizations. Enter:     10a     10b     10a       10 Section 501(c)(2) organizations. Enter:     10a     10b     10a       11 Section 501(c)(2) organization is equified health fuszor.     11a     10a       12 Section 501(c)(2) organization.     10 organization make asy  |     | any contributions that were not tax deductible as charitable contributions?  |    | 6a               |     | X        |  |  |  |  |
| 7       Organizations that may receive adjusted contributions under section 170(c).       Image: the organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         8       If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         9       Did the organization receive any funds, directly or indirectly, or a personal benefit contract?       7f       X         9       Did the organization, during the year, apy remiums, directly or indirectly, or a personal benefit contract?       7f       X         9       Did the organization, during the year, apy remiums, directly or indirectly, or a personal benefit contract?       7f       X         9       Did the organization, during the year, apy repremiums, directly or indirectly, or a personal benefit contract?       7f       X         9       If the organization during the year, apy appremiums, directly or indirectly, or a personal benefit contract?       7f       X         9       Sponsoring organization maintaining door advised funds. Did a doorn advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       9a   | b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts |    |                  |     |          |  |  |  |  |
| a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         b       If Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         c       If Yes," indicate the number of Form 8282? field during the year       [7d]       7e       X         d       If Yes," indicate the number of Form 8282? field during the year       [7d]       7e       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g       If the organization received a contribution of cars, boats, aiplanes, or other vahicles, did the organization file Form 8089 as required?       7n         h       If the organization meave excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions any or prove   |     | were not tax deductible?   |    | 6b               |     | <b> </b> |  |  |  |  |
| b       If 'Yes,' did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If 'Yes,' indicate the number of Forms 8282 filed during the year       7d       7c       X         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       X         f       Did the organization receive a contribution of qualified intellectual property, did the organization form 8899 as required?       7f       X         f       If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization falls for advised a contribution of cars, boats, airplanes, or other vehicles, did the organization falls form 8899 as required?       7g       X         f       If the organization make any taxable distributions under section 4966?       9a       9a       9a       9a         f       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       9a       9a       9a         f       Gross income from members or shareholders       10a       10a       11a       10a       11a       10a       11a       10a       11a       11a<  | 7   | Organizations that may receive deductible contributions under section 170(c).  |    |                  |     |          |  |  |  |  |
| c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       H''esc, 'indicate the number of Forms 8282 filed during the year       7d       7d       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7f       X         g       By ponsoring organization maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         g       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b         g       Gross income from members or shareholders       10b       10b       9a       9b       9a       9a       9b       9a       9b       9a       9b       9b       9a       9b       9a   |     |  |    |                  |     |          |  |  |  |  |
| to file Form 8282?       7c       X         d If Yes, 'indicate the number of Forms 8282 filed during the year       7d       7d       X         d If Yes, 'indicate the number of Forms 8282 filed during the year       7d       X       X         f Did the organization receives any funds, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7e       X         g If the organization received a contribution of cars, boats, aipplanes, or other vehicles, diff the organization file Form 8899 as required?       7f       X         h If the organization received a contribution of cars, boats, aipplanes, or other vehicles, diff the organization file Form 8899 as required?       7g       X         g Sponsoring organizations maintaining door advised funds.       8       9       9a       9b   |     |  |    | 7b               | Х   | <u> </u> |  |  |  |  |
| d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization receive any funds, directly or indirectly, to pay presnums on a personal benefit contract?       7e       X         f Did the organization receive at py premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       7h         h If the organization acceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h         Sponsoring organization make maintaining doora advised funds.       0       8       9         9 Sponsoring organizations maintaining doora advised funds.       9a       9       9a       9b         10 the sponsoring organization make a distribution to a donor, donor advised funds.       9a       9b       9a       9b         11 Section 501(c)(7) organizations. Enter:       10a       10b   | с   |  |    |                  |     | 37       |  |  |  |  |
| e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7r       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7r       X         f       H the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       X         8       Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9b       0b         10       B orts income from make any taxable distributions under section 4966?       9a       9b       0b         9       Sponsoring organizations. Enter:       10a       10a       10b       0b         11       Section 501(c)(12) organizations. Enter:       10a       11b       12a       12a         12       Section 501(c)(12) organizations fuerest received or accrued during the year       12a       12a       12a       12a         13       Section 501(c)(29) qualified nonprofit health insu  |     |  |    | 7c               |     |          |  |  |  |  |
| f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7g       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7n       7n         Sponsoring organization maintaining door advised funds.       8       9       9         9       Sponsoring organization make any taxble distributions under section 4966?       9a       9         b       Did the sponsoring organization make a distributions included on Part VIII, line 12       10a       9a       9b         10       Section 501(c)(12) organizations. Enter:       10b       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b         12       Section 501(c)(12) organizations. Enter:       10b       10b       10b       10b         13       Section 501(c)(12) organizations. Enter:       11a       10b       10b       12a         14       Section 501(c)(22) organization theres and capits holders       11a       10b       12a       12a       12a       12a       12a       12a  |     |  |    | -                |     | v        |  |  |  |  |
| g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h if the organization received a contribution of ars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8 Sponsoring organization make and subsed funds.       Did a donor advised fund anintained by the sponsoring organization make any taxable distributions under section 4966?       8         9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a         a initiation fees and capital contributions included on Part VIII, line 12       10a         11 Section 501(c)(12) organizations. Enter:       10b         a Gross income from members or shareholders       11a         b Gross income from members or shareholders       11a         b Gross income from other sources. [On on the amounts due or paid to other sources against amounts due or received from them.]       12a         12 B       13a         3 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         13 Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a         13a       13a         14a       X         15b       13a         16c       14b         16 the organization is linderati  | _   |  |    |                  |     |          |  |  |  |  |
| h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining door advised funds.       Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8a         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         5       Section 501(c)(7) organizations. Enter:       10a       9b         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10a         10       Section 501(c)(12) organizations. Enter:       11a       11b       11b         a       Gross income from members or shareholders       11a       11b       12a         10       Section 501(c)(12) organizations. Enter:       11b       12a       12a         a       Gross income from members or shareholders       11b       12a       12a         b       fir Yes,* enter the amount of tax-exempt interest received or accrued during the year       12b       13a       13a         13       Section 501(c)(129) qualified nealth insurance issuers.       13a       13a       13a       13a       13a  |     |  |    |                  |     |          |  |  |  |  |
| 8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make excess business holdings at any time during the year?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(17) organizations. Enter:       10a         a       Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a         12       Section 501(c)(12) organizations. Enter:       11a         a       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12       Section 501(c)(12) organizations interget received or accrued during the year       12b         13       Section 501(c)(2) qualified health plans in more than one state?       13a         13       Note: See the instructions for additional information the organization must report on Schedule O.       14a         14       Did the organization receive any payments for indoor tarning services during the tax year?       14a         14       Did the organization subject to the section   |     |  |    |                  |     | <u> </u> |  |  |  |  |
| sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       initiation fees and capital contributions included on Part VIII, line 12       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       11a         a       Gross income from members or shareholders       11a       10b       11b         12a       Section 501(c)(2) organizations. Enter:       11b       11b       12a         13       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       12a       12a         14       Tyces, "enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(2) qualified nonprofit health insurance issuers.       13a       13a         14       Did the organization is negurest to insue qualified health plans       13a       14a       X   |     |  |    |                  |     |          |  |  |  |  |
| 9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         c       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12.       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a         b       Gross income from members or shareholders       11a       10b       12a         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       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a       13a         14a       Did the organization is lecensed to issue qualified health plans       13b       13a       13a         c       Enter the amount of reser  | •   |  |    | 8                |     |          |  |  |  |  |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b   10 Section 501(c)(7) organizations. Enter:   a Initiation fees and capital contributions included on Part VIII, line 12.   b Gross receipts, included on Form 990, Part VIII, line 12., for public use of club facilities   11 Section 501(c)(12) organizations. Enter:   a Gross income from members or shareholders   b Gross income from members or shareholders   b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)   12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   13 Section 501(c)(29) qualified nonprofit health insurance issuers.   a Is the organization licensed to issue qualified health plans in more than one state?   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 neceive any payments for indoor tanning services during the tax year?   14a XX   b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excees parachute payment(s) during the year?   16 X   If "Yes," see the instructions and lile Form 4720, Schedule N.   16 Is the organization an educational institutio  | 9   |  |    |                  |     |          |  |  |  |  |
| b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12.       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10c         12       Section 501(c)(12) organizations. Enter:       11a       10b       11a         13       Gross income from members or shareholders       11a       11b       12a         14       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         15       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         14       Did the organization licensed to issue qualified health plans in more than one state?       13a       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excress parachute payment(s) during the year?       15       X <td></td> <td></td> <td></td> <td>9a</td> <td></td> <td></td>  |     |  |    | 9a               |     |          |  |  |  |  |
| a 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: 11a   a 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   5 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. 13a   a 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. 14a   b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b   15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15   If "Yes," see the instructions and file Form 4720, Schedule N. 16 X   16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16   X 16 X   If "Yes," complete Form 4720, Schedule N. 16   17 If "Yes," complete Form 4720, Schedule N.   16 X   17 If "Yes," complete Form 4720, Schedule N. <td></td> <td></td> <td></td> <td>9b</td> <td></td> <td></td>  |     |  |    | 9b               |     |          |  |  |  |  |
| 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:       11a         a       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         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       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If No," provide an explanation on Schedule O       14b       15         s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneratio   | 10  | Section 501(c)(7) organizations. Enter:  |    |                  |     |          |  |  |  |  |
| 11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       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       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         if "Yes," see the instructions and file Form 4720, Schedu  | а   | Initiation fees and capital contributions included on Part VIII, line 12 10a   |    |                  |     |          |  |  |  |  |
| a       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       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       12a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c       13a         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       15         s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         if "Yes," complete Form 4720, Schedule O.       16       X       16       X      <   |     |  |    |                  |     |          |  |  |  |  |
| b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," complete Form 4720, Schedule N.       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X       17 <td>11</td> <td></td> <td></td> <td></td> <td></td> <td></td>  | 11  |  |    |                  |     |          |  |  |  |  |
| amounts due or received from them.)       11b       12a         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       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       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.       Enter the amount of reserves on pand       13b         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14a       X         b       If "Yes," ese the instructions and file Form 4720, Schedule N.       15       X       X         If "Yes," complete Form 4720, Schedule O.       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X       17         If "Yes," complete Form 6069.       104 the trust, or any disqualified or other person engage in any activities       17       17  |     |  |    |                  |     |          |  |  |  |  |
| 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       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         144       Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       14b       14b         15       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         16       If "Yes," complete Form 4720, Schedule O.       16       X       17         17       If "Yes," complete Form 4720, Schedule O.       17       17         18       the organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17 <td>b</td> <td></td> <td></td> <td></td> <td></td> <td></td>   | b   |  |    |                  |     |          |  |  |  |  |
| b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       14a       X         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         if "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       If "Yes," complete Form 4720, Schedule O.       17       17         18       Is the organizations. Did the trust, or any disqualified or other person engage in any activities that would result   | 10- |  |    | 10-              |     |          |  |  |  |  |
| 13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       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.       13b       13a         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       13b         c       Enter the amount of reserves on hand       13c       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       16       X       17         17       If "Yes," complete Form 6069.       17       17   |     |  |    | 12a              |     |          |  |  |  |  |
| a 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.       Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       14b       Image: Comparization is licensed to issue qualified health plans       Image: Comparization is licensed to issue qualified health plans       Image: Comparization is licensed to issue qualified h  |     |  |    |                  |     |          |  |  |  |  |
| Note: See the instructions for additional information the organization must report on Schedule O.       Image: Comparization is licensed to issue qualified health plans         organization is licensed to issue qualified health plans       Image: Comparization is licensed to issue qualified health plans       Image: Comparization is licensed to issue qualified health plans         c       Enter the amount of reserves on hand       Image: Comparization receive any payments for indoor tanning services during the tax year?       Image: Comparization receive any payments for indoor tanning services during the tax year?         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Image: Comparization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       Image: Comparization and file Form 4720, Schedule N.         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       Image: Comparization Schedule O.         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       Image: Comparization and Comparization and Comparization and Schedule Comparization 4969.         17       Image: Comparization for an excise tax under section 4951, 4952 or 4953?       Image: Comparization for an excise tax under section 4951, 4952 or 4953?  |     |  |    | 13a              |     | <u> </u> |  |  |  |  |
| 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       13c         c       Enter the amount of reserves on hand       13c       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         17       If "Yes," complete Form 6069.       17       17  | u   |  |    | 100              |     |          |  |  |  |  |
| organization is licensed to issue qualified health plans       13b       13b         c Enter the amount of reserves on hand       13c       14a       X         14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       17       17       17         If "Yes," complete Form 4720, Schedule O.       17       17       17         If "Yes," complete Form 6069.       14b       14a       14a       14b   | b   |  |    |                  |     |          |  |  |  |  |
| c       Enter the amount of reserves on hand       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       16       X         If "Yes," complete Form 4720, Schedule O.       17       17       17         If "Yes," complete Form 4720, Schedule O.       17       17       17         If "Yes," complete Form 6069.       1951, 4952 or 4953?       17       17   |     |  |    |                  |     |          |  |  |  |  |
| 14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       16       X         If "Yes," complete Form 4720, Schedule O.       17       17       17         If "Yes," complete Form 4720, Schedule O.       17       17       17   | с   |  |    |                  |     |          |  |  |  |  |
| 15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17       17         If "Yes," complete Form 6069.       10       10       10       10  |     |  |    | 14a              |     | X        |  |  |  |  |
| excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17       17         If "Yes," complete Form 6069.       10       10       10       10   | b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O            |    | 14b              |     |          |  |  |  |  |
| If "Yes," see the instructions and file Form 4720, Schedule N.         16       X         If "Yes," complete Form 4720, Schedule O.         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?         If "Yes," complete Form 6069.  |     |  |    |                  |     |          |  |  |  |  |
| 16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       16       X         17       If "Yes," complete Form 6069.       17       17   |     |  |    | 15               |     | X        |  |  |  |  |
| If "Yes," complete Form 4720, Schedule O.         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?         If "Yes," complete Form 6069.  |     |  |    |                  |     |          |  |  |  |  |
| 17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         1f "Yes," complete Form 6069.       10  |     |  |    | 16               |     | X        |  |  |  |  |
| that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         If "Yes," complete Form 6069.       10   |     |  |    |                  |     |          |  |  |  |  |
| If "Yes," complete Form 6069.  |     |  |    |                  |     |          |  |  |  |  |
|  |     |  |    |                  |     |          |  |  |  |  |
|  |     |  |    | Form             | 990 | (2022)   |  |  |  |  |

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Form 990 (2022)

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

| Check if Schedule O contains a response or note to any line in this Part VI | <br>X |
|---|-------|
| Section A. Governing Body and Management                                    |       |

|          |   |                              |           | Yes         | No     |
|----------|---|------------------------------|-----------|-------------|--------|
| 1a       | Enter the number of voting members of the governing body at the end of the tax year   | 1a 1                         | 2         |             |        |
|          | 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 0.                                 |                              |           |             |        |
| b        | Enter the number of voting members included on line 1a, above, who are independent  | 1b 1                         | 2         |             |        |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship                             | with any other               |           |             |        |
|          | officer, director, trustee, or key employee?  |                              | 2         |             | X      |
| 3        | Did the organization delegate control over management duties customarily performed by or under the                                    | e direct supervision         |           |             |        |
|          | of officers, directors, trustees, or key employees to a management company or other person?   |                              | 3         |             | X      |
| 4        | Did the organization make any significant changes to its governing documents since the prior Form 9                                   | 90 was filed?                | 4         |             | X      |
| 5        | Did the organization become aware during the year of a significant diversion of the organization's ass                                | ets?                         | 5         |             | X      |
| 6        | Did the organization have members or stockholders?  |                              | 6         |             | X      |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or ap                                    | point one or                 |           |             |        |
|          | more members of the governing body?   |                              | 7a        |             | X      |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members, st                                  | ockholders, or               |           |             |        |
|          | persons other than the governing body?  |                              | 7b        |             | X      |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during the year                       | r by the following:          |           |             |        |
| а        | The governing body?   |                              | 8a        | Х           |        |
| b        | Each committee with authority to act on behalf of the governing body?   |                              | 8b        |             | X      |
| 9        | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read                            | ched at the                  |           |             |        |
|          | organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |                              | 9         |             | X      |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the Internal Re                                  | venue Code.)                 |           |             |        |
|          |   |                              |           | Yes         | No     |
| 10a      | Did the organization have local chapters, branches, or affiliates?  |                              | 10a       |             | X      |
| b        | If "Yes," did the organization have written policies and procedures governing the activities of such ch                               | apters, affiliates,          |           |             |        |
|          | and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$                               |                              | 10b       |             |        |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body                                   | / before filing the form?    | 11a       | X           |        |
| b        | Describe on Schedule O the process, if any, used by the organization to review this Form 990.   |                              |           |             |        |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13   |                              |           | X           |        |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise                 |                              | 12b       | Х           |        |
| С        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y                                 | es," describe                |           |             |        |
|          | on Schedule O how this was done   |                              | 12c       | Х           |        |
| 13       | Did the organization have a written whistleblower policy?   |                              | 13        | X           |        |
| 14       | Did the organization have a written document retention and destruction policy?  |                              | 14        | Х           |        |
| 15       | Did the process for determining compensation of the following persons include a review and approva                                    | l by independent             |           |             |        |
|          | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                     |                              |           |             |        |
| а        | The organization's CEO, Executive Director, or top management official  |                              | 15a       | X           |        |
| b        | Other officers or key employees of the organization   |                              | 15b       | Х           |        |
|          | 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 arrangen                           | nent with a                  |           |             |        |
|          | taxable entity during the year?   |                              | 16a       |             | X      |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat                             |                              |           |             |        |
|          | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ                                 | ization's                    |           |             |        |
| <u> </u> | exempt status with respect to such arrangements?  |                              | 16b       |             |        |
|          | tion C. Disclosure  |                              |           |             |        |
| 17       | List the states with which a copy of this Form 990 is required to be filed TN   |                              |           |             |        |
| 18       | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar                                 | nd 990-1 (section 501(c)(3   | 3)s only) | availat     | ble    |
|          | for public inspection. Indicate how you made these available. Check all that apply.   |                              |           |             |        |
| 40       |   | on Schedule O)               | ما 3      | -:          |        |
| 19       | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co                                     | nflict of interest policy, a | nd finan  | cial        |        |
| 00       | statements available to the public during the tax year.   | la andreas l                 |           |             |        |
| 20       | State the name, address, and telephone number of the person who possesses the organization's boo<br>TOYCE 7TPKIE $-$ 865 - 243 - 8200 | oks and records              |           |             |        |
|          | <u>JOYCE ZIRKLE - 865-243-8200</u><br>136 HARVEST LANE, MARYVILLE, TN 37801   |                              |           |             |        |
|          |   |                              | Lov-      | 9 <b>90</b> | (0000) |
| 232006   | 12-13-22<br><b>7</b>  |                              | FOLU      | 1000        | (2022) |
|          |   |                              |           |             |        |

| SECOND HA | ARVEST | FOOD | BANK | OF | EAST |
|-----------|--------|------|------|----|------|
|           |        |      |      |    |      |

TENNESSEE

| Form 990 (2 |  | 58-14                 |
|-------------|--|-----------------------|
| 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.

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

| (A)<br>Name and title                    | (B)<br>Average<br>hours per  | box                            | not c<br>, unle       | Pos<br>heck i<br>ss per | more<br>rson i | than o<br>s both    | an | <b>(D)</b><br>Reportable<br>compensation                    | <b>(E)</b><br>Reportable<br>compensation                      | <b>(F)</b><br>Estimated<br>amount of  |
|--|--|--------------------------------|-----------------------|-------------------------|----------------|---------------------|----|---|---|---|
|  | week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director | Institutional trustee | Offlicer<br>0fflicer    |                | Highest compensated | ,  | from<br>the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC) | from related<br>organizations<br>(W-2/1099-MISC/<br>1099-NEC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) ELAINE STRENO                        | 40.00  |                                |                       | v                       |                |                     |    | 170 546   | 0   | 10 072  |
| EXECUTIVE DIRECTOR                       | 1 00   |                                |                       | X                       |                |                     |    | 178,546.  | 0.  | 10,873.   |
| (2) PATRICK BIRMINGHAM<br>VICE PRESIDENT | 1.00   | x                              |                       | x                       |                |                     |    | 0.  | 0.  | 0.  |
| (3) BENJAMIN RIDDER                      | 1.00   | Δ                              | -                     |                         |                |                     |    | 0.  | 0.  | 0.  |
| BOARD MEMBER                             | 1.00   | x                              |                       |                         |                |                     |    | 0.  | 0.  | 0.  |
| (4) LORI HICKOK                          | 1.00   |                                |                       |                         |                |                     |    | 0.  | 0.  | <u>v</u> .  |
| SECRETARY/TREASURER                      | 1.00   | x                              |                       | x                       |                |                     |    | 0.  | 0.  | 0.  |
| (5) DAVID KEIM                           | 1.00   |                                |                       |                         |                |                     |    |   |   |   |
| BOARD MEMBER                             |  | х                              |                       |                         |                |                     |    | 0.  | 0.  | 0.  |
| (6) TIM MCLEMORE                         | 1.00   |                                |                       |                         |                |                     |    |   |   |   |
| BOARD MEMBER                             |  | х                              |                       |                         |                |                     |    | 0.  | 0.  | 0.  |
| (7) JACOB OGLE                           | 1.00   |                                |                       |                         |                |                     |    |   |   |   |
| PRESIDENT                                |  | Х                              |                       | X                       |                |                     |    | 0.  | Ο.  | 0.  |
| (8) JOHN ROSS                            | 1.00   |                                |                       |                         |                |                     |    |   |   |   |
| BOARD MEMBER                             |  | Х                              |                       |                         |                |                     |    | 0.  | 0.  | 0.  |
| (9) DAVID REYNOLDS                       | 1.00   |                                |                       |                         |                |                     |    |   |   |   |
| BOARD MEMBER                             |  | Х                              |                       |                         |                |                     |    | 0.  | 0.  | 0.  |
| (10) DAVID OWENS                         | 1.00   |                                |                       |                         |                |                     |    |   |   |   |
| BOARD MEMBER                             |  | Х                              |                       |                         |                |                     |    | 0.  | 0.  | 0.  |
| (11) DREW EVERETT                        | 1.00   |                                |                       |                         |                |                     |    |   |   | _   |
| BOARD MEMBER                             |  | Х                              |                       |                         |                |                     |    | 0.  | 0.  | 0.  |
| (12) BOB HARALSON                        | 1.00   |                                |                       |                         |                |                     |    |   |   | <u>^</u>  |
| BOARD MEMBER                             | 1 00   | Х                              |                       |                         |                |                     |    | 0.  | 0.  | 0.  |
| (13) JENNIFER OSWALT                     | 1.00   |                                |                       |                         |                |                     |    |   | 0   | 0   |
| BOARD MEMBER                             |  | Х                              |                       |                         |                |                     |    | 0.  | 0.  | 0.  |
|  |  |                                |                       |                         |                |                     |    |   |   |   |
|  |  |                                |                       |                         |                |                     |    |   |   |   |
|  |  |                                |                       |                         |                |                     |    |   |   |   |
|  |  |                                |                       |                         |                |                     |    |   |   |   |
|  |  |                                |                       |                         |                |                     |    |   |   |   |
|  |  |                                |                       |                         |                |                     |    |   |   |   |
|  |  |                                |                       |                         |                |                     |    |   |   |   |
| 022007 10 10 02                          | 1  |                                |                       |                         | I              |                     |    | 1   |   | Form <b>990</b> (2022)  |

232007 12-13-22

Form 990 (2022)

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| Form 990 (2022)   | SECOND HA   |   | '00                            | D  | BA                   | NK  | 0                               | F  | EAST   | 58-14  | 5013                                      | <b>9</b> 1  | ⊃ <sub>age</sub> 8           |                                |      |
|---|---|---|--------------------------------|--|----------------------|---|---------------------------------|--|--|--|---|---|------------------------------|--------------------------------|------|
|   |   |   | olov                           | ees.   | and                  | d Hie   | ahes                            | t C                                      | ompensated Employee  |  | 5015                                      | <u> </u>  | aye U                        |                                |      |
| (A)<br>Name and tit   |   | (B)<br>Average<br>hours per<br>week                                   | (do<br>box                     | Posit<br>(do not check m<br>box, unless pers |                      | (C)<br>Positio<br>(do not check mo<br>pox, unless perso<br>officer and a direct |                                 | C)<br>itior<br><sup>more</sup><br>rson i | ۱<br>than c<br>is both   | one<br>1 an                                  | (D)<br>Reportable<br>compensation<br>from | (E)<br>Reportable<br>compensation<br>from related   |                              | (F)<br>Estima<br>amoun<br>othe | t of |
|   |   | (list any<br>hours for<br>related<br>organizations<br>below<br>line)  | Individual trustee or director | In stitutional trustee                       | Officer              | Key employee  | Highest compensated<br>employee | Former                                   | the<br>organization<br>(W-2/1099-MISC/<br>1099-NEC)  | organizations<br>(W-2/1099-MISC<br>1099-NEC) | C/ C                                      | ompens<br>from t<br>organiza<br>and rela<br>rganiza | ation<br>he<br>ation<br>ated |                                |      |
|   |   |   |                                |  |                      |   |                                 |  |  |  |   |   |                              |                                |      |
|   |   |   |                                |  |                      |   |                                 |  |  |  |   |   |                              |                                |      |
|   |   |   |                                |  |                      |   |                                 |  |  |  |   |   |                              |                                |      |
|   |   |   |                                |  |                      |   |                                 |  |  |  |   |   |                              |                                |      |
| c Total from continuation   |   | I, Section A  |                                |  |                      |   |                                 |  | 178,546.<br>0.<br>178,546.   |  | 0.  | 10,8  | 0.                           |                                |      |
| <ul> <li>d Total (add lines 1b and</li> <li>2 Total number of individual<br/>compensation from the c</li> </ul>   | als (including but n  | ot limited to th  |                                |  |                      |   | e) wh                           | o re                                     |  |  | <u>.</u>                                  | <u>10,0</u>   | 1                            |                                |      |
| <ul> <li>3 Did the organization list a line 1a? <i>If</i> "Yes," <i>comple</i></li> <li>4 For any individual listed organizations</li> <li>5 Did any person listed on rendered to the organization</li> </ul> | any <b>former</b> officer,<br><i>te Schedule J for s</i><br>on line 1a, is the su<br>s greater than \$150<br>line 1a receive or a<br>tion? <i>If "Yes," com</i> | uch individual<br>Im of reportabl<br>),000? If "Yes,<br>accrue compen | e co<br>" co<br>Isati          | ompe<br><i>mple</i><br>on fr                 | ensa<br>ete S<br>rom | tion<br>Sche<br>any   | and<br>edule<br>unre            | oth<br>oth<br>Jf                         | ner compensation from the or such individual such or such individual such or individual such or individual such or individual such or such and such as the organization or individual such as the organization organization organization organization organization organization such as the organization organiz | ne organization                              | 4   | X   | No<br>X<br>X<br>X            |                                |      |
| Section B. Independent Con           1         Complete this table for y  | our five highest co   | -   | -                              |  |                      |   |                                 |  |  |  | nsation                                   | from  |                              |                                |      |
| the organization. Report N RKD ALPHA DOG  | (A)<br>ame and business   |   | ear e                          | enair  | ig w                 |   | or wi                           |  | (B)<br>Description of s  |  | Com                                       | <b>(C)</b><br>pensati                               | on                           |                                |      |
| 8001 S 13TH STRI  | EET, LINCC  | LN, NE  | <u>68</u>                      | 51   | 2                    |   |                                 |  | FUNDRAISING  |  | 2   | 35,5  | 549.                         |                                |      |
|   |   |   |                                |  |                      |   |                                 |  |  |  |   |   |                              |                                |      |
| 2 Total number of indepen   |   | •   | ot lin                         | nitec  | d to                 |   |                                 | ted                                      | above) who received mo   | ore than                                     |   |   |                              |                                |      |
| \$100,000 of compensation   | on from the organiz   | zation  |                                |  |                      | 1   | L                               |  |  |  | For                                       | m <b>990</b>  | (2022)                       |                                |      |

SECOND HARVEST FOOD BANK OF EAST TENNESSEE

|   | Check if Schedule O contains a response or note to any line in this Part VIII |     |   |          |                |               |                                    |                            |                                    |  |  |
|---|---|-----|---|----------|----------------|---------------|------------------------------------|----------------------------|------------------------------------|--|--|
|   |   |     |   |          |                | (A)           | (B)                                | (C)                        | (D)<br>Boyonuo ovoludad            |  |  |
|   |   |     |   |          |                | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded<br>from tax under |  |  |
|   |   |     |   |          |                |               | lanotornovonao                     |                            | sections 512 - 514                 |  |  |
| s s   | 1 :   | a   | Federated campaigns 1a  |          | 414,378.       |               |                                    |                            |                                    |  |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |   |     | Membership dues 1b  |          |                |               |                                    |                            |                                    |  |  |
| ΩĞ  |   |     | Fundraising events 1c   |          | 123,300.       |               |                                    |                            |                                    |  |  |
| ifts<br>ar A  |   |     | Related organizations 1d  |          |                |               |                                    |                            |                                    |  |  |
| s, G<br>nils  |   |     | Government grants (contributions) <b>1e</b>                         |          | 1,982,788.     |               |                                    |                            |                                    |  |  |
| ŝ   |   |     | All other contributions, gifts, grants, and                         |          |                |               |                                    |                            |                                    |  |  |
| her   |   |     | similar amounts not included above <b>1f</b>                        |          | 34,249,813.    |               |                                    |                            |                                    |  |  |
| o tri   |   | a   | Noncash contributions included in lines 1a-1f                       |          | 25,608,049.    |               |                                    |                            |                                    |  |  |
| Con   |   |     | Total. Add lines 1a-1f  |          |                | 36,770,279.   |                                    |                            |                                    |  |  |
| <u> </u>  |   |     |   |          | Business Code  |               |                                    |                            |                                    |  |  |
| đ   | 2   | а   | PURCHASED REVENUE   |          | 624200         | 3,617,054.    | 3,617,054.                         |                            |                                    |  |  |
| Program Service<br>Revenue                                | _   | b   | RURAL ROUTE   |          | 624200         | 59,387.       | 59,387.                            |                            |                                    |  |  |
| Ser   |   | c   | SHARED MAINTENANCE FEES   |          | 624200         | 13,447.       | 13,447.                            |                            |                                    |  |  |
| E a   |   | -   | AGENCY APPLICATION  | -        | 624200         | 280.          | 280.                               |                            |                                    |  |  |
| gra<br>Re   |   | e   |   | -        |                |               | -                                  |                            |                                    |  |  |
| Pro   |   |     | All other program service revenue                                   |          |                |               |                                    |                            |                                    |  |  |
| _   |   |     | Total. Add lines 2a-2f  | ·· L     |                | 3,690,168.    |                                    |                            |                                    |  |  |
|   | 3   | y   | Investment income (including dividends, inte                        | oros     | t and          | -,,           |                                    |                            |                                    |  |  |
|   | 5   |     |   |          |                | 518,265.      |                                    |                            | 518,265.                           |  |  |
|   | 4   |     | other similar amounts)<br>Income from investment of tax-exempt bonc |          |                | ,             |                                    |                            | ,                                  |  |  |
|   | 5   |     | Royalties   | i pro    | Jueeus         |               |                                    |                            |                                    |  |  |
|   | 5   |     | (i) Real  |          | (ii) Personal  |               |                                    |                            |                                    |  |  |
|   | 6   | _   |   |          | (1) 1 01001101 |               |                                    |                            |                                    |  |  |
|   |   |     | Gross rents 6a  | _        |                |               |                                    |                            |                                    |  |  |
|   |   |     | Less: rental expenses 6b  | _        |                |               |                                    |                            |                                    |  |  |
|   |   |     | Rental income or (loss) 6c  |          |                |               |                                    |                            |                                    |  |  |
|   |   |     | Net rental income or (loss)   |          | (ii) Othor     |               |                                    |                            |                                    |  |  |
|   | 7   | а   | Gross amount from sales of (i) Securities                           | s        | (ii) Other     |               |                                    |                            |                                    |  |  |
|   |   |     | assets other than inventory <b>7a</b>                               | _        |                |               |                                    |                            |                                    |  |  |
|   |   | b   | Less: cost or other basis   |          |                |               |                                    |                            |                                    |  |  |
| nue   |   |     | and sales expenses 7b   |          | 740.           |               |                                    |                            |                                    |  |  |
| ther Revenue  |   |     | Gain or (loss) 7c   |          | -740.          |               |                                    |                            |                                    |  |  |
| å   |   |     | Net gain or (loss)  |          |                | -740.         | -740.                              |                            |                                    |  |  |
| ihei  | 8   | а   | Gross income from fundraising events (not                           |          |                |               |                                    |                            |                                    |  |  |
| Ò   |   |     | including \$ 123,300. of  |          |                |               |                                    |                            |                                    |  |  |
|   |   |     | contributions reported on line 1c). See                             |          |                |               |                                    |                            |                                    |  |  |
|   |   |     |   | 8a       | 0.             |               |                                    |                            |                                    |  |  |
|   |   |     |   | 8b       | 42,314.        |               |                                    |                            |                                    |  |  |
|   |   |     | Net income or (loss) from fundraising events                        | <u>.</u> |                | -42,314.      |                                    |                            | -42,314.                           |  |  |
|   | 9   | а   | Gross income from gaming activities. See                            |          |                |               |                                    |                            |                                    |  |  |
|   |   |     |   | 9a       |                |               |                                    |                            |                                    |  |  |
|   |   |     | · · · · · · · · · · · · · · · · · · ·                               | 9b       |                |               |                                    |                            |                                    |  |  |
|   |   |     | Net income or (loss) from gaming activities                         | <u></u>  |                |               |                                    |                            |                                    |  |  |
|   | 10  | а   | Gross sales of inventory, less returns                              |          |                |               |                                    |                            |                                    |  |  |
|   |   |     |   | l0a      |                |               |                                    |                            |                                    |  |  |
|   |   |     | J   | 0b       |                |               |                                    |                            |                                    |  |  |
|   |   | С   | Net income or (loss) from sales of inventory                        |          |                |               |                                    |                            |                                    |  |  |
| s   |   |     |   | Ļ        | Business Code  |               |                                    |                            |                                    |  |  |
| ∋ou   | 11  | а   | MISCELLANEOUS REVENUE   | _        | 624200         | 1,681.        | 1,681.                             |                            |                                    |  |  |
| enu   | I   | b   |   | _        |                |               |                                    |                            |                                    |  |  |
| cell<br>tevi  |   | с   |   | _        |                |               |                                    |                            |                                    |  |  |
| Miscellaneous<br>Revenue                                  |   |     | All other revenue   |          |                |               |                                    |                            |                                    |  |  |
| _   |   | е   | Total. Add lines 11a-11d  |          |                | 1,681.        |                                    |                            |                                    |  |  |
|   | 12  |     | Total revenue. See instructions                                     |          |                | 40,937,339.   | 3,691,109.                         | 0.                         | 475,951.                           |  |  |
| 232009  | 9 12-1  | 13- | 22  |          |                |               |                                    |                            | Form <b>990</b> (2022)             |  |  |

Form 990 (2022)

Part VIII Statement of Revenue

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### SECOND HARVEST FOOD BANK OF EAST TENNESSEE

Form 990 (2022) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| Sect  | ion 501(c)(3) and 501(c)(4) organizations must comp<br>Check if Schedule O contains a respon               |                |                             |                                    |                           |
|-------|--|----------------|-----------------------------|------------------------------------|---------------------------|
|       |  | (A)            | (B)                         | (C)                                | (D)                       |
|       | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.                                 | Total expenses | Program service<br>expenses | Management and<br>general expenses | Fundraising<br>expenses   |
| 1     | Grants and other assistance to domestic organizations  |                | 455 500                     |                                    |                           |
|       | and domestic governments. See Part IV, line 21   | 455,582.       | 455,582.                    |                                    |                           |
| 2     | Grants and other assistance to domestic  |                |                             |                                    |                           |
|       | individuals. See Part IV, line 22  |                |                             |                                    |                           |
| 3     | Grants and other assistance to foreign   |                |                             |                                    |                           |
|       | organizations, foreign governments, and foreign  |                |                             |                                    |                           |
|       | individuals. See Part IV, lines 15 and 16  |                |                             |                                    |                           |
| 4     | Benefits paid to or for members  |                |                             |                                    |                           |
| 5     | Compensation of current officers, directors,   |                |                             |                                    |                           |
|       | trustees, and key employees  | 178,546.       | 53,564.                     | 53,564.                            | 71,418.                   |
| 6     | Compensation not included above to disqualified  |                |                             |                                    |                           |
|       | persons (as defined under section 4958(f)(1)) and  |                |                             |                                    |                           |
|       | persons described in section 4958(c)(3)(B)   |                |                             |                                    |                           |
| 7     | Other salaries and wages   | 2,753,158.     | 1,929,921.                  | 236,817.                           | 586,420.                  |
| 8     | Pension plan accruals and contributions (include   |                |                             | <u> </u>                           |                           |
|       | section 401(k) and 403(b) employer contributions)  | 66,618.        |                             | 6,598.                             | <u>14,949.</u><br>99,064. |
| 9     | Other employee benefits  | 449,600.       |                             | 43,729.                            | 99,064.                   |
| 10    | Payroll taxes  | 207,007.       | 140,053.                    | 20,504.                            | 46,450.                   |
| 11    | Fees for services (nonemployees):  |                |                             |                                    |                           |
| а     | Management   |                |                             |                                    |                           |
| b     | Legal  |                |                             |                                    |                           |
| С     | Accounting   |                |                             |                                    |                           |
| d     | Lobbying   |                |                             |                                    |                           |
| е     | 3  | 240,974.       |                             |                                    | 240,974.                  |
| f     | Investment management fees   |                |                             |                                    |                           |
| g     | ( °  |                |                             |                                    |                           |
|       | column (A), amount, list line 11g expenses on Sch 0.)  | 98,314.        | 66,516.                     | 9,738.                             | 22,060.                   |
| 12    | Advertising and promotion  |                |                             |                                    |                           |
| 13    | Office expenses  | 39,738.        | 33,104.                     | 4,653.                             | 1,981.                    |
| 14    | Information technology   |                |                             |                                    |                           |
| 15    | Royalties  |                |                             |                                    |                           |
| 16    | Occupancy  | 101,713.       | 84,732.                     | 11,910.                            | 5,071.                    |
| 17    | Travel   |                |                             |                                    |                           |
| 18    | Payments of travel or entertainment expenses   |                |                             |                                    |                           |
|       | for any federal, state, or local public officials  |                |                             |                                    |                           |
| 19    | Conferences, conventions, and meetings   | 51,200.        | 28,394.                     | 11,235.                            | 11,571.                   |
| 20    | Interest   |                |                             |                                    |                           |
| 21    | Payments to affiliates   |                |                             |                                    |                           |
| 22    | Depreciation, depletion, and amortization  | 420,899.       | 350,630.                    | 49,284.                            | 20,985.                   |
| 23    | Insurance  | 136,971.       | 112,048.                    | 11,203.                            | 13,720.                   |
| 24    | Other expenses. Itemize expenses not covered   |                |                             |                                    |                           |
|       | above. (List miscellaneous expenses on line 24e. If<br>line 24e amount exceeds 10% of line 25, column (A), |                |                             |                                    |                           |
|       | amount, list line 24e expenses on Schedule O.)   |                |                             |                                    |                           |
| а     |  | 34,379,294.    | 34,379,294.                 |                                    |                           |
| b     | REPAIRS AND MAINTENANCE  | 534,301.       | 474,036.                    | 42,267.                            | 17,998.                   |
| с     | WAREHOUSE EXPENSES   | 271,687.       | 271,687.                    |                                    |                           |
| d     | FUEL AND VEHICLES  | 263,792.       | 263,792.                    |                                    | -                         |
| е     | All other expenses   | 459,053.       | 126,454.                    | 55,649.                            | 276,950.                  |
| 25    | Total functional expenses. Add lines 1 through 24e   | 41,108,447.    | 39,121,685.                 | 557,151.                           | 1,429,611.                |
| 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)   |                |                             |                                    |                           |
| 23201 | 0 12-13-22   |                |                             |                                    | Form <b>990</b> (2022)    |
|       |  | 11             |                             |                                    |                           |

11

| SECOND  | HARVEST | FOOD | BANK | OF | EAST |
|---------|---------|------|------|----|------|
| ͲͲͶͶͲϾϾ | 200     |      |      |    |      |

| Form 990 (2 | 2022) TENNESSEE  |     |
|-------------|--|-----|
| Part X      | Balance Sheet  |     |
|             | Check if Schedule O contains a response or note to any line in this Part X |     |
|             |  | (A) |

|                             |          | Check if Schedule O contains a response or not   | a to any | ling in this Dart V                   |                   |                 |                           |
|-----------------------------|----------|--|----------|---------------------------------------|-------------------|-----------------|---------------------------|
|                             |          | Oneon in Schedule O Contains a response of hote  | e to any |                                       | (A)               |                 | (B)                       |
|                             |          |  |          |                                       | Beginning of year |                 | End of year               |
|                             | 1        | Cash - non-interest-bearing  |          |                                       | 2,088,097.        | 1               | 807,350.                  |
|                             | 2        | Savings and temporary cash investments   |          |                                       | 25.               | 2               | 0.                        |
|                             | 3        | Pledges and grants receivable, net   |          |                                       | 173,324.          | 3               | 777,968.                  |
|                             | 4        | Accounts receivable, net   |          |                                       | 206,107.          | 4               | 332,850.                  |
|                             | 5        | Loans and other receivables from any current or  |          |                                       |                   | -               |                           |
|                             |          | trustee, key employee, creator or founder, subst   |          |                                       |                   |                 |                           |
|                             |          | controlled entity or family member of any of thes  |          |                                       |                   | 5               |                           |
|                             | 6        | Loans and other receivables from other disqualif   |          |                                       |                   |                 |                           |
|                             |          | under section 4958(f)(1)), and persons described   |          |                                       |                   | 6               |                           |
| Ś                           | 7        | Notes and loans receivable, net  |          |                                       |                   | 7               |                           |
| Assets                      | 8        | Inventories for sale or use  |          |                                       | 1,838,250.        | 8               | 1,740,245.                |
| As                          | 9        | Prepaid expenses and deferred charges  |          |                                       | 49,627.           | 9               | 125,914.                  |
|                             | 10a      | Land, buildings, and equipment: cost or other  |          |                                       |                   |                 |                           |
|                             |          | basis. Complete Part VI of Schedule D  | 10a      | 9,938,046.                            |                   |                 |                           |
|                             | b        | basis. Complete Part VI of Schedule D<br>Less: accumulated depreciation                            | 10b      | 3,585,860.                            | 6,341,436.        | 10c             | 6,352,186.<br>20,055,672. |
|                             | 11       | Investments - publicly traded securities   |          |                                       | 18,083,390.       | 11              | 20,055,672.               |
|                             | 12       | Investments - other securities. See Part IV, line 1  |          | E E E E E E E E E E E E E E E E E E E |                   | 12              |                           |
|                             | 13       | Investments - program-related. See Part IV, line 1   | I1       |                                       |                   | 13              |                           |
|                             | 14       | Intangible assets  |          |                                       | 1 0               | 14              |                           |
|                             | 15       | Other assets. See Part IV, line 11   |          | 5,519.                                | 15                | 5,519.          |                           |
|                             | 16       | Total assets. Add lines 1 through 15 (must equa  |          | 28,785,775.                           | 16                | 30,197,704.     |                           |
|                             | 17       | Accounts payable and accrued expenses  |          |                                       | 710,016.          | 17              | 816,860.                  |
|                             | 18       | Grants payable   |          | 18                                    |                   |                 |                           |
|                             | 19       | Deferred revenue   | ······   |                                       | 19                |                 |                           |
|                             | 20       |  |          |                                       | 20                |                 |                           |
|                             | 21       | Escrow or custodial account liability. Complete F  |          |                                       |                   | 21              |                           |
| ies                         | 22       | Loans and other payables to any current or form  |          |                                       |                   |                 |                           |
| Liabilities                 |          | trustee, key employee, creator or founder, subst   |          |                                       |                   | 22              |                           |
| Lial                        | 22       | controlled entity or family member of any of thes<br>Secured mortgages and notes payable to unrela |          |                                       |                   | 22              |                           |
|                             | 23<br>24 | Unsecured notes and loans payable to unrelated   |          | · · · · · · · · · · · · · · · · · · · |                   | <u>23</u><br>24 |                           |
|                             | 24<br>25 | Other liabilities (including federal income tax, pay   |          | Г                                     |                   | 24              |                           |
|                             | 25       | parties, and other liabilities not included on lines   |          |                                       |                   |                 |                           |
|                             |          | of Schedule D  | ,        |                                       |                   | 25              |                           |
|                             | 26       |  |          |                                       | 710,016.          | 26              | 816,860.                  |
|                             |          | Organizations that follow FASB ASC 958, che  |          |                                       | •                 |                 |                           |
| sec                         |          | and complete lines 27, 28, 32, and 33.   |          |                                       |                   |                 |                           |
| anc                         | 27       |  |          |                                       | 27,392,822.       | 27              | 28,515,292.               |
| Bal                         | 28       | Net assets with donor restrictions   | 682,937. | 28                                    | 865,552.          |                 |                           |
| pu                          |          | Organizations that do not follow FASB ASC 9  | 58, cheo | ck here                               |                   |                 |                           |
| Ъ                           |          | and complete lines 29 through 33.  |          |                                       |                   |                 |                           |
| Net Assets or Fund Balances | 29       | Capital stock or trust principal, or current funds   |          |                                       |                   | 29              |                           |
| set                         | 30       | Paid-in or capital surplus, or land, building, or eq   | uipmen   | t fund                                |                   | 30              |                           |
| As                          | 31       | Retained earnings, endowment, accumulated ind  | come, o  | r other funds                         |                   | 31              |                           |
| Net                         | 32       | Total net assets or fund balances  |          |                                       | 28,075,759.       | 32              | 29,380,844.               |
|                             | 33       | Total liabilities and net assets/fund balances   |          |                                       | 28,785,775.       | 33              | 30,197,704.               |
|                             |          |  |          |                                       |                   |                 | Form <b>990</b> (2022)    |

Form **990** (2022)

232011 12-13-22

| SECOND  | HARVEST | FOOD | BANK | OF | EAST |
|---------|---------|------|------|----|------|
| TENNESS | SEE     |      |      |    |      |

|    | 990 (2022) TENNESSEE   | 58-      | 1450 | 139   | Pag          | <sub>ge</sub> 12 |
|----|--|----------|------|-------|--------------|------------------|
| Pa | rt XI Reconciliation of Net Assets   |          |      |       |              |                  |
|    | Check if Schedule O contains a response or note to any line in this Part XI  |          |      |       |              |                  |
|    |  |          |      |       |              |                  |
| 1  | Total revenue (must equal Part VIII, column (A), line 12)  | 1        |      | ,937  |              |                  |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2        | 41   | .,108 |              |                  |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3        |      | -171  |              |                  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                          | 4        |      | ,075  |              |                  |
| 5  | Net unrealized gains (losses) on investments   | 5        | 1    | .,476 | 5,1 <u>9</u> | <u>93.</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       | 29   | ,380  | ),84         | <u>44.</u>       |
| Pa | rt XII Financial Statements and Reporting  |          |      |       |              |                  |
|    | Check if Schedule O contains a response or note to any line in this Part XII                                       |          |      |       |              | 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     | Ο.       |      |       |              |                  |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?                    |          |      | 2a    |              | <u>X</u>         |
|    | 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   | e 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 | e 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 Sch  | edule O  |      |       |              |                  |
| 3a | 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?  |          |      | 3a    | Х            |                  |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red aud  | t    |       |              |                  |
|    | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                           |          |      | 3b    | X            |                  |

Form **990** (2022)

232012 12-13-22

| SCHEDULE A<br>(Form 990)<br>Department of the Treasury<br>Internal Revenue Service |   | 0)  |   | Public Chai<br>omplete if the organ<br>494<br>At  |   | OMB No. 1545-0047                             |   |                       |           |                                 |  |
|--|---|---|---|---|---|---|---|-----------------------|-----------|---------------------------------|--|
|  |   |   |   |   | ttach to Form 990 or Fo<br>Form990 for instruction  |   |   | ormation.             |           | Inspection                      |  |
| Nam  | e of t  | he organizatio  | ~   | ND HARVEST  | FOOD BANK OF  | ' EASI  | 1                                       |                       |           | identification number 8-1450139 |  |
| Pa   | rtl   | Reason f  | or Public   | Charity Status.   | (All organizations must co  | omplete th                                    | nis part.) S                            | ee instruction        | s.        |                                 |  |
| The c<br>1<br>2<br>3<br>4<br>5   |   | A church, cor<br>A school desc<br>A hospital or<br>A medical res<br>city, and state<br>An organizatio   | vention of ch<br>cribed in <b>sect</b><br>a cooperative<br>earch organiz<br>e:<br>on operated for | urches, or associatio<br>tion 170(b)(1)(A)(ii). (<br>hospital service orga<br>ration operated in cor<br>or the benefit of a col | For lines 1 through 12, ch<br>on of churches described<br>Attach Schedule E (Form<br>anization described in <b>se</b><br>njunction with a hospital<br>llege or university owned | in sectio<br>990).)<br>ction 170<br>described | n 170(b)(1<br>(b)(1)(A)(ii<br>in sectio | ii).<br>n 170(b)(1)(A |           |                                 |  |
|  |   | section 170(  | b)(1)(A)(iv). ((  | Complete Part II.)  |   |   |   |                       |           |                                 |  |
| 8  | section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)  |   |   |   |   |   |   |                       |           |                                 |  |
| 9  |   | -   |   | -   |   |   | -                                       |                       | -         | -                               |  |
| 10   |   | or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or<br>university: |   |   |   |   |   |                       |           |                                 |  |
| 11<br>12<br>a<br>b<br>c<br>d   | <ul> <li>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.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>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.</li> <li>a 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.</li> <li>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.</li> <li>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.</li> </ul> |   |   |   |   |   |   |                       |           |                                 |  |
|  | Fata  |   |   |   | nally integrated supportir  |   |   |                       |           |                                 |  |
|  |   | er the number of the followi  |   |   | d organization(s)   |   |   |                       |           |                                 |  |
| <u> </u>   |   | i) Name of suppo  |   | n about the supporte<br>(ii) EIN  | d organization(s). (iii) Type of organization   | (iv) Is the orga                              | nization listed                         | (v) Amount o          | fmonetarv | (vi) Amount of other            |  |
|  | •   | organization  |   | ( )   | (described on lines 1-10  | in your governi<br>Yes                        | ng document?                            | support (see ir       |           | support (see instructions)      |  |
|  |   |   |   |   | above (see instructions))   |   |   |                       |           |                                 |  |
|  |   |   |   |   |   |   |   |                       |           |                                 |  |
|  |   |   |   |   |   |   |   |                       |           |                                 |  |
|  |   |   |   |   |   |   |   |                       |           |                                 |  |
| Tota   |   |   |   |   |   |   |   |                       |           |                                 |  |

# SECOND HARVEST FOOD BANK OF EAST TENNESSEE

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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 comp | lete Part III.) |
|--|-----------------|
|--|-----------------|

Schedule A (Form 990) 2022

| Sec  | ction A. Public Support  |                       |                     |                      |                     |                    |                 |  |  |
|------|--|-----------------------|---------------------|----------------------|---------------------|--------------------|-----------------|--|--|
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018              | <b>(b)</b> 2019     | (c) 2020             | (d) 2021            | (e) 2022           | (f) Total       |  |  |
| 1    | Gifts, grants, contributions, and  |                       |                     |                      |                     |                    |                 |  |  |
|      | membership fees received. (Do not  |                       |                     |                      |                     |                    |                 |  |  |
|      | include any "unusual grants.")   | 28581819.             | 34577772.           | 50848291.            | <u>37089295.</u>    | <u>36770279.</u>   | 187867456       |  |  |
| 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   | 28581819.             | <u>34577772.</u>    | 50848291.            | 37089295.           | <u>36770279.</u>   | 187867456       |  |  |
| 5    | 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)   |                       |                     |                      |                     |                    |                 |  |  |
|      | Public support. Subtract line 5 from line 4.   |                       |                     |                      |                     |                    | 187867456       |  |  |
|      | ction B. Total Support   |                       |                     | 1                    | 1                   |                    |                 |  |  |
| Cale | ndar year (or fiscal year beginning in)  | (a) 2018              | (b) 2019            | (c) 2020             | (d) 2021            | (e) 2022           | (f) Total       |  |  |
| 7    | Amounts from line 4  | 28581819.             | 34577772.           | 50848291.            | 37089295.           | 36770279.          | 187867456       |  |  |
| 8    | Gross income from interest,  |                       |                     |                      |                     |                    |                 |  |  |
|      | dividends, payments received on  |                       |                     |                      |                     |                    |                 |  |  |
|      | securities loans, rents, royalties,  |                       |                     |                      |                     |                    |                 |  |  |
|      | and income from similar sources $\dots$  | 6,814.                | 16,615.             | 69,017.              | 97,094.             | 518,265.           | 707,805.        |  |  |
| 9    | Net income from unrelated business   |                       |                     |                      |                     |                    |                 |  |  |
|      | activities, whether or not the   |                       |                     |                      |                     |                    |                 |  |  |
|      | business is regularly carried on   |                       |                     |                      |                     |                    |                 |  |  |
| 10   | Other income. Do not include gain  |                       |                     |                      |                     |                    |                 |  |  |
|      | or loss from the sale of capital   |                       |                     |                      |                     |                    |                 |  |  |
|      | assets (Explain in Part VI.)   |                       |                     | 932.                 | 409,301.            |                    | 411,914.        |  |  |
| 11   | Total support. Add lines 7 through 10  |                       |                     |                      |                     |                    | 188987175       |  |  |
| 12   | Gross receipts from related activities,  |                       |                     |                      |                     | 12                 |                 |  |  |
| 13   | First 5 years. If the Form 990 is for the  | ne organization's fir | rst, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3)           |                 |  |  |
|      | organization, check this box and sto   |                       |                     |                      |                     |                    |                 |  |  |
|      | ction C. Computation of Public   |                       |                     |                      |                     |                    | 00 41           |  |  |
|      | Public support percentage for 2022 (I  |                       | -                   | column (f))          |                     | 14                 | 99.41 %         |  |  |
|      |  |                       |                     |                      |                     | 15                 | 99.66 %         |  |  |
| 16a  | 33 1/3% support test - 2022. If the  |                       |                     |                      | 14 is 33 1/3% or m  | ore, check this bo |                 |  |  |
|      | stop here. The organization qualifies  |                       | -                   |                      |                     |                    |                 |  |  |
| b    | 33 1/3% support test - 2021. If the  |                       |                     |                      | line 15 is 33 1/3%  | or more, check th  | is box          |  |  |
|      | and <b>stop here.</b> The organization qua   |                       | •••                 |                      |                     |                    |                 |  |  |
| 17a  | 10% -facts-and-circumstances test  |                       |                     |                      |                     |                    |                 |  |  |
|      | and if the organization meets the fact   |                       |                     | -                    | -                   | VI how the organiz | ation           |  |  |
|      | meets the facts-and-circumstances te   | •                     | • •                 |                      | •                   |                    |                 |  |  |
| b    | 10% -facts-and-circumstances test  |                       |                     |                      |                     |                    | 10% or          |  |  |
|      | more, and if the organization meets the  |                       |                     |                      |                     |                    |                 |  |  |
|      | organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization |                       |                     |                      |                     |                    |                 |  |  |
| 18   | Private foundation. If the organization  | on did not check a    | box on line 13, 16  | a, 16b, 17a, or 17b  | o, check this box a |                    |                 |  |  |
|      |  |                       |                     |                      |                     | Schedule A         | (Form 990) 2022 |  |  |

232022 12-09-22

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# Schedule A (Form 990) 2022 TENNESSEE 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.)

| Sec   | ction A. Public Support  |                            |                           |                       |                     |                 |                        |
|-------|--|----------------------------|---------------------------|-----------------------|---------------------|-----------------|------------------------|
| Cale  | ndar year (or fiscal year beginning in)  | (a) 2018                   | <b>(b)</b> 2019           | (c) 2020              | (d) 2021            | (e) 2022        | 2 (f) Total            |
| 1     | Gifts, grants, contributions, and  |                            |                           |                       |                     |                 |                        |
|       | membership fees received. (Do not  |                            |                           |                       |                     |                 |                        |
|       | include any "unusual grants.")   |                            |                           |                       |                     |                 |                        |
| 2     | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                            |                           |                       |                     |                 |                        |
| 3     | Gross receipts from activities that  |                            |                           |                       |                     |                 |                        |
|       | are not an unrelated trade or bus-<br>iness under section 513  |                            |                           |                       |                     |                 |                        |
| 4     | Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf  |                            |                           |                       |                     |                 |                        |
| 5     | The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge  |                            |                           |                       |                     |                 |                        |
| 6     | Total. Add lines 1 through 5   |                            |                           |                       |                     |                 |                        |
|       | Amounts included on lines 1, 2, and  |                            |                           |                       |                     |                 |                        |
|       | 3 received from disqualified persons   |                            |                           |                       |                     |                 |                        |
| b     | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                            |                           |                       |                     |                 |                        |
| c     | Add lines 7a and 7b  |                            |                           |                       |                     |                 |                        |
|       | Public support. (Subtract line 7c from line 6.)  |                            |                           |                       |                     |                 |                        |
|       | tion B. Total Support  |                            | •                         |                       |                     |                 |                        |
| Cale  | ndar year (or fiscal year beginning in)  | (a) 2018                   | <b>(b)</b> 2019           | (c) 2020              | (d) 2021            | (e) 2022        | 2 (f) Total            |
| 9     | Amounts from line 6  |                            |                           |                       |                     |                 |                        |
|       | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                            |                           |                       |                     |                 |                        |
| b     | Unrelated business taxable income  |                            |                           |                       |                     |                 |                        |
|       | (less section 511 taxes) from businesses acquired after June 30, 1975  |                            |                           |                       |                     |                 |                        |
| c     | Add lines 10a and 10b  |                            |                           |                       |                     |                 |                        |
| 11    | Net income from unrelated business<br>activities not included on line 10b,<br>whether or not the business is<br>regularly carried on   |                            |                           |                       |                     |                 |                        |
| 12    | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                            |                           |                       |                     |                 |                        |
| 13    | Total support. (Add lines 9, 10c, 11, and 12.)   |                            |                           |                       |                     |                 |                        |
| 14    | First 5 years. If the Form 990 is for th   | ne organization's f        | irst, second, third,      | fourth, or fifth tax  | year as a section   | 501(c)(3) orgar | nization,              |
|       |  |                            |                           |                       | <u></u>             | -               |                        |
| Sec   | ction C. Computation of Publi  | c Support Per              | rcentage                  |                       |                     |                 |                        |
| 15    | Public support percentage for 2022 (I  | ine 8, column (f), c       | divided by line 13,       | column (f))           |                     | 15              | %                      |
|       | Public support percentage from 2021  |                            |                           |                       |                     | 16              | %                      |
| Sec   | ction D. Computation of Invest   | stment Income              | e Percentage              |                       |                     |                 |                        |
| 17    | Investment income percentage for 20  | <b>)22</b> (line 10c, colu | mn (f), divided by l      | ine 13, column (f))   |                     | 17              | %                      |
| 18    | Investment income percentage from  | 2021 Schedule A,           | Part III, line 17         |                       |                     | 18              | %                      |
| 19a   | 33 1/3% support tests - 2022. If the   | organization did r         | not check the box         | on line 14, and line  | e 15 is more than 3 | 33 1/3%, and I  | ine 17 is not          |
|       | more than 33 1/3%, check this box ar   | nd <b>stop here.</b> The   | e organization qual       | ifies as a publicly s | supported organiza  | ation           |                        |
| b     | 33 1/3% support tests - 2021. If the   | organization did r         | not check a box or        | n line 14 or line 19a | a, and line 16 is m | ore than 33 1/  | 3%, and                |
|       | line 18 is not more than 33 1/3%, che  | ck this box and <b>s</b>   | <b>top here.</b> The orga | anization qualifies   | as a publicly supp  | orted organiza  | ition                  |
| 20    | Private foundation. If the organization  | n did not check a          | box on line 14, 19        | a, or 19b, check tl   | his box and see in  | structions      |                        |
| 23202 | 23 12-09-22  |                            |                           |                       |                     | Scheo           | dule A (Form 990) 2022 |

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#### SECOND HARVEST FOOD BANK OF EAST TENNESSEE

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1

Yes No

# Schedule A (Form 990) 2022 TENI 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")? *If* "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?
- 6 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).
- 8 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.)

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022

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| Sche   | edule A (Form 990) 2022 TENNESSEE  | 58-145013                 | 9 Pa | age <b>5</b> |
|--|--|---------------------------|------|--------------|
| 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  |  | 11b                       |      |              |
|  |  |                           |      |              |
|  |  | 11c                       |      |              |
| Sec  |  |                           |      |              |
|  |  |                           | Yes  | No           |
| 1  | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support | officers,<br>)<br>oported |      |              |
|  | •  | 1 ng the                  |      |              |
| 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                         |      |              |
| <ul> <li>Part IV Supporting Organizations (continued)</li> <li>11 Has the organization accepted a gift or contribution from any of the following persons? <ul> <li>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?</li> <li>b A family member of a person described on line 11a above?</li> <li>c 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.</li> </ul> </li> <li>Section B. Type I Supporting Organizations</li> <li>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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</li> </ul> |  |                           |      |              |
|  |  |                           | 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  |                           |      |              |
|  |  |                           |      |              |
|  |  | 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   |                           |      |              |
|  |  |                           |      |              |
|  |  |                           |      |              |
|  |  | 1                         |      |              |
| 2  |  |                           |      |              |
|  |  |                           |      |              |
|  |  | 2                         |      |              |
| 3  |  |                           |      |              |
|  |  |                           |      |              |
|  |  |                           |      |              |
|  |  | 3                         |      |              |
| Sec  | tion E. Type III Functionally Integrated Supporting Organizations  |                           | •    | •            |
| 1  | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in  | structions).              |      |              |

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** \_\_\_\_\_ The organization is the parent of each of its supported organizations. *Complete* line 3 *below.*

| с |  | The organization supported a governmental entity. | Describe in Part VI how | you supported a governmental entit | y (see instruction <u>s).</u> |
|---|--|---|-------------------------|------------------------------------|-------------------------------|
|---|--|---|-------------------------|------------------------------------|-------------------------------|

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- 2 Activities Test. Answer lines 2a and 2b below.
- 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 that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, 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 these activities but for the organization's involvement.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

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| Sche | edule A (Form 990) 2022 TENNESSEE  |          |                                  | 58-1450139 Page 6              |
| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting                   | Orga     | nizations                        |                                |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying  | trust or | n Nov. 20, 1970 ( <i>explain</i> | in Part VI). See instructions. |
|      | All other Type III non-functionally integrated supporting organizations must of  | complet  | e Sections A through E.          |                                |
| Sect | ion A - Adjusted Net Income  |          | (A) Prior Year                   | (B) Current Year<br>(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<br>(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):                |          |                                  |                                |
| а    | Average monthly value of securities  | 1a       |                                  |                                |
| b    | 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       |                                  |                                |
| е    | 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-functionally | integra  | ted Type III supporting or       | rganization (see               |

instructions).

Schedule A (Form 990) 2022

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|       | dule A (Form 990) 2022 <b>TENNESSEE</b>                                      |                               |                                       |      | 8-1450139                              | Page <b>7</b> |
|-------|--|-------------------------------|---------------------------------------|------|--|---------------|
| Par   | t V Type III Non-Functionally Integrated 509(                                | a)(3) Supporting Orga         | nizations (continu                    | led) |  |               |
| Secti | on D - Distributions   |                               |                                       |      | Current Yea                            | r             |
| _1    | Amounts paid to supported organizations to accomplish exer                   |                               |                                       | 1    |  |               |
| 2     | Amounts paid to perform activity that directly furthers exemp                | t purposes of supported       |                                       |      |  |               |
|       | organizations, in excess of income from activity                             |                               |                                       | 2    |  |               |
| 3     | Administrative expenses paid to accomplish exempt purpose                    | es of supported organizations |                                       | 3    |  |               |
|       | Amounts paid to acquire exempt-use assets                                    |                               |                                       | 4    |  |               |
| 5     | Qualified set-aside amounts (prior IRS approval required - pro               | ovide details in Part VI)     |                                       | 5    |  |               |
| 6     | Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions. |                               |                                       | 6    |  |               |
| _7    | Total annual distributions. Add lines 1 through 6.                           |                               |                                       | 7    |  |               |
| 8     | Distributions to attentive supported organizations to which the              | e organization is responsive  |                                       |      |  |               |
|       | (provide details in Part VI). See instructions.                              |                               |                                       | 8    |  |               |
| 9     | Distributable amount for 2022 from Section C, line 6                         |                               |                                       | 9    |  |               |
| 10    | Line 8 amount divided by line 9 amount                                       |                               |                                       | 10   |  |               |
| Secti | on E - Distribution Allocations (see instructions)                           | (i)<br>Excess Distributions   | (ii)<br>Underdistributior<br>Pre-2022 | าร   | (iii)<br>Distributabl<br>Amount for 20 |               |
| _1    | Distributable amount for 2022 from Section C, line 6                         |                               |                                       |      |  |               |
| 2     | Underdistributions, if any, for years prior to 2022 (reason-                 |                               |                                       |      |  |               |
|       | able cause required - explain in Part VI). See instructions.                 |                               |                                       |      |  |               |
| 3     | Excess distributions carryover, if any, to 2022                              |                               |                                       |      |  |               |
| a     | From 2017  |                               |                                       |      |  |               |
| b     | From 2018  |                               |                                       |      |  |               |
| C     | From 2019  |                               |                                       |      |  |               |
| d     | From 2020  |                               |                                       |      |  |               |
| e     | From 2021  |                               |                                       |      |  |               |
| f     | Total of lines 3a through 3e   |                               |                                       |      |  |               |
| g     | Applied to underdistributions of prior years                                 |                               |                                       |      |  |               |
| h     | Applied to 2022 distributable amount   |                               |                                       |      |  |               |
| i     | Carryover from 2017 not applied (see instructions)                           |                               |                                       |      |  |               |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                       |                               |                                       |      |  |               |
| 4     | Distributions for 2022 from Section D,                                       |                               |                                       |      |  |               |
|       | line 7: \$   |                               |                                       |      |  |               |
| a     | Applied to underdistributions of prior years                                 |                               |                                       |      |  |               |
| b     | Applied to 2022 distributable amount   |                               |                                       |      |  |               |
| C     | Remainder. Subtract lines 4a and 4b from line 4.                             |                               |                                       |      |  |               |
| 5     | Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h                     |                               |                                       |      |  |               |
|       | and 4b from line 1. For result greater than zero, explain in                 |                               |                                       |      |  |               |
|       | Part VI. See instructions.   |                               |                                       |      |  |               |
| 7     | Excess distributions carryover to 2023. Add lines 3j                         |                               |                                       |      |  |               |
|       | and 4c.  |                               |                                       |      |  |               |
| 8     | Breakdown of line 7:   |                               |                                       |      |  |               |
| а     | Excess from 2018   |                               |                                       |      |  |               |
| b     | Excess from 2019   |                               |                                       |      |  |               |
| с     | Excess from 2020   |                               |                                       |      |  |               |
| d     | Excess from 2021   |                               |                                       |      |  |               |
| е     | Excess from 2022   |                               |                                       |      |  |               |
|       |  |                               |                                       |      |  |               |

Schedule A (Form 990) 2022

232027 12-09-22

|               |   | SECOND<br>TENNES:                                 | HARVEST  | FOOD                       | BANK                       | OF                | EAST                       | 58-1450139 Page 8   |
|---------------|---|---|--|----------------------------|----------------------------|-------------------|----------------------------|---|
| Part VI       | Part IV, Section A, lines 1,<br>line 1; Part IV, Section D, I | mation. Pro<br>2, 3b, 3c, 4b,<br>lines 2 and 3; I | vide the explana<br>4c, 5a, 6, 9a, 9<br>Part IV, Section | b, 9c, 11a,<br>E, lines 1c | , 11b, and<br>;, 2a, 2b, 3 | 11c; F<br>Ba, and | art IV, Se<br>ا 3b; Part ۱ | t II, line 17a or 17b; Part III, line 12;<br>ction B, lines 1 and 2; Part IV, Section C,<br>V, line 1; Part V, Section B, line 1e; Part V,<br>for any additional information. |
|               | (See instructions.)   | · · ·   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
|               |   |   |  |                            |                            |                   |                            |   |
| 232028 12-09- | 22  |   |  | 21                         |                            |                   |                            | Schedule A (Form 990) 2022  |

| SC         | HEDULE D                                 |        | Suppler   | nenta                   | al Financial Statements  | S          |                     | OMB No. 1       | 545-0047    |
|------------|--|--------|---|-------------------------|--|------------|---------------------|-----------------|-------------|
|            | n 990)                                   |        | Complete if   | the orga                | inization answered "Yes" on Form 990,                              |            |                     | 20              | 22          |
| Depart     | nent of the Treasury                     |        | Part IV, line 6, 7                                      |                         | ), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12<br>Attach to Form 990. | 2b.        |                     | Open to         | o Public    |
| Interna    | Revenue Service                          |        |   |                         | 0 for instructions and the latest informa                          | ation.     |                     | Inspect         |             |
| Nam        | e of the organizati                      | ion    | TENNESSEE   | . FOO                   | D BANK OF EAST   |            |                     | identification  |             |
| Par        | t I Organiza                             | atio   |   | Advise                  | d Funds or Other Similar Funds                                     | or Ac      |                     |                 |             |
|            | organizatio                              | on ans | swered "Yes" on Form 990, F                             | Part IV, lir            | ne 6.  |            |                     |                 |             |
|            |  |        |   |                         | (a) Donor advised funds  | (          | <b>b)</b> Funds and | d other acco    | unts        |
| 1          |  |        | year  |                         |  |            |                     |                 |             |
| 2<br>3     |  |        | tributions to (during year) .<br>nts from (during year) |                         |  |            |                     |                 |             |
| 4          |  |        | of year   |                         |  |            |                     |                 |             |
| 5          |  |        |   |                         | writing that the assets held in donor advis                        | ed fund    | s                   |                 |             |
|            | are the organizatio                      | on's p | property, subject to the organ                          | nization's              | exclusive legal control?   |            |                     | Yes             | No          |
| 6          | Did the organization                     | on inf | orm all grantees, donors, and                           | d donor a               | advisors in writing that grant funds can be                        | used or    | nly                 |                 |             |
|            |  |        |   |                         | or donor advisor, or for any other purpose                         |            | 0                   |                 |             |
| Par        | impermissible priv                       |        | enefit?<br>n Fasements Complete                         | if the er               | ganization answered "Yes" on Form 990,                             | Dout IV/   | lina 7              | Yes             | No          |
| 1          |  |        | tion easements held by the c                            |                         |  | Part IV,   | line 7.             |                 |             |
| •          |  |        | and for public use (for examp                           | •                       | · · · · ·  | f a histo  | rically impor       | tant land are   | а           |
|            | Protection o                             |        |   | ,                       |  |            | <b>,</b> .          |                 |             |
|            | Preservation                             | n of o | pen space   |                         |  |            |                     |                 |             |
| 2          |  |        | ugh 2d if the organization hel                          | ld a quali <sup>.</sup> | fied conservation contribution in the form                         | of a cor   |                     |                 |             |
|            | day of the tax year                      |        |   |                         |  |            |                     | at the End of t | he Tax Year |
| -          |  |        |   |                         |  |            | 2a                  |                 |             |
| b          | •  |        | by conservation easements                               |                         | usture included in (a)   |            | 2b<br>2c            |                 |             |
|            |  |        |   |                         | ucture included in (a)<br>after July 25,2006, and not on a         |            | 20                  |                 |             |
| u          |  |        | .,  | •                       |  |            | 2d                  |                 |             |
| 3          |  |        |   |                         | leased, extinguished, or terminated by the                         |            |                     | the tax         |             |
|            | year                                     |        |   |                         |  | Ū          |                     |                 |             |
| 4          | Number of states                         | wher   | e property subject to conserv                           | vation ea               | sement is located  |            |                     |                 |             |
| 5          | •  |        | . , ,   | • ·                     | riodic monitoring, inspection, handling of                         |            |                     |                 |             |
| •          |  |        | ment of the conservation eas                            |                         |  |            |                     | Yes             | └── No      |
| 6          | Staff and voluntee                       | er nou | irs devoted to monitoring, ins                          | specting,               | handling of violations, and enforcing cons                         | servation  | i easements         | s during the y  | ear         |
| 7          | Amount of expens                         | ses in | curred in monitorina. inspect                           | tina, hana              | dling of violations, and enforcing conserva                        | tion eas   | ements duri         | ng the vear     |             |
|            |  |        |   |                         |  |            |                     | ,               |             |
| 8          | Does each conser                         | vatio  | n easement reported on line                             | 2(d) abov               | ve satisfy the requirements of section 170                         | (h)(4)(B)( | )                   |                 |             |
|            | and section 170(h)                       |        |   |                         |  |            |                     | Yes             | No No       |
| 9          |  |        |   |                         | on easements in its revenue and expense                            |            |                     |                 |             |
|            |  |        |   |                         | note to the organization's financial statem                        | ents tha   | t describes f       | the             |             |
| Par        | t III Organization's acc                 | atio   | ng for conservation easemer                             | tions of                | f Art, Historical Treasures, or Ot                                 | ther Si    | milar Ass           | ets.            |             |
|            |  |        | organization answered "Yes"                             |                         |  |            |                     |                 |             |
| <b>1</b> a |  |        | -   |                         | 58, not to report in its revenue statement a                       | and bala   | nce sheet w         | orks            |             |
|            | of art, historical tre                   | easur  | es, or other similar assets he                          | d for pul               | blic exhibition, education, or research in fu                      | urtheran   | ce of public        |                 |             |
|            | service, provide in                      | n Part | XIII the text of the footnote t                         | o its fina              | ncial statements that describes these item                         | IS.        |                     |                 |             |
| b          | -  |        |   |                         | 58, to report in its revenue statement and                         |            |                     |                 |             |
|            |  |        |   | -                       | e exhibition, education, or research in furth                      | nerance    | of public se        | rvice,          |             |
|            | •  | •      | nounts relating to these item                           |                         |  |            | ¢                   |                 |             |
|            | (i) Revenue inclu<br>(ii) Assets include |        |   |                         |  |            |                     |                 |             |
| 2          | .,                                       |        |   |                         | asures, or other similar assets for financia                       |            | Ψ<br>rovide         |                 |             |
| _          |  |        |   |                         | NSC 958 relating to these items:                                   | э, р       |                     |                 |             |
| а          | -  |        |   |                         | ······································                             |            | \$                  |                 |             |
|            |  |        |   |                         |  |            |                     |                 |             |
| LHA        | For Paperwork R                          | educ   | tion Act Notice, see the Ins                            | struction               | s for Form 990.  |            | Schee               | dule D (Forn    | n 990) 2022 |
| 232051     | 09-01-22                                 |        |   |                         | 22   |            |                     |                 |             |

12410216 759456 2000792

|   | <u> </u> |   |   |   |   |   |  |
|---|----------|---|---|---|---|---|--|
| h | 2        | Λ | E | Λ | Б | Λ |  |

| GECOND | HARVEST | FOOD | BANK | OF | FAST |  |
|--------|---------|------|------|----|------|--|
| SECOND | LAVADOT | FOOD | DANK | Or | EROI |  |

|        | SECOND   | HARVEST FOO            | DD BANK OF             | EAST                 |   |                 |              |
|--------|--|------------------------|------------------------|----------------------|---|-----------------|--------------|
| Sche   | dule D (Form 990) 2022 TENNESS   |                        |                        |                      |   | -1450139        |              |
| Par    | t III Organizations Maintaining C  | collections of Art     | t, Historical Tre      | asures, or Oth       | er Similar As                           | sets (continu   | ied)         |
| 3      | Using the organization's acquisition, accessi collection items (check all that apply): | ion, and other records | s, check any of the t  | ollowing that make   | significant use c                       | f its           |              |
| а      | Public exhibition  | d                      | Loan or exc            | hange program        |   |                 |              |
| b      | Scholarly research   | е                      |                        | 0 1 0                |   |                 |              |
| с      | Preservation for future generations  |                        |                        |                      |   |                 |              |
| 4      | Provide a description of the organization's co   | ollections and explain | how they further th    | e organization's ex  | empt purpose in                         | Part XIII       |              |
| 5      | During the year, did the organization solicit c  | -                      | -                      | -                    |   |                 |              |
| Ũ      | to be sold to raise funds rather than to be ma   |                        | ,                      | ,                    |   | Yes             | No           |
| Par    | t IV Escrow and Custodial Arran  |                        |                        |                      |   |                 |              |
|        | reported an amount on Form 990, Pa   |                        |                        |                      | ,                                       | ,,              |              |
| 1a     | Is the organization an agent, trustee, custod  | ian or other intermedi | arv for contribution   | s or other assets no | t included                              |                 |              |
|        | on Form 990, Part X?   |                        |                        |                      |   | Yes             | No           |
| b      | If "Yes," explain the arrangement in Part XIII   |                        |                        |                      |   |                 |              |
| -      | ······································   |                        | j                      |                      |   | Amount          |              |
| с      | Beginning balance  |                        |                        |                      | 1c                                      |                 |              |
|        | Additions during the year  |                        |                        |                      |   |                 |              |
|        | Distributions during the year  |                        |                        |                      |   |                 |              |
| f      | Ending balance   |                        |                        |                      | 16<br>1f                                |                 |              |
| 2a     | Did the organization include an amount on F  |                        |                        |                      |   | Yes             | No           |
|        | If "Yes," explain the arrangement in Part XIII.  |                        |                        |                      | • | 100             |              |
| Par    |  |                        |                        |                      |   | <u></u>         |              |
|        | Complete   | (a) Current year       | (b) Prior year         | (c) Two years back   |   | back (e) Four v | vears back   |
| 1a     | Beginning of year balance  | 3,949.                 | 3,949.                 | 3,949                |   | 949.            | 5,000.       |
| h      |  | -,                     | -,                     | -,                   |   |                 | -,           |
| U<br>O | Contributions  |                        |                        |                      |   |                 |              |
| ט<br>ה | Net investment earnings, gains, and losses   |                        |                        |                      |   |                 |              |
| a      | Grants or scholarships   |                        |                        |                      |   |                 |              |
| е      | Other expenditures for facilities  |                        |                        |                      |   |                 |              |
|        | and programs   |                        |                        |                      |   | <u> </u>        |              |
|        | Administrative expenses  | 2 040                  | 3,949.                 | 3,949                | 2                                       | 949.            | E 000        |
| g      | End of year balance  | · · ·                  | ,                      | ,                    | • 3,                                    | ,49.            | 5,000.       |
| 2      | Provide the estimated percentage of the cur  | -                      |                        | )) held as:          |   |                 |              |
| a      | Board designated or quasi-endowment  |                        | _%                     |                      |   |                 |              |
| b      | Permanent endowment  | %                      |                        |                      |   |                 |              |
| С      |  | _%                     |                        |                      |   |                 |              |
|        | The percentages on lines 2a, 2b, and 2c sho  |                        |                        |                      |   |                 |              |
| 3a     | Are there endowment funds not in the posse   | ession of the organiza | tion that are held ar  | nd administered for  | the                                     | G               |              |
|        | organization by:   |                        |                        |                      |   |                 | Yes No       |
|        | (i) Unrelated organizations  |                        |                        |                      |   |                 | <u>X</u>     |
|        | (ii) Related organizations   |                        |                        |                      |   |                 | X            |
| b      | If "Yes" on line 3a(ii), are the related organiza                                      |                        |                        |                      |   | 3b              |              |
| 4      | Describe in Part XIII the intended uses of the   | e organization's endov | wment funds.           |                      |   |                 |              |
| Par    | t VI Land, Buildings, and Equipm   |                        |                        |                      |   |                 |              |
|        | Complete if the organization answere   | ed "Yes" on Form 990   | , Part IV, line 11a. S |                      |   | <del></del>     |              |
|        | Description of property  | (a) Cost or o          | • • •                  |                      | Accumulated                             | (d) Book        | value        |
|        |  | basis (investr         | ,                      | , ,                  | depreciation                            |                 |              |
| 1a     | Land   |                        |                        | 8,093.               |   |                 | ,093.        |
|        | Buildings  |                        | 4,42                   | 2,849. 1             | <u>,296,995.</u>                        | 3,125           | <u>,854.</u> |
| с      | Leasehold improvements   |                        |                        |                      |   |                 |              |
| d      | Equipment  |                        | 5,09                   | 7,104. 2             | <u>,288,865.</u>                        | 2,808           | ,239.        |
|        | Other  |                        |                        |                      |   |                 |              |
| Total  | . Add lines 1a through 1e. (Column (d) must e  | equal Form 990. Part 2 | X. column (B). line 1  | 0c.)                 |   | 6,352           | ,186.        |

Schedule D (Form 990) 2022

| SECOND HAR<br>Schedule D (Form 990) 2022 TENNESSEE                       |                                | 58-1450139   | Page  |
|--|--------------------------------|--|-------|
| Part VII Investments - Other Securities.                                 |                                |  |       |
| Complete if the organization answered "Yes                               | " on Form 990, Part IV, line   | 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 end-of-year market      | value |
| 1) Financial derivatives   |                                |  |       |
| 2) Closely held equity interests   |                                |  |       |
| 3) Other   |                                |  |       |
| (A)  |                                |  |       |
| (B)  |                                |  |       |
| (C)  |                                |  |       |
| (D)  |                                |  |       |
| (E)  |                                |  |       |
| (F)  |                                |  |       |
| (G)  |                                |  |       |
| (H)  |                                |  |       |
| <b>Total</b> . (Col. (b) must equal Form 990, Part X, col. (B) line 12.) |                                |  |       |
| 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 end-of-year market      |       |
|  | (W) DOOK Value                 | (c) we not or variation. Ous of end-or-year market       | value |
| (1)  |                                |  |       |
| (2)  |                                |  |       |
| (3)  |                                |  |       |
| (4)  |                                |  |       |
| (5)  |                                |  |       |
| (6)  |                                |  |       |
| (7)  |                                |  |       |
| (8)  |                                |  |       |
| (9)  |                                |  |       |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         |                                |  |       |
| Part IX Other Assets.  |                                |  |       |
| Complete if the organization answered "Yes                               |                                |  |       |
| (8   | a) Description                 | (b) Book   | value |
| (1)  |                                |  |       |
| (2)  |                                |  |       |
| (3)  |                                |  |       |
| (4)  |                                |  |       |
| (5)  |                                |  |       |
| (6)  |                                |  |       |
| (7)  |                                |  |       |
| (8)  |                                |  |       |
| (9)  |                                |  |       |
| Fotal. (Column (b) must equal Form 990, Part X, col. (B) li              | ne 15.)                        |  |       |
| Part X Other Liabilities.  |                                |  |       |
| Complete if the organization answered "Yes                               | " on Form 990, Part IV, line   | 11e or 11f. See Form 990, Part X, line 25.               |       |
| 1. (a) Description of liability  | . ,                            | (b) Book   | value |
| (1) Federal income taxes   |                                | (-)  |       |
| (2)  |                                |  |       |
|  |                                |  |       |
| (3)  |                                |  |       |
| (4)  |                                |  |       |
| (5)  |                                |  |       |
| (6)  |                                |  |       |
| (7)  |                                |  |       |
| (8)  |                                |  |       |
| (9)  |                                |  |       |
| Total. (Column (b) must equal Form 990, Part X, col. (B) li              |                                |  |       |
| Liability for uncertain tax positions. In Part XIII, provide             | le the text of the footnote to | the organization's financial statements that reports the |       |
|  |                                |  | III I |

Schedule D (Form 990) 2022

232053 09-01-22

| Caba | dula D (Earra 000) 0000                    | SECOND HARVEST<br>TENNESSEE         | FOOD BANK OF        | ' EAS   |                   | 58_   | 1450139 | Dec. 4 |
|------|--|-------------------------------------|---------------------|---------|-------------------|-------|---------|--------|
|      | dule D (Form 990) 2022                     | Revenue per Audited                 | Financial Statemen  | ts Witl | n Revenue per Re  | turn. | 1430133 | Page - |
|      |  | zation answered "Yes" on Fo         |                     |         |                   |       |         |        |
| 1    | Total revenue, gains, and othe             |                                     |                     |         |                   | 1     | 42,239  | 578.   |
| 2    | Amounts included on line 1 b               |                                     |                     |         |                   |       | /_      |        |
|      | Net unrealized gains (losses)              | , ,                                 |                     | 2a      | 1,476,193.        |       |         |        |
|      | Donated services and use of t              |                                     |                     | 2b      |                   |       |         |        |
|      | Recoveries of prior year grant             |                                     |                     | 2c      |                   |       |         |        |
|      | Other (Describe in Part XIII.)             |                                     |                     | 2d      |                   |       |         |        |
|      |  |                                     |                     |         |                   | 2e    | 1,476,  | .193.  |
| 3    | Subtract line <b>2e</b> from line <b>1</b> |                                     |                     |         |                   | 3     | 40,763  |        |
| 4    | Amounts included on Form 99                |                                     |                     |         |                   | -     |         |        |
| a    | Investment expenses not inclu              |                                     |                     | 4a      |                   |       |         |        |
|      | Other (Describe in Part XIII.)             |                                     |                     |         | 173,954.          |       |         |        |
|      |  |                                     |                     |         | i                 | 4c    | 173     | ,954.  |
| 5    | Total revenue. Add lines 3 an              |                                     |                     |         |                   | 5     | 40,937  | 339.   |
|      | rt XII Reconciliation of                   | Expenses per Audited                | d Financial Stateme | nts Wi  | th Expenses per F | Retur |         |        |
|      |  | zation answered "Yes" on Fo         |                     |         |                   |       |         |        |
| 1    | Total expenses and losses pe               |                                     |                     |         |                   | 1     | 40,934, | ,493.  |
| 2    | Amounts included on line 1 b               |                                     |                     |         |                   |       |         |        |
| а    | Donated services and use of                | acilities                           |                     | 2a      |                   |       |         |        |
|      | Prior year adjustments                     |                                     |                     | 2b      |                   |       |         |        |
|      | Other losses                               |                                     |                     | 2c      |                   |       |         |        |
|      | Other (Describe in Part XIII.)             |                                     |                     | 2d      |                   |       |         |        |
| е    | Add lines 2a through 2d                    |                                     |                     |         |                   | 2e    |         | Ο.     |
| 3    | Subtract line 2e from line 1               |                                     |                     |         |                   | 3     | 40,934, | ,493.  |
| 4    | Amounts included on Form 99                |                                     |                     |         |                   |       |         |        |
| а    | Investment expenses not incl               |                                     |                     | 4a      |                   |       |         |        |
| b    | Other (Describe in Part XIII.)             |                                     |                     |         | 173,954.          |       |         |        |
|      | A 1 1 1 A                                  |                                     |                     |         |                   | 4c    | 173,    | ,954.  |
| 5    | Total expenses. Add lines 3 a              | nd <b>4c.</b> (This must equal Form | 990 Part I line 18) |         |                   | 5     | 41,108  | ,447.  |

Part XIII Supplemental Information.

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

# PART V, LINE 4:

# SPECIFIED CHARITABLE PURPOSE.

PART X, LINE 2:

AN UNCERTAIN TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS MORE

LIKELY THAN NOT THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX

EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT

RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50%

LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING

THE MORE LIKELY THAN NOT TEST, NO TAX BENEFIT IS RECORDED. THE

ORGANIZATION HAS NO MATERIAL UNCERTAIN TAX POSITIONS THAT QUALIFY FOR

EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AS OF JUNE

25

232054 09-01-22

20007921

| SECOND HARVEST FOOD BANK OF EAST  |                            |
|---|----------------------------|
| Schedule D (Form 990) 2022         TENNESSEE           Part XIII         Supplemental Information (continued) | 58-1450139 Page 5          |
|   |                            |
| 30тн, 2023.   |                            |
|   |                            |
|   |                            |
| PART XI, LINE 4B - OTHER ADJUSTMENTS:   |                            |
| FUNDRAISING EXPENSES RELATED TO CONTRIBUTIONS   | 173,954.                   |
| FONDATIONG EXTENSES RELATED TO CONTRIBUTIONS  | 1/5,554.                   |
|   |                            |
| PART XII, LINE 4B - OTHER ADJUSTMENTS:  |                            |
| TAKI XII, HINE 4D OTHER ADOUSTMENTS.  |                            |
| FUNDRAISING EXPENSES RELATED TO CONTRIBUTIONS   | 173,954.                   |
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|   | Schedule D (Form 990) 2022 |

Schedule D (Form 990) 2022

232055 09-01-22

| SCHEDULE G   | Suppleme   | ental Information Regarding  | Fund                             | Iraisi   | ng or Gaming A                             | ctivi                          | ties                 | OMB No. 1545-0047            |  |  |  |
|--|--|--|----------------------------------|--|--|--------------------------------|----------------------|------------------------------|--|--|--|
| (Form 990)   | 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. |  |                                  |  |  |                                |                      |                              |  |  |  |
| Department of the Treasury<br>Internal Revenue Service   |  | Attach to Form 990   |                                  |  |  |                                |                      | Open to Public<br>Inspection |  |  |  |
| Name of the organization   |  |  |                                  |  |  |                                |                      |                              |  |  |  |
| TENNESSEE 58-1450139   |  |  |                                  |  |  |                                |                      |                              |  |  |  |
| Part I Fundrais  |  | Complete if the organization answ  | ered "Y                          | 'es" or  | n Form 990. Part IV. I                     |                                |                      |                              |  |  |  |
|  | complete this par  |  |                                  |  | ,,.  |                                |                      |                              |  |  |  |
| <ul> <li>a X Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> </ul> | tions<br>email solicitations<br>tations<br>licitations   | s f Solicita<br>g Specia   | ation of<br>ation of<br>I fundra | non-g<br>gover<br>aising                       | overnment grants<br>nment grants<br>events |                                |                      |                              |  |  |  |
| •  |  | or oral agreement with any individua   | •                                | •  |  | tees, o                        |                      |                              |  |  |  |
|  | highest paid indiv   | art VII) or entity in connection with p<br>viduals or entities (fundraisers) pursu<br>organization |                                  |  | U U  | ne fun                         | X Y<br>draiser is to |                              |  |  |  |
|  |  |  |                                  |  |  |                                |                      |                              |  |  |  |
| (i) Name and addres<br>or entity (func   |  |  |                                  | Did<br>raiser<br>ustody<br>ntrol of<br>utions? | (iv) Gross receipts<br>from activity       | fundraiser to (or retained by) |                      |                              |  |  |  |
| RKD ALPHA DOG - 800  | 01 S 13TH  |  | Yes                              | No   |  |                                |                      |                              |  |  |  |
| STREET, LINCOLN, NE  | E 68512  | MAIL SOLICITATIONS   |                                  | x  | 1,330,946.                                 |                                | 235,549              | 9. 1,095,397.                |  |  |  |
|  |  |  |                                  |  |  |                                |                      |                              |  |  |  |
|  |  |  |                                  |  |  |                                |                      |                              |  |  |  |
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|  |  |  |                                  |  |  |                                |                      |                              |  |  |  |
| Total  |  |  |                                  |  | 1,330,946.                                 |                                | 235,549              |                              |  |  |  |
| 3 List all states in whi<br>or licensing.  | ich the organizatic  | on is registered or licensed to solicit  | contrib                          | utions   | or has been notified                       | it is e                        | xempt from           | registration                 |  |  |  |
|  |  |  |                                  |  |  |                                |                      |                              |  |  |  |
|  |  |  |                                  |  |  |                                |                      |                              |  |  |  |
|  |  |  |                                  |  |  |                                |                      |                              |  |  |  |

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

Schedule G (Form 990) 2022

232081 10-27-22

|                 |      | GECOND                                      |                        |  | 1                       |  |
|-----------------|------|---|------------------------|--|-------------------------|--|
| Sch             | edu  | le G (Form 990) 2022 TENNESS                | HARVEST FOOD           | BANK OF EAST                                     |                         | -1450139 Page 2                                  |
|                 | rt I |   |                        | "Yes" on Form 990, Part                          |                         | · · · ·  |
| _               |      | of fundraising event contributions and gro  | oss income on Form 990 | EZ, lines 1 and 6b. List e                       | vents with gross receip | ts greater than \$5,000.                         |
|                 |      |   | (a) Event #1           | (b) Event #2                                     | (c) Other events        | (d) Total events                                 |
|                 |      |   | VOLLEY FOR             |  | NONE                    | (add col. (a) through                            |
|                 |      |   | HOPE                   | (avant to rea)                                   |                         | - col. (c))                                      |
| e               |      |   | (event type)           | (event type)                                     | (total number)          |  |
| Revenue         | 4    | Gross receipts                              | 123,300.               |  |                         | 123,300.   |
| Be              | 1    |   | 125,500.               |  |                         | 125,500.   |
|                 | 2    | Less: Contributions                         | 123,300.               |  |                         | 123,300.   |
|                 | -    |   |                        |  |                         |  |
|                 | 3    | Gross income (line 1 minus line 2)          |                        |  |                         |  |
|                 |      |   |                        |  |                         |  |
|                 | 4    | Cash prizes                                 |                        |  |                         |  |
|                 |      |   |                        |  |                         |  |
| ~               | 5    | Noncash prizes                              |                        |  |                         |  |
| Direct Expenses | ~    | Dept/facility.conto                         | 4,650.                 |  |                         | 1 650  |
| kpei            | 6    | Rent/facility costs                         | 4,050.                 |  |                         | 4,650.   |
| ш<br>ж          | 7    | Food and beverages                          | 4,173.                 |  |                         | 4,173.   |
| Direc           | '    |   |                        |  |                         |  |
|                 | 8    | Entertainment                               |                        |  |                         |  |
|                 | 9    | Other direct expenses                       | 22.404                 |  |                         | 33,491.  |
|                 | 10   | Direct expense summary. Add lines 4 through | 9 in column (d)        |  |                         | 42,314.  |
|                 | 11   | 1   | ne 3, column (d)       |  |                         | -42,314.   |
| Pa              | rt I |   | answered "Yes" on Form | 990, Part IV, line 19, or r                      | eported more than       |  |
|                 |      | \$15,000 on Form 990-EZ, line 6a.           |                        |  |                         | <u> </u>   |
| e               |      |   | (a) Bingo              | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming        | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue         |      |   |                        | billgo/progressive billgo                        |                         |  |
| Rev             | 4    |   |                        |  |                         |  |
|                 | 1    | Gross revenue                               |                        |  |                         | +  |
|                 | 2    | Cash prizes                                 |                        |  |                         |  |
| JSes            |      |   |                        |  |                         |  |

9 Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

7 Direct expense summary. Add lines 2 through 5 in column (d)

Rent/facility costs

a Is the organization licensed to conduct gaming activities in each of these states? Yes **b** If "No," explain:

%

Yes

No

%

Yes

No

%

Yes

No

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain:

232082 10-27-22

Direct Exper 3

4

Noncash prizes

5 Other direct expenses

6 Volunteer labor

Schedule G (Form 990) 2022

No

No

| Sch  | edule G (Form 990) 2022  | SECOND HARVE<br>TENNESSEE     | EST FOOD H         | BANK OF EAS           | Т                | 58-1       | 450139        | Page <b>3</b> |
|------|--|-------------------------------|--------------------|-----------------------|------------------|------------|---------------|---------------|
|      | Does the organization conduct ga   |                               | nembers?           |                       |                  |            | Yes           |               |
|      | Is the organization a grantor, bene<br>to administer charitable gaming?  | eficiary or trustee of a trus | st, or a member of | a partnership or oth  | er entity formed |            | Yes           |               |
| 13   | Indicate the percentage of gaming  |                               |                    |                       |                  |            |               |               |
|      | The organization's facility  |                               |                    |                       |                  |            | 13a           | %             |
|      | An outside facility  |                               |                    |                       |                  |            | 13b           | %             |
|      | Enter the name and address of the  |                               |                    |                       |                  |            |               |               |
|      | Name   |                               |                    |                       |                  |            |               |               |
|      | Address  |                               |                    |                       |                  |            |               |               |
| 15a  | Does the organization have a cont  | tract with a third party fro  | om whom the orga   | nization receives gan | ning revenue?    |            | Yes           | No No         |
|      | If "Yes," enter the amount of gamin<br>of gaming revenue retained by the<br>s If "Yes," enter name and address | e third party \$              | he organization    | \$                    | and the am       | nount      |               |               |
|      | Name   |                               |                    |                       |                  |            |               |               |
|      | Address  |                               |                    |                       |                  |            |               |               |
| 16   | Gaming manager information:  |                               |                    |                       |                  |            |               |               |
|      | Name   |                               |                    |                       |                  |            |               |               |
|      | Gaming manager compensation  | \$                            | _                  |                       |                  |            |               |               |
|      | Description of services provided   |                               |                    |                       |                  |            |               |               |
|      |  |                               |                    |                       |                  |            |               |               |
|      | Director/officer   | Employee                      | Indepen            | dent contractor       |                  |            |               |               |
|      | Mandatory distributions:<br>Is the organization required under<br>retain the state gaming license?             |                               |                    | from the gaming proc  |                  |            | Yes           | No            |
| b    | Enter the amount of distributions r  | required under state law      |                    |                       |                  | in the     |               |               |
| Pa   | rt IV Supplemental Inform<br>15b, 15c, 16, and 17b, as   | mation. Provide the ex        | planations require |                       |                  | ; and Part | III, lines 9, | 9b, 10b,      |
|      |  | <u></u>                       |                    |                       |                  |            |               |               |
|      |  |                               |                    |                       |                  |            |               |               |
|      |  |                               |                    |                       |                  |            |               |               |
|      |  |                               |                    |                       |                  |            |               |               |
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|      |  |                               |                    |                       |                  | Oalessi    |               | 000) 0000     |
| 2320 | 33 10-27-22  |                               | 29                 |                       |                  | Schedu     | le G (Form    | 990) 2022     |

| Schedule G (Form 990)                            | SECOND HARVEST FOOD BANK OF EAST<br>TENNESSEE | 58-1450139 Page 4     |
|--|---|-----------------------|
| Schedule G (Form 990) Part IV Supplemental Infor | rmation (continued)                           |                       |
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|  |   | Schedule G (Form 990) |
| 232084 04-01-22                                  |   | Schedule & (Form 990) |

| SC     | HEDULE J  | Compensation Information   | I         | OMB No. 1   | 545-004 | 47     |  |  |  |  |
|--------|---|--|-----------|-------------|---------|--------|--|--|--|--|
| (Fo    | rm 990)   |  | 2022      |             |         |        |  |  |  |  |
|        |   |  | 2022      |             |         |        |  |  |  |  |
| Dena   | tment of the Treasury   | Complete if the organization answered "Yes" on Form 990, Part IV, line 23.<br>Attach to Form 990.                              |           | Open to     |         |        |  |  |  |  |
| Intern | al Revenue Service  | Go to www.irs.gov/Form990 for instructions and the latest information.   |           | Inspe       |         |        |  |  |  |  |
| Nam    | Name of the organization SECOND HARVEST FOOD BANK OF EAST Employer identi                             |  |           |             |         |        |  |  |  |  |
|        |   | TENNESSEE  | 58-1      | 45013       | 9       |        |  |  |  |  |
| Ра     | rt I Question   | s Regarding Compensation   |           |             |         |        |  |  |  |  |
|        |   |  | ~~~       |             | Yes     | No     |  |  |  |  |
| 1a     |   | ate box(es) if the organization provided any of the following to or for a person listed on Form                                | 990,      |             |         |        |  |  |  |  |
|        |   | line 1a. Complete Part III to provide any relevant information regarding these items.  |           |             |         |        |  |  |  |  |
|        | First-class or c  |  |           |             |         |        |  |  |  |  |
|        | Travel for com  | panions Payments for business use of personal re-<br>eation and gross-up payments Health or social club dues or initiation fee |           |             |         |        |  |  |  |  |
|        |   | spending account<br>Personal services (such as maid, chauffel  |           |             |         |        |  |  |  |  |
|        |   |  | ir, chei) |             |         |        |  |  |  |  |
| h      | If any of the boxes   | on line 1a are checked, did the organization follow a written policy regarding payment or                                      |           |             |         |        |  |  |  |  |
| D      | •   | in the second                |           | 1b          |         |        |  |  |  |  |
| 2      | •   | n 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? |  |           |             |         |        |  |  |  |  |
|        | trustees, and onloc   |  |           | 2           |         |        |  |  |  |  |
| 3      | Indicate which, if a  | ny, of the following the organization used to establish the compensation of the organization's                                 | 1         |             |         |        |  |  |  |  |
|        |   | ector. Check all that apply. Do not check any boxes for methods used by a related organization                                 |           |             |         |        |  |  |  |  |
|        |   | ation of the CEO/Executive Director, but explain in Part III.  |           |             |         |        |  |  |  |  |
|        | Compensation  |  |           |             |         |        |  |  |  |  |
|        | ·   | compensation consultant Compensation survey or study   |           |             |         |        |  |  |  |  |
|        | ·   | ther organizations $\overline{X}$ Approval by the board or compensation c  | ommittee  |             |         |        |  |  |  |  |
|        |   |  |           |             |         |        |  |  |  |  |
| 4      | During the year, did  | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing  |           |             |         |        |  |  |  |  |
|        | organization or a re  | lated organization:  |           |             |         |        |  |  |  |  |
| а      | Receive a severand  | e payment or change-of-control payment?  |           | 4a          |         | X      |  |  |  |  |
| b      | Participate in or rec   | eive payment from a supplemental nonqualified retirement plan?   |           | 4b          |         | X      |  |  |  |  |
| с      | Participate in or rec   | eive payment from an equity-based compensation arrangement?  |           | 4.          |         | X      |  |  |  |  |
|        | If "Yes" to any of lir  | nes 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.   |           |             |         |        |  |  |  |  |
| 5      | For persons listed of   | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio                                  | 'n        |             |         |        |  |  |  |  |
|        | contingent on the r   | evenues of:  |           |             |         |        |  |  |  |  |
| а      | The organization?   |  |           | . 5a        |         | X      |  |  |  |  |
|        |   | ation?   |           |             |         | X      |  |  |  |  |
|        | If "Yes" on line 5a o   | or 5b, describe in Part III.   |           |             |         |        |  |  |  |  |
| 6      |   | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio                                  | n         |             |         |        |  |  |  |  |
|        | contingent on the r   |  |           |             |         |        |  |  |  |  |
|        |   |  |           |             |         | X      |  |  |  |  |
| b      |   | ation?   |           | . <b>6b</b> |         | X      |  |  |  |  |
|        |   | or 6b, describe in Part III.   |           |             |         |        |  |  |  |  |
| 7      |   | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments                                  |           |             |         | 37     |  |  |  |  |
|        |   | nes 5 and 6? If "Yes," describe in Part III  |           | . 7         |         | X      |  |  |  |  |
| 8      |   | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the                                 | ie        |             |         | 37     |  |  |  |  |
| _      |   |  |           | 8           |         | X      |  |  |  |  |
| 9      |   | id the organization also follow the rebuttable presumption procedure described in  |           | -           |         |        |  |  |  |  |
|        |   | 1 53.4958-6(c)?  |           | . 9         |         |        |  |  |  |  |
| LHA    | For Paperwork R   | eduction Act Notice, see the Instructions for Form 990.  | Schedu    | ile J (Forn | n 990)  | ) 2022 |  |  |  |  |

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Schedule J (Form 990) 2022

TENNESSEE

58-1450139

Page 2

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                         | other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |
|--------------------|-------------|--------------------------|---|---|----------------|-------------------------|------------------------------------|---|
| (A) Name and Title |             | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation   |                         |                                    | reported as deferred<br>on prior Form 990 |
| (1) ELAINE STRENO  | (i)         | 178,546.                 | 0.  | 0.  | 5,250.         | 5,623.                  | 189,419.                           | 0.  |
| EXECUTIVE DIRECTOR | (ii)        | 0.                       | 0.  | 0.  | 0.             | 0.                      | 0.                                 | 0.  |
|                    | (i)         |                          |   |   |                |                         |                                    |   |
|                    | (ii)        |                          |   |   |                |                         |                                    |   |
|                    | (i)         |                          |   |   |                |                         |                                    |   |
|                    | (ii)        |                          |   |   |                |                         |                                    |   |
|                    | (i)         |                          |   |   |                |                         |                                    |   |
|                    | (ii)        |                          |   |   |                |                         |                                    |   |
|                    | (i)         |                          |   |   |                |                         |                                    |   |
|                    | (ii)        |                          |   |   |                |                         |                                    |   |
|                    | (i)         |                          |   |   |                |                         |                                    |   |
|                    | (ii)        |                          |   |   |                |                         |                                    |   |
|                    | (i)         |                          |   |   |                |                         |                                    |   |
|                    | (ii)        |                          |   |   |                |                         |                                    |   |
|                    | (i)         |                          |   |   |                |                         |                                    |   |
|                    | (ii)        |                          |   |   |                |                         |                                    |   |
|                    | (i)         |                          |   |   |                |                         |                                    |   |
|                    | <u>(ii)</u> |                          |   |   |                |                         |                                    |   |
|                    | (i)         |                          |   |   |                |                         |                                    |   |
|                    | (ii)        |                          |   |   |                |                         |                                    |   |
|                    | (i)         |                          |   |   |                |                         |                                    |   |
|                    | (ii)        |                          |   |   |                |                         |                                    |   |
|                    | (i)         |                          |   |   |                |                         |                                    |   |
|                    | (ii)        |                          |   |   |                |                         |                                    |   |
|                    | (i)         |                          |   |   |                |                         |                                    |   |
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| SECOND  | HARVEST | FOOD | BANK | OF | EAST |
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Schedule J (Form 990) 2022

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.

Schedule J (Form 990) 2022

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** 

| Depart | ment o | f the T | reasurv |
|--------|--------|---------|---------|

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

Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization SECOND HARVEST FOOD BANK OF EAST Employer identification number 58-1450139 TENNESSEE Part I Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 14335837 25,388,843. ESTIMATED WHOLESALE Х Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 113,456. ESTIMATED FAIR VALUE х 10 25 Other (DIESEL FUEL ( EVENT SUPPORT 105,750. ESTIMATED FAIR VALUE Х 11 Other 26 ) 27 Other ( ) 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement \_\_\_\_\_29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash х contributions? 32a b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2022

232141 09-09-22

|               |  | SECOND           | HARVEST         | FOOD H                         | BANK OF                     | EAST                                |                                     |  |                 |
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| Schedule N    | 1 (Form 990) 2022  | TENNES           |                 |                                |                             |                                     |                                     | 58-1450139                                     | Page <b>2</b>   |
| Part II       | Supplemental<br>is reporting in Part<br>this part for any ac | : I, column (b), | , the number of | e information<br>contributions | required by<br>s, the numbe | Part I, lines 30<br>r of items rece | 0b, 32b, and 33<br>eived, or a comb | and whether the organization of both. Also com | ation<br>Iplete |
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| 232142 09-09- | 22   |                  |                 |                                |                             |                                     |                                     | Schedule M (Forn                               | n 990) 2023     |
| 202172 09-09- |  |                  |                 |                                |                             |                                     |                                     |  |                 |

SCHEDULE O (Form 990)

Name of the organization

#### Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service

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. SECOND HARVEST FOOD BANK OF EAST



TENNESSEE

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

EAST TENNESSEE SERVICE AREA.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DID NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON

BEHALF OF THE GOVERNING BODY.

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

FORM 990 IS COMPARED TO THE AUDITED FINANCIAL STATEMENTS AND REVIEWED BY

THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION MONITORS THE CONFLICT OF INTEREST POLICY WITH DISCLOSURE

OF CONFLICTS FROM THE BOARD OF DIRECTORS AND EMPLOYEES WITHIN THE

ORGANIZATION.

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

THE BOARD OF DIRECTORS SETS COMPENSATION FOR THE EXECUTIVE DIRECTOR BASED

UPON ESTABLISHED GOALS AND OBJECTIVES. EVALUATION OF PERFORMANCE IS

CONDUCTED EACH YEAR PRIOR TO DETERMINING COMPENSATION ADJUSTMENTS FOR THE

FOLLOWING YEAR.

THE EXECUTIVE DIRECTOR MAKES RECOMMENDATIONS BASED ON THE RESPONSIBILITIES

OF THE POSITION AND ANNUAL PERFORMANCE EVALUATIONS. THE BOARD OF DIRECTORS

#### APPROVES COMPENSATION IN CONNECTION WITH THE BUDGET APPROVAL PROCESS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

| Schedule O (Form 990) 2022                             |                  | Page <b>2</b>                             |
|--|------------------|---|
| Name of the organization SECOND HARVEST I<br>TENNESSEE | OOD BANK OF EAST | Employer identification number 58-1450139 |

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND

FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT,

REVIEW, OR COMPILATION OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN

INDEPENDENT ACCOUNTANT.

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