			EXTENDED TO MAY 15, 20 Return of Organization Exempt F	024 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 enue Service	Do not enter social security numbers on this form as Go to www.irs.gov/Form990 for instructions and th	-		Open to Public 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 TENN	ESSEE								
	Name Chang	ge Doing bu	usiness as		58-14501	39					
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r					
]Final return		HARVEST LANE		865-243-						
	termir ated	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	40,980,393.					
	Amen return	MARI	VILLE, TN 37801		H(a) Is this a group re						
	Applic tion 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 I rt I	f organization: [Summary	X Corporation Trust Association Other	L Year	of formation: 1981 N	State of legal domicile: TN					
Га					זעיי פאשמתתא	7					
e	1		e the organization's mission or most significant activities: <u>ASSES</u> 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 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. 234,216.	<u>3,654,929.</u> 240,974.					
Expenses	16a ⊾		Indraising fees (Part IX, column (A), line 11e) 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> 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 es	10				ginning of Current Year	End of Year					
Ass I Ba	21		(Part X, line 26)		710,016.	<u>30,197,704.</u> 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: 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, RESTAURANTS, AND FARMERS TO REROUTE IT FROM LANDFILLS TO PARTNER
	AGENCIES.
	AGENCIES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
10	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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 990 (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	
 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 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 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 Did the organization maintain and yound avised that realizes use of the similar assess? If Yes, "complete Schedule C, Part II Did the organization maintain and schedule or any smills realized assesses? If Yes, "complete Schedule D, Part II Did the organization maintain collections of works of art, historical baseuse, or other smillar assess? If Yes, "complete Schedule D, Part II Did the organization maintain collections of works of art, historical baseuse, or other smillar assess? If Yes, "complete Schedule D, Part II Did the organization maintain collections of works of art, historical baseuse, or other smillar assess? If Yes, "complete Schedule D, Part IV 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 Did the organization report an amount for insustments - other saccuritis in Part X, line 107 If Yes, 'complete Schedule D, Part IV Did the organization report an amount for insustments - other saccuritis in Part X, line 107 If Yes, 'complete Schedule D, Part VI Did the organization report an amount for insustments - other saccuritis in Part X, line 107 If Yes, 'complete Schedule D, Part VI Did the organization report an amount for insustments - program related in Part X, line 107 If	~			<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 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
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5 Is the organization a sector 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 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 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 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, 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 assets reported in Part X, line 147. Yes, "complete Schedule D, Part X 1111 X	4				x
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 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>	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			
 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>			15		Х
 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 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> 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> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 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> 21 	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 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 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	
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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		
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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 X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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										
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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										
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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	 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 TOYCE 7TPKIE $-$ 865 - 243 - 8200	oks and records			
	<u>JOYCE ZIRKLE - 865-243-8200</u> 136 HARVEST LANE, MARYVILLE, TN 37801				
			Lov-	9 90	(0000)
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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) Name and title	(B) Average hours per	box	not c , unle	Pos heck i ss per	more rson i	than o s both	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer 0fflicer		Highest compensated	,	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related 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 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.
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Form 990 (2022)

12410216 759456 2000792

Form 990 (2022)	SECOND HA		'00	D	BA	NK	0	F	EAST	58-14	5013	9 1	⊃ _{age} 8		
			olov	ees.	and	d Hie	ahes	t C	ompensated Employee		5015	<u> </u>	aye U		
(A) Name and tit		(B) Average hours per week	(do box	Posit (do not check m box, unless pers		(C) Positio (do not check mo pox, unless perso officer and a direct		C) itior ^{more} rson i	۱ than c is both	one 1 an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun othe	t of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	C/ C	ompens from t organiza and rela rganiza	ation he ation ated		
c Total from continuation		I, Section A							178,546. 0. 178,546.		0.	10,8	0.		
 d Total (add lines 1b and 2 Total number of individual compensation from the c 	als (including but n	ot limited to th					e) wh	o re			<u>.</u>	<u>10,0</u>	1		
 3 Did the organization list a line 1a? <i>If</i> "Yes," <i>comple</i> 4 For any individual listed organizations 5 Did any person listed on rendered to the organization 	any former officer, <i>te Schedule J for s</i> on line 1a, is the su s greater than \$150 line 1a receive or a tion? <i>If "Yes," com</i>	uch individual Im of reportabl),000? If "Yes, accrue compen	e co " co Isati	ompe <i>mple</i> on fr	ensa ete S rom	tion Sche any	and edule unre	oth oth 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 X X 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) ame and business		ear e	enair	ig w		or wi		(B) Description of s		Com	(C) 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 990	(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) Boyonuo ovoludad		
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under		
							lanotornovonao		sections 512 - 514		
s s	1 :	a	Federated campaigns 1a		414,378.						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b								
ΩĞ			Fundraising events 1c		123,300.						
ifts ar A			Related organizations 1d								
s, G nils			Government grants (contributions) 1e		1,982,788.						
ŝ			All other contributions, gifts, grants, and								
her			similar amounts not included above 1f		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 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 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) 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 7a	_							
		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 tevi		с		_							
Miscellaneous 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.		
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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 Check if Schedule O contains a respon				
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising 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> 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 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 990 (2022)
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SECOND	HARVEST	FOOD	BANK	OF	EAST
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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 Less: accumulated depreciation	10b	3,585,860.	6,341,436.	10c	6,352,186. 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 Secured mortgages and notes payable to unrela				22	
	23 24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		<u>23</u> 24	
	24 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 990 (2022)

Form **990** (2022)

232011 12-13-22

SECOND	HARVEST	FOOD	BANK	OF	EAST
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	990 (2022) TENNESSEE	58-	1450	139	Pag	_{ge} 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 (Form 990) Department of the Treasury Internal Revenue Service		0)		Public Chai omplete if the organ 494 At		OMB No. 1545-0047					
					ttach to Form 990 or Fo 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 1 2 3 4 5		A church, cor A school desc A hospital or A medical res city, and state An organizatio	vention of ch cribed in sect a cooperative earch organiz e: on operated for	urches, or associatio tion 170(b)(1)(A)(ii). (hospital service orga ration operated in cor or the benefit of a col	For lines 1 through 12, ch on of churches described Attach Schedule E (Form anization described in se njunction with a hospital llege or university owned	in sectio 990).) ction 170 described	n 170(b)(1 (b)(1)(A)(ii in sectio	ii). 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 university:									
11 12 a b c d	 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. 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. 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. 										
	Fata				nally integrated supportir						
		er the number of the followi			d organization(s)						
<u> </u>		i) Name of suppo		n about the supporte (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 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) 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 stop here. 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		

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TENNESS	SEE				

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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) 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, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
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) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital 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)22 (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 stop here. 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 s	top here. 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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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 5
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 Part VI how the supported organization(s effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	officers,) 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		
 Part IV Supporting Organizations (continued) 11 Has the organization accepted a gift or contribution from any of the following persons? 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? b A family member of a person described on line 11a above? 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. Section B. Type I Supporting Organizations 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. 				
			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>
---	--	---	-------------------------	------------------------------------	-------------------------------

18

- 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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	SECOND HARVEST FOOD BANK	OF	EAST	
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 (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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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SECOND HARVEST FOOD BANK OF EAST TENNECCEE

	dule A (Form 990) 2022 TENNESSEE				8-1450139	Page 7
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> Part VI). 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) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributabl 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 TENNES:	HARVEST	FOOD	BANK	OF	EAST	58-1450139 Page 8
Part VI	Part IV, Section A, lines 1, line 1; Part IV, Section D, I	mation. Pro 2, 3b, 3c, 4b, lines 2 and 3; I	vide the explana 4c, 5a, 6, 9a, 9 Part IV, Section	b, 9c, 11a, E, lines 1c	, 11b, and ;, 2a, 2b, 3	11c; F Ba, and	art IV, Se ا 3b; Part ۱	t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V, 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 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) Funds and	d other acco	unts
1			year						
2 3			tributions to (during year) . 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? 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			,			, .		
	Preservation	n of o	pen space						
2			ugh 2d if the organization hel	ld a quali [.]	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 2c		
					ucture included in (a) 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"						
1 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 (ii) Assets include								
2	.,				asures, or other similar assets for financia		Ψ 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 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 O	Contributions						
ט 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				
	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 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)			
Total . (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 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 2e from line 1					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 4c. (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

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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.
	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 Internal Revenue Service		Attach to Form 990						Open to Public 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				,,.						
 a X Mail solicitat b Internet and c Phone solici d In-person so 	tions email solicitations tations licitations	s f Solicita g Specia	ation of ation of I fundra	non-g gover aising	overnment grants nment grants events						
•		or oral agreement with any individua	•	•		tees, o					
	highest paid indiv	art VII) or entity in connection with p viduals or entities (fundraisers) pursu organization			U U	ne fun	X Y draiser is to				
(i) Name and addres or entity (func				Did raiser ustody ntrol of utions?	(iv) Gross receipts 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.			
Total					1,330,946.		235,549				
3 List all states in whi 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 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 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 TENNESSEE	EST FOOD H	BANK OF EAS	Т	58-1	450139	Page 3
	Does the organization conduct ga		nembers?				Yes	
	Is the organization a grantor, bene 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 of gaming revenue retained by the 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: Is the organization required under 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 15b, 15c, 16, and 17b, as	mation. Provide the ex	planations require			; and Part	III, lines 9,	9b, 10b,
		<u></u>						
						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 TENNESSEE	58-1450139 Page 4
Schedule G (Form 990) Part IV Supplemental Infor	rmation (continued)	
		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. 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- eation and gross-up payments Health or social club dues or initiation fee								
		spending account 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				

232111 10-18-22

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 (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) 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)							
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	<u>(ii)</u>							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							

SECOND	HARVEST	FOOD	BANK	OF	EAST
TENNESS	SEE				

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