Form 990-EZ

Department of the Treasury Internal Revenue Service

OMB No. 1545-1150

Open to Public Inspection

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

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International Processor Name and Steek (Cor P. D. Dox. If mail is not delivered to street address) Room/suite E Telephone number (R65) 769–1645		Addr	ess change		The second		
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Check	1	Websit	e: ► WWW.RANDOMACTSOFFLOWERS.ORG			required to atta	ch Schedule B
Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines 55, 6c, and 75, to file 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part III, line 25, column (8) below are \$500,000 or more, file Form 990-EZ	J	Tax-ex	empt status (check only one) — X 501(c)(3) 501(c) () ◀(inser	t no.) 4947(a)(1) or 527	(Form 990, 990)-EZ, or 990-PF).
Land lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II) Interest.	K	Check	if the organization is not a section 509(a)(3) supporting organization a	nd its gross receip	ots are normally not	more than \$50,00	0. A Form 990-EZ or
Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II), line 25, column (8) below) are \$500,000 or more, file form 900-E2		Form 9	90 return is not required though Form 990-N (e-postcard) may be required (see	instructions). But	if the organization c	hooses to file a re	turn, be sure to file a
	_	comple	ete return.				
Part	L	Add lin	es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$20	0,000 or more, or	if total assets (Part I	I,	
Check if the organization used Schedule O to respond to any question in this Part I		line 25	, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-E2			> \$	119,808.
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 4 Investment income 4 4 4 4 4 4 5 5 5 5	P	art I	Revenue, Expenses, and Changes in Net Assets or	Fund Balan	ces (see the instru	ctions for Part I.)	
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Form 8868 (Rev. January 2011)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

• If you a	are filling for an Automatic 3-Month Extension, co	omplete only P	art l and check this hav		-				
• If you a	are filing for an Additional (Not Automatic) 3-Mor	oth Extension	complete only Part II (or page 2) of	+bic f	-1	▶ □			
Do not co	omplete Part II unless you have already been gra	inted an autom	atic 3 month extension on a secular	this form	1).				
Electroni	ic filing (e-file). You can electronically file Form 88	REB if you peed	and smooth subspatia automatic of the	siy tiled h	orm 8868.				
required t	to file Form 990-T), or an additional (not automatic	3-month system	a 5-month automatic extension of the	me to file	(6 months	for a corporation			
of time to	to file Form 990-T), or an additional (not automatic)	be evention	sion of time. You can electronically t	file Form	8868 to red	quest an extension			
Personal	file any of the forms listed in Part I or Part II with t	the exception of	Form 8870, Information Return for	Transfers	s Associate	d With Certain			
visit www	Benefit Contracts, which must be sent to the IRS irs.gov/efile and click on e-file for Charities & None	in paper format	(see instructions). For more details	on the el	ectronic fili	ng of this form,			
Part I	Automatic 3-Month Extension of	Dronts.							
	Addition o-Month Extension of	Time. Only st	ibmit original (no copies needed).						
Part I only	ation required to file Form 990-T and requesting an	automatic 6-m	onth extension · check this box and	complete	9				
All other o	y corporations (including 1120-C filers), partnerships ome tax returns.	, REMICs, and t	rusts must use Form 7004 to reque	st an exte	ension of til	> X			
Type or	Name of exempt organization								
print	Name of exempt organization			Em	ployer ide	ntification numb			
print	RANDOM ACTS OF FLOWERS								
File by the					26-300)6360			
due date for filing your return. See	ate for Number, street, and room or suite no. If a P.O. box, see instructions.								
instructions.									
	3,32,7-701	- 1							
Enter the	Return code for the return that this application is f	or (file a separa	te application for each return)			0			
		- Unit a bopaid							
Application	on	Return	Application			5			
Is For						Retu			
Form 990		Code	Is For			Cod			
Form 990-	R	01	Form 990-T (corporation)			07			
Form 990-		02	Form 1041-A			08			
		03	Form 4720			09			
Form 990-		04	Form 5227			10			
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
-orm 990-	T (trust other than above)	06	Form 8870			12			
_	KRISTEN MIKI								
The boo	oks are in the care of > 315 N. CEDAR	BLUFF I	RD, STE 200 - KNOX	VILLE	E, TN	37923			
lelepho	one No. > (805) /69-1645		FAX No. ► (865) 769-	1660					
If the or	rganization does not have an office or place of bus	siness in the Un	ited States, check this box			•			
IT this is	for a Group Heturn, enter the organization's four	digit Group Exe	mption Number (GEN)	f this is f	or the whol	e group check t			
oox ►	If it is for part of the group, check this box	and atta	ch a list with the names and EINs of	all man	bara the av	e group, check t			
1 req	uest an automatic 3-month (6 months for a corpor	ration required t	of file Form 990-The extension of time	an mem	bers the ex	tension is for.			
	MAY 15, 2012 , to file the ex	vemnt ergenize	tion return (anth-	untii	_				
is for	r the organization's return for:	Aempi organiza	tion return for the organization name	ed above	. The exten	sion			
	calendar year or								
	X tax year beginning JUL 1, 2010		T.D. 00 0011						
	A tax year beginningUUL I, ZUIU	, an	d ending JUN 30, 2011						
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2 If the	e tax year entered in line 1 is for less than 12 mont	ths, check reaso	on: initial return	Final retu	ırn				
	Change in accounting period								
3a If this	s application is for Form 990-BL, 990-PF, 990-T, 4	720, or 6069, er	nter the tentative tax, less any						
	efundable credits. See instructions.		and the last is a strip	0-	s	- 1			
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b If this estimate by us	nated tax payments made. Include any prior year on nce due. Subtract line 3b from line 3a. Include yo sing EFTPS (Electronic Federal Tax Payment System)	ur payment with em). See instruc	otions.	3c	s				
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b If this estim c Balar by us	nated tax payments made. Include any prior year on nce due. Subtract line 3b from line 3a. Include yo sing EFTPS (Electronic Federal Tax Payment System)	ur payment with em). See instruc wal with this Fo	otions. orm 8868, see Form 8453-EO and Fo	3c orm 8879	-EO for pay	ment instruction			
b If this estim c Balar by us caution. If	nated tax payments made. Include any prior year once due. Subtract line 3b from line 3a. Include you sing EFTPS (Electronic Federal Tax Payment System) you are going to make an electronic fund withdra	ur payment with em). See instruc wal with this Fo	otions.	3c orm 8879	-EO for pay	ment instruction:			
b If this estim c Balar by us	nated tax payments made. Include any prior year once due. Subtract line 3b from line 3a. Include you sing EFTPS (Electronic Federal Tax Payment System) you are going to make an electronic fund withdra	ur payment with em). See instruc wal with this Fo	otions. orm 8868, see Form 8453-EO and Fo	3c	-EO for pay	/ment instructions 1886\$ (Rev.) 20			
b If this estim c Balar by us Caution. If	nated tax payments made. Include any prior year once due. Subtract line 3b from line 3a. Include you sing EFTPS (Electronic Federal Tax Payment System you are poing to make an electronic fund withdrair Paperwork Reduction Act Notice, see Instruction	ur payment with em). See instruc wal with this Fo	otions. orm 8868, see Form 8453-EO and Form Base Mail Date Mail	3c	-EO for pay	ment instructions			

	i iii tilis rait ii				X
22 Cash, savings, and investments	(,	A) Beginning of year		(B) !	End of year
		3,089			38,723
23 Land and buildings 24 Other assets (describe in Schedule O) SEE SCHEDULE	0	3,886	23		3,630
25 Total assets	9	6,975			42,353
25 Total assets 26 Total liabilities (describe in Schedule 0) SEE SCHEDULE	0	6,154			0
Net assets or fund balances (line 27 of column (B) must agree with line 21		821			42,353
Part III Statement of Program Service Accomplishme	ents (see the instructions for	Part III.)	• 21	F	xpenses
Check if the organization used Schedule O to respond to any question			X	(Required	for section
What is the organization's primary exempt purpose?SEE SCHEDULE	0				and 501(c)(4)
Describe what was achieved in carrying out the organization's exempt pu	rposes. In a clear and cond	cise manner, describ	oe .		1) trusts; optional
the services provided, the number of persons benefited, and other relevant	nt information for each pro	gram title.		for others	5.)
28 SEE SCHEDULE O					
			_		
(Grants \$ 16,000.) If this amount includes foreign	grants, check here			28a	27,202.
29					
(Grants \$) If this amount includes foreign	grants, check here	>		29a	
30					
(Grants \$) If this amount includes foreign	grants, check here			30a	
31 Other program services (describe in Schedule O)					
(Grants \$) If this amount includes foreign	grants, check here	>		31a	
32 Total program service expenses (add lines 28a through 31a)				32	27,202.
Part IV List of Officers, Directors, Trustees, and Key	Employees. List each one e	ven if not compensated. (s	see the i	instructions t	for Part IV.)
Check if the organization used Schedule 0 to respond to any question	n in this Part IV	************************			X
	(b) Title and average hours	(c) Compensation	(d) co	ontributions	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter	(d) Co to en benef	ontributions mployee fit plans &	(e) Expense account and
	per week devoted to position		(d) Co to en benef	ntributions mployee	(e) Expense account and
LARSEN JAY, 901 VOLUNTEER LANDING	per week devoted to position PRESIDENT	(If not paid, enter -0)	(d) Co to en benef	entributions imployee fit plans & eferred	(e) Expense
LARSEN JAY, 901 VOLUNTEER LANDING LANE, KNOXVILLE, TN 37915	per week devoted to position PRESIDENT 10.00	(If not paid, enter -0)	(d) Co to en benef	entributions imployee fit plans & eferred	(e) Expense account and other allowances
LARSEN JAY, 901 VOLUNTEER LANDING LANE, KNOXVILLE, TN 37915 DAVID JERNIGAN, 3009 WEST INDUSTRIAL	per week devoted to position PRESIDENT 10.00 VICE PRESIDEN	(If not paid, enter -0)	(d) Co to en benef	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances
LARSEN JAY, 901 VOLUNTEER LANDING LANE, KNOXVILLE, TN 37915 DAVID JERNIGAN, 3009 WEST INDUSTRIAL PARKWAY, KNOXVILLE, TN 37921	per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 2.00	(If not paid, enter -0)	(d) Co to en benef	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances
LARSEN JAY, 901 VOLUNTEER LANDING LANE, KNOXVILLE, TN 37915 DAVID JERNIGAN, 3009 WEST INDUSTRIAL PARKWAY, KNOXVILLE, TN 37921 ALICIA COTTRELL	per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 2.00 SECRETARY	(If not paid, enter -0) O.	(d) Co to en benef	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances O .
LARSEN JAY, 901 VOLUNTEER LANDING LANE, KNOXVILLE, TN 37915 DAVID JERNIGAN, 3009 WEST INDUSTRIAL PARKWAY, KNOXVILLE, TN 37921 ALICIA COTTRELL 617 MAIN STREET, KNOXVILLE, TN 37901	per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 2.00 SECRETARY 2.00	(If not paid, enter -0)	(d) Co to en benef	ontributions rmployee fit plans & eferred opensation	(e) Expense account and other allowances O .
LARSEN JAY, 901 VOLUNTEER LANDING LANE, KNOXVILLE, TN 37915 DAVID JERNIGAN, 3009 WEST INDUSTRIAL PARKWAY, KNOXVILLE, TN 37921 ALICIA COTTRELL 617 MAIN STREET, KNOXVILLE, TN 37901 KRISTI MIKLES, 315 N. CEDAR BLUFF	per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 2.00 SECRETARY 2.00 TREASURER	(If not paid, enter -0) O.	(d) Co to en benef	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances O .
LARSEN JAY, 901 VOLUNTEER LANDING LANE, KNOXVILLE, TN 37915 DAVID JERNIGAN, 3009 WEST INDUSTRIAL PARKWAY, KNOXVILLE, TN 37921 ALICIA COTTRELL 617 MAIN STREET, KNOXVILLE, TN 37901 KRISTI MIKLES, 315 N. CEDAR BLUFF ROAD, KNOXVILLE, TN 37930	per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 2.00 SECRETARY 2.00 TREASURER 3.00	(If not paid, enter -0) O.	(d) Co to en benef	ontributions mployee fit plans & eferred pensation	(e) Expense account and other allowances O . O .
LARSEN JAY, 901 VOLUNTEER LANDING LANE, KNOXVILLE, TN 37915 DAVID JERNIGAN, 3009 WEST INDUSTRIAL PARKWAY, KNOXVILLE, TN 37921 ALICIA COTTRELL 617 MAIN STREET, KNOXVILLE, TN 37901 KRISTI MIKLES, 315 N. CEDAR BLUFF ROAD, KNOXVILLE, TN 37930 SAGE MORGAN, 337 RADFORD PLACE,	per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 2.00 SECRETARY 2.00 TREASURER 3.00 KEY EMPLOYEE	(If not paid, enter -0) O. IT O.	(d) Co to en benef	ontributions mployee fit plans & eferred pensation O . O .	(e) Expense account and other allowances O . O .
LARSEN JAY, 901 VOLUNTEER LANDING LANE, KNOXVILLE, TN 37915 DAVID JERNIGAN, 3009 WEST INDUSTRIAL PARKWAY, KNOXVILLE, TN 37921 ALICIA COTTRELL 617 MAIN STREET, KNOXVILLE, TN 37901 KRISTI MIKLES, 315 N. CEDAR BLUFF ROAD, KNOXVILLE, TN 37930 SAGE MORGAN, 337 RADFORD PLACE, KNOXVILLE, TN 37917	per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 2.00 SECRETARY 2.00 TREASURER 3.00 KEY EMPLOYEE 40.00	(If not paid, enter -0) O. IT O.	(d) Co to et benef de comp	ontributions mployee fit plans & eferred pensation O . O .	(e) Expense account and other allowances O . O .
LARSEN JAY, 901 VOLUNTEER LANDING LANE, KNOXVILLE, TN 37915 DAVID JERNIGAN, 3009 WEST INDUSTRIAL PARKWAY, KNOXVILLE, TN 37921 ALICIA COTTRELL 617 MAIN STREET, KNOXVILLE, TN 37901 KRISTI MIKLES, 315 N. CEDAR BLUFF ROAD, KNOXVILLE, TN 37930 SAGE MORGAN, 337 RADFORD PLACE, KNOXVILLE, TN 37917 VICKI BAUMGARTNER, 3636 RUSH MILLER	per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 2.00 SECRETARY 2.00 TREASURER 3.00 KEY EMPLOYEE 40.00 BOARD MEMBER	(If not paid, enter -0) O. O. O.	(d) Co to et benef de comp	ontributions imployee fit plans & eferred pensation O . O .	(e) Expense account and other allowances O . O .
LARSEN JAY, 901 VOLUNTEER LANDING LANE, KNOXVILLE, TN 37915 DAVID JERNIGAN, 3009 WEST INDUSTRIAL PARKWAY, KNOXVILLE, TN 37921 ALICIA COTTRELL 617 MAIN STREET, KNOXVILLE, TN 37901 KRISTI MIKLES, 315 N. CEDAR BLUFF ROAD, KNOXVILLE, TN 37930 SAGE MORGAN, 337 RADFORD PLACE, KNOXVILLE, TN 37917 VICKI BAUMGARTNER, 3636 RUSH MILLER ROAD, KNOXVILLE, TN 37914	per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 2.00 SECRETARY 2.00 TREASURER 3.00 KEY EMPLOYEE 40.00 BOARD MEMBER 2.00	(If not paid, enter -0) O. O. O.	(d) Co to et benef de comp	ontributions imployee fit plans & eferred pensation O . O .	(e) Expense account and other allowances O . O . O .
LARSEN JAY, 901 VOLUNTEER LANDING LANE, KNOXVILLE, TN 37915 DAVID JERNIGAN, 3009 WEST INDUSTRIAL PARKWAY, KNOXVILLE, TN 37921 ALICIA COTTRELL 617 MAIN STREET, KNOXVILLE, TN 37901 KRISTI MIKLES, 315 N. CEDAR BLUFF ROAD, KNOXVILLE, TN 37930 SAGE MORGAN, 337 RADFORD PLACE, KNOXVILLE, TN 37917 VICKI BAUMGARTNER, 3636 RUSH MILLER ROAD, KNOXVILLE, TN 37914 JOHN BECKER, 1513 HUTCHINSON AVENUE,	per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 2.00 SECRETARY 2.00 TREASURER 3.00 KEY EMPLOYEE 40.00 BOARD MEMBER 2.00 BOARD MEMBER	(If not paid, enter -0) 0. 0. 0. 34,006.	(d) Co to et benef de comp	ontributions mployee fit plans & eferred pensation 0	(e) Expense account and other allowances O . O . O .
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LARSEN JAY, 901 VOLUNTEER LANDING LANE, KNOXVILLE, TN 37915 DAVID JERNIGAN, 3009 WEST INDUSTRIAL PARKWAY, KNOXVILLE, TN 37921 ALICIA COTTRELL 617 MAIN STREET, KNOXVILLE, TN 37901 KRISTI MIKLES, 315 N. CEDAR BLUFF ROAD, KNOXVILLE, TN 37930 SAGE MORGAN, 337 RADFORD PLACE, KNOXVILLE, TN 37917 VICKI BAUMGARTNER, 3636 RUSH MILLER ROAD, KNOXVILLE, TN 37914 JOHN BECKER, 1513 HUTCHINSON AVENUE, KNOXVILLE, TN 37917 KATE CARTER, 1909 LOCH VIEW COURT,	per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 2.00 SECRETARY 2.00 TREASURER 3.00 KEY EMPLOYEE 40.00 BOARD MEMBER 2.00 BOARD MEMBER	(If not paid, enter -0) O. O. 34,006.	(d) Co to et benef de comp	ontributions imployee fit plans & eferred pensation on the contributions of the contributions	(e) Expense account and other allowances O . O . O . O .
LARSEN JAY, 901 VOLUNTEER LANDING LANE, KNOXVILLE, TN 37915 DAVID JERNIGAN, 3009 WEST INDUSTRIAL PARKWAY, KNOXVILLE, TN 37921 ALICIA COTTRELL 617 MAIN STREET, KNOXVILLE, TN 37901 KRISTI MIKLES, 315 N. CEDAR BLUFF ROAD, KNOXVILLE, TN 37930 SAGE MORGAN, 337 RADFORD PLACE, KNOXVILLE, TN 37917 VICKI BAUMGARTNER, 3636 RUSH MILLER ROAD, KNOXVILLE, TN 37914 JOHN BECKER, 1513 HUTCHINSON AVENUE, KNOXVILLE, TN 37917 KATE CARTER, 1909 LOCH VIEW COURT, KNOXVILLE, TN 37919	per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 2.00 SECRETARY 2.00 TREASURER 3.00 KEY EMPLOYEE 40.00 BOARD MEMBER 2.00 BOARD MEMBER 2.00	(If not paid, enter -0) O. O. 34,006.	(d) Co to et benef de comp	ontributions imployee fit plans & eferred pensation on the contributions of the contributions	(e) Expense account and other allowances O . O . O . O .
LARSEN JAY, 901 VOLUNTEER LANDING LANE, KNOXVILLE, TN 37915 DAVID JERNIGAN, 3009 WEST INDUSTRIAL PARKWAY, KNOXVILLE, TN 37921 ALICIA COTTRELL 617 MAIN STREET, KNOXVILLE, TN 37901 KRISTI MIKLES, 315 N. CEDAR BLUFF ROAD, KNOXVILLE, TN 37930 SAGE MORGAN, 337 RADFORD PLACE, KNOXVILLE, TN 37917 VICKI BAUMGARTNER, 3636 RUSH MILLER ROAD, KNOXVILLE, TN 37914 JOHN BECKER, 1513 HUTCHINSON AVENUE, KNOXVILLE, TN 37917 KATE CARTER, 1909 LOCH VIEW COURT, KNOXVILLE, TN 37919 MELISSA FEINBAUM, 1525 CRANSTON	per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 2.00 SECRETARY 2.00 TREASURER 3.00 KEY EMPLOYEE 40.00 BOARD MEMBER 2.00 BOARD MEMBER 2.00 BOARD MEMBER	(If not paid, enter -0) O. O. 34,006.	(d) Co to et benef de comp	ontributions imployee fit plans & eferred pensation on the plans & eferred pensation of the plans &	(e) Expense account and other allowances O . O . O . O .
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LARSEN JAY, 901 VOLUNTEER LANDING LANE, KNOXVILLE, TN 37915 DAVID JERNIGAN, 3009 WEST INDUSTRIAL PARKWAY, KNOXVILLE, TN 37921 ALICIA COTTRELL 617 MAIN STREET, KNOXVILLE, TN 37901 KRISTI MIKLES, 315 N. CEDAR BLUFF ROAD, KNOXVILLE, TN 37930 SAGE MORGAN, 337 RADFORD PLACE, KNOXVILLE, TN 37917 VICKI BAUMGARTNER, 3636 RUSH MILLER ROAD, KNOXVILLE, TN 37914 JOHN BECKER, 1513 HUTCHINSON AVENUE, KNOXVILLE, TN 37917 KATE CARTER, 1909 LOCH VIEW COURT, KNOXVILLE, TN 37919 MELISSA FEINBAUM, 1525 CRANSTON DRIVE, KNOXVILLE, TN 37922 SAM FRANKLIN, 362 NORTH MAIN STREET, CLINTON, TN 37716	per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 2.00 SECRETARY 2.00 TREASURER 3.00 KEY EMPLOYEE 40.00 BOARD MEMBER 2.00	(If not paid, enter -0) O. O. 34,006.	(d) Co to et benef de comp	ontributions mployee fit plans & efferred pensation 0	(e) Expense account and other allowances O. O. O. O. O. O. O. O. O. O
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LARSEN JAY, 901 VOLUNTEER LANDING LANE, KNOXVILLE, TN 37915 DAVID JERNIGAN, 3009 WEST INDUSTRIAL PARKWAY, KNOXVILLE, TN 37921 ALICIA COTTRELL 617 MAIN STREET, KNOXVILLE, TN 37901 KRISTI MIKLES, 315 N. CEDAR BLUFF ROAD, KNOXVILLE, TN 37930 SAGE MORGAN, 337 RADFORD PLACE, KNOXVILLE, TN 37917 VICKI BAUMGARTNER, 3636 RUSH MILLER ROAD, KNOXVILLE, TN 37914 JOHN BECKER, 1513 HUTCHINSON AVENUE, KNOXVILLE, TN 37917 KATE CARTER, 1909 LOCH VIEW COURT, KNOXVILLE, TN 37919 MELISSA FEINBAUM, 1525 CRANSTON DRIVE, KNOXVILLE, TN 37922 SAM FRANKLIN, 362 NORTH MAIN STREET, CLINTON, TN 37716 MARY JANE KEATING, 800 THOMAS WOODS WAY, LENOIR CITY, TN 37772	PRESIDENT 10.00 VICE PRESIDEN 2.00 SECRETARY 2.00 TREASURER 3.00 KEY EMPLOYEE 40.00 BOARD MEMBER 2.00	(If not paid, enter -0) O. O. 34,006. O. O.	(d) Co to et benef de comp	ontributions mployee fit plans & eferred pensation 0	(e) Expense account and other allowances O. O. O. O. O. O. O. O. O. O
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LARSEN JAY, 901 VOLUNTEER LANDING LANE, KNOXVILLE, TN 37915 DAVID JERNIGAN, 3009 WEST INDUSTRIAL PARKWAY, KNOXVILLE, TN 37921 ALICIA COTTRELL 617 MAIN STREET, KNOXVILLE, TN 37901 KRISTI MIKLES, 315 N. CEDAR BLUFF ROAD, KNOXVILLE, TN 37930 SAGE MORGAN, 337 RADFORD PLACE, KNOXVILLE, TN 37917 VICKI BAUMGARTNER, 3636 RUSH MILLER ROAD, KNOXVILLE, TN 37914 JOHN BECKER, 1513 HUTCHINSON AVENUE, KNOXVILLE, TN 37917 KATE CARTER, 1909 LOCH VIEW COURT, KNOXVILLE, TN 37919 MELISSA FEINBAUM, 1525 CRANSTON DRIVE, KNOXVILLE, TN 37922 SAM FRANKLIN, 362 NORTH MAIN STREET, CLINTON, TN 37716 MARY JANE KEATING, 800 THOMAS WOODS WAY, LENOIR CITY, TN 37772	per week devoted to position PRESIDENT 10.00 VICE PRESIDEN 2.00 SECRETARY 2.00 TREASURER 3.00 KEY EMPLOYEE 40.00 BOARD MEMBER 2.00 BOARD MEMBER	(If not paid, enter -0) O. O. 34,006. O. O.	(d) Co to et benef de comp	0 .	(e) Expense account and other allowances O . O .

Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	33	Yes	X
Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			x
Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)			
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	24		21
			X
reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or	200000000000000000000000000000000000000	*	
501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
f "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
complete applicable parts of Schedule N	36		X
Enter amount of political expenditures, direct or indirect, as described in the instructions			
Did the organization file Form 1120-POL for this year?	37b		X
Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
n a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
f "Yes," complete Schedule L, Part II and enter the total amount involved			
[00000000]			
Gross receipts, included on line 9, for public use of club facilities			
section 4911 ► ; section 4912 ► ; section 4955 ► O .			
Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
		004100001100	1000000
f "Yes," complete Schedule L, Part I	40b		X
or disqualified persons during the year under sections 4912, 4955, and 4958			
section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
ransaction? If "Yes," complete Form 8886-T	40e		X
			45
	792	3	
		Yes	_
1	42b		X
ee the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
t any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
ection 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶	
nd enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		Yes	No
id the executation maintain any department of the desired for			
to the organization maintain any donor advised funds during the year? If "Yes." Form 990 must be completed instead of			Х
oid the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of orm 990-EZ	442		
orm 990-EZ	44a		
orm 990-EZ id the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
orm 990-EZ id the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead f Form 990-EZ	44b		Х
orm 990-EZ id the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
TO BOUT SING ON THE SAME OF TH	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions. ■ 37a	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 36 cinter amount of political expenditures, direct or indirect, as described in the instructions. 37	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "ves," complete applicable parts of Schedule N cinter amount of political expenditures, direct or indirect, as described in the instructions. □ 37a □ 0. □ 37b □ 10th the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved □ 38b □ N/A Section 501(c)(?) organizations. Enter: □ 39a □ N/A 39a □ N/A 39b □ N/A Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: □ 5ection 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: □ 5ection 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 □ 0. □ 5ection 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year under sections 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 □ 0. □ 6ection 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 □ 0. □ 6ection 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 □ 0. □ 6ection 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 □ 0. □ 6ection 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4

								Yes	No
45	Is any rel	lated organization a controlled entity of	the organization within th	e meaning of section 512(b))(13)?		45		X
а	Did the o	rganization receive any payment from o	or engage in any transaction	with a controlled entity within th	ne meaning of section	512(b)(13)?			
		Form 990 and Schedule R may need to t					45a		Х
46		rganization engage, directly or indirectly							
							46		Х
Pa	Character and the state	Section 501(c)(3) organiza	tions and section 4	1947(a)(1) nonexempt	charitable tru	sts only All		501/0	
		organizations and section 4947(a)(1) n							
		Check if the organization used Schedule	e O to respond to any questi	on in this Part VI	and 52, and complete	o the tables for in	163 00	anu on	
		- Service of Service of Constant	o o to reapond to any questi	on in this rait vi				Yes	No
47	Did the o	rganization engage in lobbying activities	s2 If "Yes " complete Sch	edula C Part II				165	X
48	Is the ord	ganization a school as described in secti	ion 170/h\/1\/A\/ii\2 If "Vor	" complete Cabadula F		*************	47		X
	Did the o	rganization make any transfers to an ex	ampt non-charitable related	s, complete schedule E			48		X
h	If "Vac " u	was the related organization a section E	27 organization?	organization?			49a		Λ
50	Complete	was the related organization a section 52	shoot componented amelian				49b		
JU		this table for the organization's five hig			s, trustees and key er	mployees) who e	ach rec	ceived r	nore
	than \$10	0,000 of compensation from the organi	zation. If there is none, enter	The second state of the second	T	(4)			
			NAME OF STREET	(b) Title and average hours	(c) Compensation	(d) Contributions to employee	1.7	e) Exper	
		(a) Name and address of each employ than \$100,000		per week devoted to position		benefit plans & deferred	1000	count a	
		than \$100,000	NONE	position		compensation	othe	i allow	ances
				- Constitution that the second second second second					
			· contract -						
51	Complete		hest compensated independ	dent contractors who each recei	ived more than \$100,	,000 of compens	ation fr	om the	
		(a) Name and address of each indepe	endent contractor paid more	than \$100,000	(b) Type of ser	vice (I) Com	pensati	on
-	-								
					-				
-									
7					-				
					-	1			
-									
-						1			
- 4	Total num	show of other independent to -to -							
		nber of other independent contractors e							
52		rganization complete Schedule A? Note		izations and 4947(a)(1) nonexe	empt				7
	Chantable	trusts must attach a completed Schedunder penalties of perjury, I declare that I have exprect, and complete. Declaration of preparer (o	ule Aexamined this return, including ac	companying schedules and statemen	nts, and to the best of my	knowledge and be	X Ye		_ No
	CC	prrect, and complete. Declaration of preparer (o	ther than officer) is based on all i	nformation of which preparer has any	knowledge.	, and the second second second	101, 11 10	11.00	
Sig	n	Signature of officer	A STORE Y			Date			
Hei	e					Date			
		Type or print name and title		Alv.					
			S Carrier						
n .		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN			
Pai		GUGAN BOSES	1 0	A	self- emplo	yed			
	parer	SUSAN FOARD	Blusanti.	JOURGEPA 12/13	111				
USF		Firm's name ▶ PUGH & CO	D C STATCIM						
-	Only		MPANY, P.C.	*	Firm's EIN				
	Only	Firm's address ► 315 N. C	EDAR BLUFF R	D.	Firm's EIN Phone no.		769.	-066	50
	Only		EDAR BLUFF R	D.			769.	-066	50
	the IRS dis	Firm's address ► 315 N. C	EDAR BLUFF R E, TN 37923	D.		(865)	769. X Ye		5 O

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number RANDOM ACTS OF FLOWERS 26-3006360 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its 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 that describes the type of supporting organization and complete lines 11e through 11h. b ___ Type II c ____ Type III · Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of (i) Name of supported (iv) Is the organization (v) Did you notify the (vi) Is the (ii) EIN (vii) Amount of organization organization in col. in col. (i) listed in your organization in col. organization (i) organized in the (described on lines 1-9 support governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

	nedule A (Form 990 or 990-EZ) 2010						Page 2
P	Support Schedule for (Complete only if you checke falls to qualify under the tests	d the box on line 5	5, 7, or 8 of Part I o	or if the organization	(b)(1)(A)(iv) an on failed to qualify	d 170(b)(1)(A)(vunder Part III. If the	vi) e organization
\$e	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
	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.						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	one)	l e	1	12	
	First five years. If the Form 990 is for			rd fourth or fifth to			
	organization, check this box and stop						•
Se	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2010 (li			column (fl)		14	9
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	9
16a	33 1/3% support test - 2010. If the or	rganization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m		
	stop here. The organization qualifies						>
b	33 1/3% support test - 2009. If the or	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	ifies as a publicly s	supported organiz	ation	*********************		>
17a	10% -facts-and-circumstances test	t - 2010. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "faci	ts-and-circumstan	ces" test, check ti	nis box and stop h	ere. Explain in Pa	rt IV how the organ	ization

Schedule A (Form 990 or 990-EZ) 2010

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and			10/2000	(0) 2000	(6) 2010	(i) rotal
	membership fees received. (Do not						
	include any "unusual grants.")			46,510.	25,025.	59,533.	131,068.
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			21,532.	9,333.		
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			68,042.	34,358.	116,916.	219,316.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				2,876.	6,585.	9,461.
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				2,876.	6,585.	9,461.
	Public support (Subtract line 7c from line 6.)					,	209,855.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6			68,042.	34,358.	116,916.	219,316.
	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						
11	Add lines 10a and 10b Net income from unrelated business activities not included in 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 IV.)			4,820.	3,887.	2,892.	11,599.
13	Total support (Add lines 9, 10c, 11, and 12.)			72,862.		119,808.	230,915.
	First five years. If the Form 990 is for	the organization's	first, second, thir		vear as a section	501(c)(3) organiz	ation
	check this box and stop here				. ,	recite/(e/(e/ ergainz	► X
Sec	tion C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2010 (li	ne 8, column (f) di	vided by line 13.	column (f))	enterioralitarioralitation esta incompa	15	%
16	Public support percentage from 2009	Schedule A, Part	III, line 15			16	%
Sec	tion D. Computation of Inves	tment Income	e Percentage				70
	Investment income percentage for 20			ne 13, column (fl)		17	%
18	Investment income percentage from 2	009 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2010. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box an	nd stop here. The	organization qual	ifies as a publicly su	pported organiza	ation	>
b	33 1/3% support tests - 2009. If the	organization did n	ot check a box on	line 14 or line 19a.	and line 16 is mo	re than 33 1/3%. s	and
	line 18 is not more than 33 1/3%, chec	ck this box and st	op here. The orga	anization qualifies as	a publicly suppo	orted organization	•
20	Private foundation. If the organization	n did not check a l	box on line 14. 19	a, or 19b, check this	box and see ins	tructions	▶□
	3 12-21-10					edule A (Form 990	

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding **Fundraising or Gaming Activities**

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

OMB No. 1545-0047

Name of the organization

Employer identification number

Inspection

RANDOM A	ACTS OF FLOWERS				26-3006	360
Part I Fundraising Activities. required to complete this part.	Complete if the organization an	swered "	Yes" to	o Form 990, Part IV,	line 17. Form 990-E2	I filers are not
 Indicate whether the organization raise a X Mail solicitations Internet and email solicitations X Phone solicitations In-person solicitations Did the organization have a written or key employees listed in Form 990, Pail If "Yes," list the ten highest paid indivicompensated at least \$5,000 by the compensated 	e X Solid f Solid g X Spectoral agreement with any individert VII) or entity in connection with iduals or entities (fundraisers) p	citation of citation of cial fundr dual (inclu th profess	non-g gover aising ding o	novernment grants rnment grants events fficers, directors, true fundraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			>			
3 List all states in which the organization or licensing.	is registered or licensed to solid	cit contrib	utions	s or has been notified	d it is exempt from re	egistration
LHA Paperwork Reduction Act Notice, se	e the Instructions for Form 9	90 or 990	-EZ.		Schedule G (Form	990 or 990-EZ) 2010

Schedule G (Form 990 or 990-EZ) 2010

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ART IN THE FALL BULB (add col. (a) through GARDEN SALE col. (c)) (event type) (event type) (total number) Gross receipts 45,131. 10,434. 1,818. 57,383. Less: Charitable contributions 45,131. 10,434. 1,818. 57,383. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 10,360. 7,980. Other direct expenses 496. 18,836. Direct expense summary. Add lines 4 through 9 in column (d) 18,836. Net income summary. Combine line 3, column (d), and line 10 -18,836.Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? No b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 032082 01-13-11 Schedule G (Form 990 or 990-EZ) 2010

	edule G (Form 990 or 990-EZ) 2010 RANDOM ACTS OF FLOWERS 26	5-300	6360	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
40	to administer charitable gaming?	, 🗀	Yes	No
	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a	1	9/
	An outside facility	13b		9
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name >			
	Name			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
h	If "You " enter the emount of emilian			
	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\text{ and the amount}\$ and the amount			
	of gaming revenue retained by the third party \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
	NI			
	Name			
	Gaming manager compensation ▶ \$			
	Description of condens woulded by			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatan distribution			
	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
h	retain the state gaming license?		Yes	No
-	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$	е		
Par				
assame.	per te provide the explanations required by Fait I, line 2D, columns	(iii) and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	ition (see	instruc	tions).
32083	01-13-11 Schedule G (Fo	orm 990 c	or 990-	EZ) 2010

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

RANDOM ACTS OF FLOWERS

Employer identification number 26-3006360

RANDOM ACTS OF FLOWERS	26-3006360
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
MISCELLANEOUS	2,892.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES,	AND MAINTENANCE:
DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION/AMORTIZATION	956.
OTHER EXPENSES	6,278.
TOTAL TO FORM 990-EZ, LINE 14	7,234.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
PROGRAM SERVICE EXPENSES	2,100.
INTEREST EXPENSE	51.
INSURANCE	458.
OFFICE SUPPLIES	544.
PAYROLL TAXES	2,984.
WORKERS COMPENSATION	514.
MISCELLANEOUS EXPENSE	547.
TELEPHONE AND INTERNET SERVICE	2,361.
LICENSES AND PERMITS	225.
DONOR/VOLUNTEER APPRECIATION	1,100.
ANNUAL FUND EXPENSE	2,315.
TOTAL TO FORM 990-EZ, LINE 16	13,199.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. $^{032211}_{01-24-11}$

Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Pepartment of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Attach to Form 990 or 990-EZ. Internal Revenue Service Inspection Name of the organization Employer identification number RANDOM ACTS OF FLOWERS 26-3006360 DESCRIPTION BEG. OF YEAR END OF YEAR ACCOUNTS RECEIVABLE 500. 20. PREPAID EXPENSES 100. 505. OTHER DEPRECIABLE ASSETS 3,286. 3,105. TOTAL TO FORM 990-EZ, LINE 24 3,886. 3,630. FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES: DESCRIPTION BEG. OF YEAR END OF YEAR ACCOUNTS PAYABLE 1,475. 0. LINE OF CREDIT 4,679. 0. TOTAL TO FORM 990-EZ, LINE 26 6,154. 0. FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - ORGANIZING PERSONS WITHIN THE FLOWER INDUSTRY, EVENT LOCATIONS, VOLUNTEERS, AND STAFF TO DONATE AND DELIVER FLOWERS TO PATIENTS, INCLUDING THOSE WITHOUT VISITORS, AT HOSPITALS, NURSING HOMES, AND OTHER PLACES. FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS: ORGANIZING PERSONS WITHIN THE FLOWER INDUSTRY, EVENT LOCATIONS, VOLUNTEERS, AND STAFF TO DONATE AND DELIVER FLOWERS TO PATIENTS, INCLUDING THOSE WITHOUT VISITORS, AT HOSPITALS, NURSING HOMES, AND OTHER PLACES. FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

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032211

2010.05020 RANDOM ACTS OF FLOWERS

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

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

Schedule O (Form 990 or 990-EZ) (2010)

SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization RANDOM ACTS OF FLOWERS	Employer identification number 26-3006360
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

Schedule O (Form 990 or 990-EZ) (2010) Page 2 Name of the organization Employer identification number RANDOM ACTS OF FLOWERS 26-3006360 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.) (b) Title and average hours (c) Compensation (d) Contributions (e) Expense to employee benefit plans & per week devoted to (a) Name and address (If not paid, enter account and position -0-.) other allowances deferred compensation CHRIS VAN BEKE, 2450 E. J. CHAPMAN BOARD MEMBER DRIVE, KNOXVILLE, TN 37996 2.00 0. 0. 0.

032471

4562

Internal Revenue Service Name(s) shown on return

Depreciation and Amortization 990EZ

(Including Information on Listed Property) See separate instructions.

Attach to your tax return.

Business or activity to which this form relates

OMB No. 1545-0172

Sequence No. 67 Identifying numbe

RANDOM ACTS OF FLOWERS FORM 990-EZ PAGE 1 26-3006360 Part 1 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 500,000. 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation . 3 2,000,000. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 6 (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2010 939. 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (a) Classification of property year placed in service (d) Recovery (e) Convention (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property f 20-year property 25-year property g 25 yrs 27.5 yrs. MM SI h Residential rental property 27.5 yrs. MM S/L MM 39 yrs. S/L i Nonresidential real property MM Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations · see instr 939. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 016251 12-21-10 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No 24b If "Yes," is the e	Form 4562 (2010)	RANDO	M ACTS	OF FI	LOWE	RS					26-	-3006	360	Page
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a quidled business use: 26 Property used more than 50% in a qualified business use: 27 Property used solve or less in a qualified business use: 28 Property used solve or less in a qualified business use: 29 Property used 50% or less in a qualified business use: 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Section B = Information on Use of Vehicles 29 Section B = Information on Use of Vehicles 29 Section B = Information on Use of Vehicles 30 Total business/investment miles driven during the year and column (h), lines 25 through 30 year of the full of the vehicle will be vehicle vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for Investment miles driven during the year and the full of the vehicle communiting miles of the vehicle will be vehicle vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for Investment miles driven during the year and the full of the vehicle communiting miles of the vehicle vehicle communiting miles of the vehicle vehicle for personal use during off-duty hours? 30 Total business/investment miles driven during the year. Add lines 30 through 32 4 Was the vehicle svaliable for personal use during off-duty hours? 30 Eaction C - Questions for Employers Who Provide Vehicles for Use by Their Employees who are not more than 5% owners or related persons. 31 Total miles driven during the year. Add lines 30 through 32 4 Was the vehicle available for personal use 4 Was the vehicle vehicles and personal use of vehicles, including communiting, by your meet than 5% owners or related persons. 32 Dection of vehicles by employees as personal use of vehicles, except communing, by your m	(ust semicies mist)			other ba	sis			period	Con	vention	ded	luction		
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