

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2018

**Open to Public Inspection**

**A** For the 2018 calendar year, or tax year beginning

07/01, 2018, and ending

06/30, 2019

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C** Name of organization  
CITY HARVEST, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
6 EAST 32ND STREET, 5TH FL.

City or town, state or province, country, and ZIP or foreign postal code  
NEW YORK, NY 10016

**F** Name and address of principal officer: JILLY STEPHENS  
6 EAST 32ND STREET, 5TH FL, NEW YORK, NY 10016

**D** Employer identification number  
13-3170676

**E** Telephone number  
(646) 412-0600

**G** Gross receipts \$ 151,327,468.

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.CITYHARVEST.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1983 **M** State of legal domicile: NY

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO END HUNGER IN COMMUNITIES THROUGHOUT NEW YORK CITY. WE DO THIS THROUGH FOOD RESCUE AND DISTRIBUTION, EDUCATION, AND OTHER PRACTICAL, INNOVATIVE SOLUTIONS.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	40.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	40.
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	221.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	8,518.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	120,846.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	136,917,882.	142,504,119.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	178,545.	247,936.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-406,524.	-395,373.
		136,689,903.	142,356,682.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	165,003.	564,751.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,996,076.	17,379,186.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	240,350.	186,600.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,340,691.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	119,741,791.	124,004,864.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	136,143,220.	142,135,401.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	546,683.	221,281.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	25,551,220.	24,192,878.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	5,939,885.	4,266,633.
	19,611,335.	19,926,245.	

**COPY FOR PUBLIC INSPECTION**

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name: SCOTT THOMPSETT  
Preparer's signature: *Scott Thompson*  
Date: 11/13/2019  
Check  if self-employed  
PTIN: P00741490

Firm's name ▶ GRANT THORNTON LLP  
Firm's EIN ▶ 36-6055558  
Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013  
Phone no. 212-599-0100

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

ATTACHMENT 1

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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?  Yes  No

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 \$ 128,610,147. including grants of \$ 532,965. ) (Revenue \$ 0. )

ATTACHMENT 2

**4b** (Code: ) (Expenses \$ 4,325,825. including grants of \$ 31,786. ) (Revenue \$ 0. )

ATTACHMENT 3

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 132,935,972.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V. [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 in 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

Table with 3 columns: Question, Yes, No. Rows include 1a (40), 1b (40), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 4
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

**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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES KALLMAN CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(2) ERIC RIPERT VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) MARC GRANETZ SECRETARY	1.00 0.	X		X				0.	0.	0.
(4) ERIC S. SCHWARTZ TREASURER	1.00 0.	X		X				0.	0.	0.
(5) MARJORIE SYBUL ADAMS DIRECTOR	1.00 0.	X						0.	0.	0.
(6) E. DESIREE ASHER DIRECTOR	1.00 0.	X						0.	0.	0.
(7) ALEX BERENSON DIRECTOR	1.00 0.	X						0.	0.	0.
(8) RICHARD BERRY DIRECTOR	1.00 0.	X						0.	0.	0.
(9) ASHISH BHUTANI DIRECTOR	1.00 0.	X						0.	0.	0.
(10) ALIDA BOER DIRECTOR	1.00 0.	X						0.	0.	0.
(11) BENJAMIN BRAM DIRECTOR	1.00 0.	X						0.	0.	0.
(12) JASON CARROLL DIRECTOR	1.00 0.	X						0.	0.	0.
(13) CHINH E. CHU DIRECTOR	1.00 0.	X						0.	0.	0.
(14) DANA COWIN DIRECTOR	1.00 0.	X						0.	0.	0.

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) MISOOK DOOLITTLE ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 16) CELINE DUFETEL ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 17) WILSON ERVIN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 18) J. MICHAEL EVANS ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 19) MITCHELL HARRIS ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 20) CHRISTINE HIKAWA ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 21) SHARON H. JACQUET ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 22) PAMELA KAUFMANN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 23) BILL KOENIGSBERG ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 24) ZHENYA LINDGARDT ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 25) KERRIE MACPHERSON ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							2,113,397.	0.	218,889.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							2,113,397.	0.	218,889.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 26

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 28



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) KATHLEEN MCCARTHY ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 27) WILLIAM J. MILLS ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 28) NADINE MIRCHANDANI ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 29) MARC MURPHY ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 30) VALERIE PELTIER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 31) RACHAEL RAY ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 32) MARY RUBIN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 33) MARCUS SAMUELSSON ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 34) RICK SMILOW ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 35) ROBERT M. STEIN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 36) A. J. VACCARINO ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 26

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) TIM WALSH ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 38) JEFFREY L. WEISS ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 39) KATIE RASKIN WORKMAN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 40) MICHAEL A. YOUNG ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
( 41) JILLY STEPHENS ----- CEO	40.00 ----- 0.			X			474,001.	0.	26,556.	
( 42) GREGORY BOROFF ----- CHIEF EXTERNAL RELATIONS OFF.	40.00 ----- 0.			X			314,470.	0.	24,274.	
( 43) JENNIFER MCLEAN ----- COO	40.00 ----- 0.			X			274,485.	0.	42,569.	
( 44) RENEE RICHARDSON ----- CFAO	40.00 ----- 0.			X			265,480.	0.	34,073.	
( 45) JULIA FOSTER ----- SNR. DIR. MKTG & COMM.	40.00 ----- 0.					X	157,832.	0.	7,788.	
( 46) DEBRA LUCARELLO ----- SENIOR DIRECTOR, HR	40.00 ----- 0.					X	143,429.	0.	18,193.	
( 47) KATE MACKENZIE ----- SR. DIRECTOR OF PROGRAMS	40.00 ----- 0.					X	160,928.	0.	37,744.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 26

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with columns (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for LAURA SAFRAN and JAMES SCHEMBARI.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 26

Table with 3 rows and 3 columns: Question number, Question text, Yes/No columns. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Header row and empty rows below.

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

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	6,018,724.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	850,633.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	135,634,762.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		108,516,214.				
	<b>h Total.</b> Add lines 1a-1f . . . . .			142,504,119.			
<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . .			0.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). . . . .			268,341.			268,341.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0.			
	<b>5</b> Royalties . . . . .			0.			
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . .			0.			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .						
	<b>c</b> Gain or (loss) . . . . .						
	<b>d</b> Net gain or (loss) . . . . .			-20,405.			-20,405.
	<b>8a</b> Gross income from fundraising events (not including \$ 6,018,724. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		361,899.			
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>		937,396.			
	<b>c</b> Net income or (loss) from fundraising events . . . . .			-575,497.			-575,497.
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>		0.			
<b>b</b> Less: direct expenses . . . . .	<b>b</b>		0.				
<b>c</b> Net income or (loss) from gaming activities . . . . .			0.				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		0.				
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>		0.				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0.				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> PAYMENT PER LEASE AGREEMENT . . . . .		900099		176,254.			176,254.
<b>b</b> MISCELLANEOUS . . . . .		900099		3,870.			3,870.
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .				180,124.			
<b>12 Total revenue.</b> See instructions. . . . .				142,356,682.			-147,437.

**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).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	543,790.	543,790.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	20,961.	20,961.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,346,570.	950,493.	30,593.	365,484.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	12,222,102.	8,627,123.	277,675.	3,317,304.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0.			
<b>9</b> Other employee benefits . . . . .	415,423.	320,479.	7,159.	87,785.
<b>10</b> Payroll taxes . . . . .	3,395,091.	2,619,150.	58,509.	717,432.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	32,245.	32,245.		
<b>c</b> Accounting . . . . .	97,702.		97,702.	
<b>d</b> Lobbying . . . . .	0.			
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	186,600.			186,600.
<b>f</b> Investment management fees . . . . .	0.			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	2,530,352.	1,286,865.	20,601.	1,222,886.
<b>12</b> Advertising and promotion . . . . .	623,057.	63,496.	11,037.	548,524.
<b>13</b> Office expenses . . . . .	1,186,907.	160,897.	15,368.	1,010,642.
<b>14</b> Information technology . . . . .	493,215.	314,954.	74,388.	103,873.
<b>15</b> Royalties . . . . .	0.			
<b>16</b> Occupancy . . . . .	1,937,652.	1,394,495.	191,772.	351,385.
<b>17</b> Travel . . . . .	65,420.	16,257.	6,745.	42,418.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	68,054.	22,653.	6,229.	39,172.
<b>20</b> Interest . . . . .	1,432.	1,432.		
<b>21</b> Payments to affiliates . . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	528,219.	506,435.	7,749.	14,035.
<b>23</b> Insurance . . . . .	0.			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> FOOD DISTRIBUTED	107,938,597.	107,938,597.		
<b>b</b> FOOD TRANSPORT & DISTRIBUT.	7,243,577.	7,243,339.	238.	
<b>c</b> FOOD PACKAGING SUPPLIES	108,057.	108,057.		
<b>d</b> . . . . .				
<b>e</b> All other expenses	1,150,378.	764,254.	52,973.	333,151.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	142,135,401.	132,935,972.	858,738.	8,340,691.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	4,147,185.	<b>1</b>	3,196,676.
	<b>2</b> Savings and temporary cash investments	213,922.	<b>2</b>	236,136.
	<b>3</b> Pledges and grants receivable, net	6,123,611.	<b>3</b>	8,698,550.
	<b>4</b> Accounts receivable, net	0.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use	1,501,185.	<b>8</b>	1,510,025.
	<b>9</b> Prepaid expenses and deferred charges	171,697.	<b>9</b>	454,490.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 5,835,396.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 4,354,529.	1,850,599.	<b>10c</b> 1,480,867.
	<b>11</b> Investments - publicly traded securities	11,065,654.	<b>11</b>	8,293,172.
	<b>12</b> Investments - other securities. See Part IV, line 11	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11	0.	<b>13</b>	0.
	<b>14</b> Intangible assets	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11	477,367.	<b>15</b>	322,962.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	25,551,220.	<b>16</b>	24,192,878.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	3,029,538.	<b>17</b>	2,587,279.
	<b>18</b> Grants payable	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue	1,381,051.	<b>19</b>	378,973.
	<b>20</b> Tax-exempt bond liabilities	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	87,646.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,441,650.	<b>25</b>	1,300,381.
	<b>26 Total liabilities.</b> Add lines 17 through 25	5,939,885.	<b>26</b>	4,266,633.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	17,318,062.	<b>27</b>	15,203,825.
	<b>28</b> Temporarily restricted net assets	1,988,075.	<b>28</b>	4,410,153.
	<b>29</b> Permanently restricted net assets	305,198.	<b>29</b>	312,267.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	19,611,335.	<b>33</b>	19,926,245.
	<b>34</b> Total liabilities and net assets/fund balances	25,551,220.	<b>34</b>	24,192,878.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	142,356,682.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	142,135,401.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	221,281.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	19,611,335.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	93,629.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	19,926,245.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

CITY HARVEST, INC.

Employer identification number

13-3170676

**Part I 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 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in 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.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						



Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (90.12%); 15 Public support percentage from 2017 Schedule A, Part II, line 14 (92.65%); 16a 33 1/3% support test - 2018 (checked); 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

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.)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2018, 2017. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2017 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2018, 2017. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> 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? <i>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.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	<b>1</b>	
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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? <i>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.</i>	<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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? <i>Provide details in Part VI.</i>	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013 . . . . .			
b From 2014 . . . . .			
c From 2015 . . . . .			
d From 2016 . . . . .			
e From 2017 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 . . . .			
b Excess from 2015 . . . .			
c Excess from 2016 . . . .			
d Excess from 2017 . . . .			
e Excess from 2018 . . . .			

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
MISCELLANEOUS	53,021.	11,979.	35,724.	48,911.	3,870.	153,505.
SPECIAL EVENT REVENUE	286,250.	255,128.	464,728.	515,482.	361,899.	1,883,487.
PAYMENT PER LEASE AGREEMENT					176,254.	176,254.
<b>TOTALS</b>	<u>339,271.</u>	<u>267,107.</u>	<u>500,452.</u>	<u>564,393.</u>	<u>542,023.</u>	<u>2,213,246.</u>

**Schedule of Contributors**

**2018**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization CITY HARVEST, INC.	Employer identification number 13-3170676
--	--

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization **CITY HARVEST, INC.**

Employer identification number  
**13-3170676**

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 19,523,351.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,880,344.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 8,246,953.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 4,574,064.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 11,283,218.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 6,198,168.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **CITY HARVEST, INC.**

Employer identification number  
**13-3170676**

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 5,347,986.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 3,115,808.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CITY HARVEST, INC.

Employer identification number

13-3170676

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	11,484,324 POUNDS OF FOOD	\$ 19,523,351.	VAR
2	1,694,320 POUNDS OF FOOD	\$ 2,880,344.	VAR
3	4,851,149 POUNDS OF FOOD	\$ 8,246,953.	VAR
4	2,690,626 POUNDS OF FOOD	\$ 4,574,064.	VAR
5	6,637,187 POUNDS OF FOOD	\$ 11,283,218.	VAR
6	3,645,981 POUNDS OF FOOD	\$ 6,198,168.	VAR

Name of organization CITY HARVEST, INC.

Employer identification number

13-3170676

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	3,145,874 POUNDS OF FOOD	\$ 5,347,986.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	1,832,828 POUNDS OF FOOD	\$ 3,115,808.	VAR
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____	\$ _____	_____

Name of organization CITY HARVEST, INC.

Employer identification number  
13-3170676

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

CITY HARVEST, INC.

Employer identification number

13-3170676

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1., (ii) Assets included in Form 990, Part X., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
1c Beginning balance
1d Additions during the year
1e Distributions during the year
1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment 100.0000 %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with 3 columns: Description, Yes, No. Rows include: (i) unrelated organizations, (ii) related organizations, b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (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 value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 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) DEFERRED RENT	1,300,381.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	144,560,654.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b> 93,629.		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b> 2,110,343.		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	2,203,972.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	142,356,682.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	142,356,682.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	144,245,744.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b> 2,110,343.		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	2,110,343.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	142,135,401.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	142,135,401.

**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.

SEE PAGE 5

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**Part XIII** Supplemental Information (continued)

## ENDOWMENT FUNDS

## PART V, LINE 4

CITY HARVEST HOLDS AN ENDOWMENT TO SUPPORT ITS GENERAL CHARITABLE MISSION OF PROVIDING HUNGER RELIEF IN NEW YORK CITY COMMUNITIES. THE ORGANIZATION ANTICIPATES LEAVING THE PRINCIPAL AND GAINS UNTOUCHED TO ALLOW THE ENDOWMENT TO GROW FOR FUTURE USE; OCCASIONALLY, THE ORGANIZATION WILL USE THE ENDOWMENT'S INTEREST AND DIVIDEND EARNINGS TO FUND VARIOUS CHARITABLE PROGRAMS.

## FIN 48

## PART X, LINE 2

CITY HARVEST FOLLOWS THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION ("ASC") 740. ASC 740-10 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS SECTION PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

CITY HARVEST IS EXEMPT FROM FEDERAL INCOME TAXATION BY VIRTUE OF BEING AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. NEVERTHELESS, CITY HARVEST IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. MANAGEMENT DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WITHIN

**Part XIII** Supplemental Information *(continued)*

ITS FINANCIAL STATEMENTS. IN ADDITION, CITY HARVEST HAS NOT RECORDED A PROVISION FOR INCOME TAXES AS IT HAS NO MATERIAL TAX LIABILITY FROM UNRELATED BUSINESS INCOME ACTIVITIES.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest instructions.

Name of the organization  
CITY HARVEST, INC.

Employer identification number  
13-3170676

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
1 THRIVE MARKETING GROUP	CONSULTANT DIRECT RES.		X	6,430,835.	186,600.	6,244,235.
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				6,430,835.	186,600.	6,244,235.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AR, CA, CO, CT, FL, IL,  
KS, KY, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH,  
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV,

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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
		ANNUAL GALA	BID AG. HUNGER	4.	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .	4,121,674.	1,508,966.	749,983.	6,380,623.
	<b>2</b> Less: Contributions . . . . .	3,937,540.	1,337,371.	743,813.	6,018,724.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	184,134.	171,595.	6,170.	361,899.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	64,110.	47,755.	10,060.	121,925.
	<b>6</b> Rent/facility costs . . . . .		39,784.	48,918.	88,702.
	<b>7</b> Food and beverages . . . . .	228,717.	6,185.	19,937.	254,839.
	<b>8</b> Entertainment . . . . .	123,306.	84,721.	21,606.	229,633.
	<b>9</b> Other direct expenses . . . . .	85,931.	101,325.	55,041.	242,297.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				937,396.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-575,497.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

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

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

- 11 Does the organization conduct 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 to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART II

CITY HARVEST HOLDS A VARIETY OF SPECIAL EVENTS THROUGHOUT THE YEAR, MOST NOTABLY, ITS ANNUAL GALA. CITY HARVEST RAISED A TOTAL OF \$6,380,623 IN CONNECTION WITH ITS SPECIAL EVENT ACTIVITIES IN FISCAL YEAR 2019. OF THAT TOTAL, \$361,899 IS CONSIDERED EVENT REVENUE, THE FAIR VALUE OF GOODS AND SERVICES PROVIDED TO DONORS AT THE EVENTS, AND \$6,018,724 CONSISTS OF CONTRIBUTIONS RECEIVED IN CONNECTION WITH THE EVENTS. THE COSTS

- 11 Does the organization conduct 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 to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

ASSOCIATED WITH THE EVENTS TOTALED \$937,396 AND THE NET LOSS DERIVED FROM

EVENT ACTIVITIES (WITHOUT CONTRIBUTIONS FACTORED IN) TOTALED \$575,497.

MOST OF THE REVENUE IS REPORTED AS PURE CONTRIBUTION REVENUE ON PART

VIII, LINE 1(C).

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

CITY HARVEST, INC.

Employer identification number

13-3170676

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VARIETY BOYS & GIRLS CLUB OF QUEENS, INC. 60 EAST TREMONT AVE BRONX, NY 10453	11-6014770	501(C)(3)	5,600.				YOUTH FARM TRIP
(2) THE CAMPAIGN AGAINST HUNGER 2010 FULTON STREET BROOKLYN, NY 11233	20-0934584	501(C)(3)	86,400.				CAPACITY BUILDING
(3) CHILDREN OF THE LIGHT INTERNATIONAL MINISTR 1405 EAST 98TH STREET BROOKLYN, NY 11236	01-0832802	501(C)(3)	85,330.				CAPACITY BUILDING
(4) BLACK FORUM OF CO-OP CITY EMERGENCY FOOD PA P.O. BOX 563 BRONX, NY 10475	13-4052466	501(C)(3)	11,060.				CAPACITY BUILDING
(5) CHRIST DISCIPLES INTERNATIONAL MINISTRIES 399 E. MOSHOLU PARKWAY N. BRONX, NY 10467	20-8144855	501(C)(3)	70,165.				CAPACITY BUILDING
(6) CALVARY'S MISSION, INC. 124-18 116 AVE S OZONE PARK, NY 11420	11-3780620	501(C)(3)	12,500.				CAPACITY BUILDING
(7) EVERY DAY IS A MIRACLE 2068 MATTHEWS AVE, 3RD FL BRONX, NY 10462	27-4262907	501(C)(3)	12,085.				CAPACITY BUILDING
(8) HEALTH ESSENTIAL ASSOCIATION, INC. 2101 E. 16TH ST, 2ND FL BROOKLYN, NY 11229	45-2871053	501(C)(3)	7,350.				CAPACITY BUILDING
(9) LA JORNADA LTD 62-40 WOODHAVEN BLVD REGO PARK, NY 11374	37-1659512	501(C)(3)	40,741.				CAPACITY BUILDING
(10) THE HARDING FORD VISION, INC. 110-12 LIVERPOOL STREET JAMAICA, NY 11435	47-1252584	501(C)(3)	33,007.				CAPACITY BUILDING
(11) THE HOPE CENTER DEVELOPMENT CORPORATION 409-15 EAST 95TH ST. BROOKLYN, NY 11212	20-3249774	501(C)(3)	56,688.				CAPACITY BUILDING
(12) TRINITY HUMAN SERVICES CORPORATION 153A JOHNSON AVE BROOKLYN, NY 11206	13-3171439	501(C)(3)	60,091.				CAPACITY BUILDING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2018)



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

CITY HARVEST, INC.

Employer identification number

13-3170676

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WASHINGTON HEIGHTS INWOOD PRESERV. & RESTOR 121 BENNETT AVE, APT 11A NEW YORK, NY 10033	13-2944830	501(C)(3)	8,329.				CAPACITY BUILDING
(2) CHURCH OF THE HOLY APOSTLES 296 NINTH AVENUE NEW YORK, NY 10001	13-2892297	501(C)(3)	12,457.				CAPACITY BUILDING
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 14.

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2018)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FIGHTING RACE - DETROIT	7.	9,295.			
2 ANTI-HUNGER - DC	6.	9,216.			
3 REBELLIOUS ROOT SEEDING POSSIBILITIES YOUTH WORKER	7.	2,450.			
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I

THROUGH OUR NEW YORK CITY FOOD ASSISTANCE COLLABORATIVE (NYCFAC) PROGRAM, CITY HARVEST PROVIDES MORE THAN \$530,000 IN FUNDS TO HELP BUILD THE CAPABILITY OF EMERGENCY FEEDING PROGRAMS TO SAFELY AND EFFICIENTLY DISTRIBUTE FOOD TO THOSE WHO NEED IT. EACH GRANTEE RELATIONSHIP IS CAREFULLY REVIEWED IN CONJUNCTION WITH THE RFP GUIDELINES AND PAYMENTS ARE CONTINGENT UPON THE GRANTEE SIGNING A CONTRACT WITH APPROVAL FROM AN EXECUTIVE LEVEL OFFICER. ONCE A CONTRACT IS ESTABLISHED, OUR FINANCE DEPARTMENT CREATES A FUND IDENTIFICATION NUMBER WITHIN OUR FINANCIAL SYSTEM TO ACCOUNT FOR THE ACTIVITY BY THE GRANTEE AND CITY HARVEST AS

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART OF ROUTINE FINANCIAL MANAGEMENT.

CITY HARVEST DOES NOT ROUTINELY MAKE GRANTS TO INDIVIDUALS; HOWEVER, DURING FISCAL YEAR 19, WE SENT A MESSAGE TO OUR EMERGENCY FOOD NETWORK PARTNERS AND OTHER PARTNERS THAT WE ASSOCIATE WITH ASKING INTERESTED INDIVIDUALS TO APPLY FOR CONFERENCE FUNDING FOR THE FACING RACE CONFERENCE IN DETROIT, MICHIGAN; THE ANTI-HUNGER CONFERENCE IN WASHINGTON, DC; AND THE REBELLIOUS ROOT SEEDING POSSIBILITIES YOUTH WORKER INSTITUTE. THE SELECTED INDIVIDUALS WERE REIMBURSED FOR CONFERENCE REGISTRATION FEES, HOTEL, TRAVEL AND MEALS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CITY HARVEST, INC.

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Employer identification number

13-3170676

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**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 related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2018

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JILLY STEPHENS CEO	(i)	369,001.	105,000.	0.	10,956.	15,600.	500,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 GREGORY BOROFF CHIEF EXTERNAL RELATIONS OFF.	(i)	284,470.	30,000.	0.	15,274.	9,000.	338,744.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JENNIFER MCLEAN COO	(i)	244,485.	30,000.	0.	15,329.	27,240.	317,054.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 RENEE RICHARDSON CFAO	(i)	235,480.	30,000.	0.	15,293.	18,780.	299,553.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JULIA FOSTER SNR. DIR. MKTG & COMM.	(i)	145,332.	12,500.	0.	7,173.	615.	165,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 DEBRA LUCARELLO SENIOR DIRECTOR, HR	(i)	101,986.	0.	41,443.	6,493.	11,700.	161,622.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 KATE MACKENZIE SR. DIRECTOR OF PROGRAMS	(i)	148,428.	12,500.	0.	10,504.	27,240.	198,672.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JAMES SCHEMBARI SENIOR DIRECTOR, FINANCE	(i)	169,850.	12,500.	0.	9,464.	9,000.	200,814.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

SCHEDULE J, PART I, LINE 4A

SENIOR DIRECTOR OF HR, DEBRA LUCARELLO, RECEIVED A SEVERANCE PAYMENT OF \$41,443 IN CALENDAR YEAR 2018; THIS AMOUNT HAS BEEN REPORTED IN SCHEDULE J, PART II, COLUMN (B)(III).

SCHEDULE J, PART I, LINE 7

CITY HARVEST OFFERS ITS EMPLOYEES A NON-FIXED DISCRETIONARY BONUS IF CERTAIN PERFORMANCE METRICS ARE MET: A REVENUE GOAL METRIC AND A "POUNDS-RESCUED" METRIC. IF THOSE METRICS ARE MET, THE CEO, MS. STEPHENS, MAKES RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF THE BONUSES THAT SHOULD BE AWARDED. THE EXECUTIVE COMMITTEE HAS THE DISCRETION TO MAKE ADJUSTMENTS TO THOSE BONUSES AS NEEDED.

THE BONUS REPORTED FOR THE CEO IS A FIXED CONTRACTUAL BONUS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

CITY HARVEST, INC.

Employer identification number

13-3170676

**Part I** Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles. . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	57.	901,751.	FAIR MARKET VALUE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other. . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial. . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X		107,614,463.	3RD PARTY VALUATION
20 Drugs and medical supplies . . . . .				
21 Taxidermy. . . . .				
22 Historical artifacts. . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶( _____ )				
26 Other ▶( _____ )				
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 IV, 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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
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.		

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

Schedule M (Form 990) 2018

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**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

IN KIND CONTRIBUTIONS

PART I, LINE 9

CITY HARVEST IS REPORTING THE NUMBER OF DIFFERENT STOCK CONTRIBUTIONS IT RECEIVED DURING THE YEAR.

PART I, LINE 19

FOOD PRODUCTS ARE DONATED TO CITY HARVEST BY RESTAURANTS, CORPORATIONS AND INDIVIDUALS. THESE FOOD PRODUCTS ARE SUBSEQUENTLY DISTRIBUTED TO A NETWORK OF APPROXIMATELY 400 COMMUNITY FOOD PROGRAMS. CITY HARVEST ALSO ARRANGES FOR FOOD FROM ITS DONORS TO BE DISTRIBUTED DIRECTLY TO OTHER FOOD BANKS OR DIRECTLY TO AGENCIES. IN ADDITION TO DONATIONS OF FOOD PRODUCTS, CITY HARVEST ALSO ACCEPTS DONATIONS OF PREPARED FOOD AND MEALS. FOR THE YEAR ENDED JUNE 30, 2019, CITY HARVEST REPORTED THE VALUE OF FOOD BASED ON A FIVE YEAR AVERAGE OF THE ANNUAL WHOLESALE VALUES OF DONATED PRODUCT AT THE NATIONAL LEVEL, AS DETERMINED BY AN INDEPENDENT STUDY, WHICH HAS BEEN CALCULATED BY CITY HARVEST AT \$1.70 PER POUND. PRIOR TO FISCAL YEAR 2019, THE VALUE WAS BASED ON THE WHOLESALE VALUE FOR THE MOST RECENT YEAR, WHICH WAS \$1.73 PER POUND IN FISCAL YEAR 2018.

PART I, LINE 32A

CITY HARVEST UTILIZES ITS EXTERNAL INVESTMENT ADVISOR TO LIQUIDATE ITS DONATED INVESTMENTS.



**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

CITY HARVEST, INC.

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

13-3170676

FORM 990, PART VI, SECTION B, LINE 11

PROCESS USED TO REVIEW FORM 990

CITY HARVEST'S BOARD OF DIRECTORS HAS ASSIGNED THE AUDIT COMMITTEE THE RESPONSIBILITY OF REVIEWING AND APPROVING THE FORM 990. ACCORDINGLY, AFTER MANAGEMENT AND THE AUDIT COMMITTEE HAVE FULLY REVIEWED THE FORM 990, IT IS APPROVED BY THE AUDIT COMMITTEE AND MADE AVAILABLE ELECTRONICALLY TO THE BOARD OF DIRECTORS. ANY COMMENTS ARE REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE, AND CHANGES ARE MADE IF DEEMED NECESSARY. THESE CHANGES ARE REVIEWED WITH THE AUDIT COMMITTEE AFTER WHICH, THE CHIEF FINANCE AND ADMINISTRATION OFFICER NOTIFIES THE AUDIT FIRM TO FINALIZE THE FORM 990 AND FILE IT WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

CITY HARVEST ISSUES ITS CONFLICT OF INTEREST POLICY ALONG WITH ITS HANDBOOK UPON EMPLOYMENT. ADDITIONALLY, EACH BOARD MEMBER IS REQUIRED TO SUBMIT A POTENTIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT IMMEDIATELY UPON ELECTION OR APPOINTMENT TO THE BOARD, AND ON AN ANNUAL BASIS THEREAFTER. EACH EMPLOYEE IS REQUIRED TO PLACE THE INTEREST OF CITY HARVEST FOREMOST AND HAS A CONTINUING RESPONSIBILITY TO COMPLY WITH THE REQUIREMENTS OF THE CONFLICT OF INTEREST POLICY. ANY POTENTIAL CONFLICT OF INTEREST SHALL BE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD, WHICH SHALL ATTEMPT TO RESOLVE ANY ACTUAL OR POTENTIAL CONFLICT.

Name of the organization CITY HARVEST, INC.	Employer identification number 13-3170676
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EMPLOYEES ARE REQUIRED TO NOTIFY THEIR SUPERVISORS OF ANY POTENTIAL CONFLICTS AND THE MATTER IS RESOLVED BY THE HUMAN RESOURCES DEPARTMENT IN CONSULTATION WITH THE CEO.

FORM 990, PART VI, SECTION B, LINE 15

PROCESS FOR DETERMINING COMPENSATION

THE CEO'S COMPENSATION IS ADMINISTERED IN ACCORDANCE WITH AN EMPLOYMENT CONTRACT THAT WAS REVIEWED BY AN INDEPENDENT COMPENSATION FIRM THAT PROVIDED BOTH BENCHMARKING AGAINST THE COMPETITIVE MARKET AND AN INTERMEDIATE SANCTIONS REVIEW. THE ORGANIZATION STARTED A NEW COMPENSATION STUDY TOWARDS THE END OF FISCAL YEAR 2018. IT WAS FINALIZED AT THE BEGINNING OF FISCAL YEAR 2019. THE CONTRACT WAS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD AND APPROVED BY THE FULL BOARD.

ANNUALLY, THE BOARD CHAIR CONVENES A COMMITTEE OF DIRECTORS WHO HAVE WORKED CLOSELY WITH THE CEO. THIS COMMITTEE DISCUSSES, INDEPENDENT OF THE CEO, THE CEO'S PERFORMANCE RELATIVE TO THE JOB DESCRIPTION. DURING THESE DELIBERATIONS, THE COMMITTEE MAY ALSO CONSIDER INPUT OBTAINED FROM OTHER BOARD MEMBERS, STAFF AND PROFESSIONAL ADVISORS. ONCE A CONSENSUS IS REACHED REGARDING PERFORMANCE, A SIMILAR DISCUSSION IS HELD CONCERNING COMPENSATION AND ANNUAL BONUS RELATIVE TO ANNUAL BENCHMARK AND ESTABLISHED OBJECTIVES. ONCE THE COMMITTEE DECIDES ON AN APPROPRIATE COMPENSATION LEVEL AND BONUS, THE COMMITTEE AND/OR BOARD CHAIR MEETS WITH THE CEO TO DISCUSS AND DOCUMENT STRENGTHS, WEAKNESSES AND GOALS FOR THE UPCOMING YEAR.

Name of the organization CITY HARVEST, INC.	Employer identification number 13-3170676
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COMPENSATION FOR THE UPCOMING YEAR IS ALSO DISCUSSED AND DOCUMENTED AND MAINTAINED ON FILE WITH THE HUMAN RESOURCES DEPARTMENT. COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES ARE ADMINISTERED BY THE CEO OR APPLICABLE DIRECT REPORT TO THE CEO ALONG WITH THE HUMAN RESOURCES DEPARTMENT SIMILAR TO THE PROCESS FOR EXECUTIVE COMPENSATION. CITY HARVEST PERFORMS AN ANNUAL REVIEW OF ITS NON-UNIONIZED EMPLOYEES.

THE CEO WILL CONDUCT A WRITTEN PERFORMANCE APPRAISAL OF OTHER OFFICERS AND KEY EMPLOYEES WHICH WILL BE USED TO DETERMINE ELIGIBILITY FOR STAFF INCREASES. IN ADDITION, HUMAN RESOURCES PROVIDE SALARY SURVEYS AND OTHER INDEPENDENT BENCHMARK DATA TO ASCERTAIN IF STAFF COMPENSATION LEVELS ARE DEEMED APPROPRIATE. THE CEO MEETS WITH OTHER OFFICERS AND KEY EMPLOYEES TO DISCUSS PERFORMANCE AND COMPENSATION. COMPENSATION FOR THE UPCOMING YEAR IS ALSO DISCUSSED AND DOCUMENTED AND MAINTAINED ON FILE WITH THE HUMAN RESOURCES DEPARTMENT.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS. THE FORM 990 IS LIKEWISE PUBLISHED ON VARIOUS THIRD PARTY WEBSITES SUCH AS WWW.GUIDESTAR.ORG, WWW.CHARITYNAVIGATOR.ORG, WWW.AG.NY.GOV AND ON THE ORGANIZATION'S WEBPAGE AT WWW.CITYHARVEST.ORG. THE FORM 1023 IS NOT AVAILABLE ON THE ORGANIZATION'S WEBSITE, BUT WILL BE MADE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S HEAD OFFICES. THE ORGANIZATION'S FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY

Name of the organization CITY HARVEST, INC.	Employer identification number 13-3170676
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MADE AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

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ATTACHMENT 1

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FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

CITY HARVEST PIONEERED FOOD RESCUE IN 1982 AND, IN FISCAL YEAR 2019, COLLECTED 63.4 MILLION POUNDS OF EXCESS FOOD TO HELP FEED THE MORE THAN 1.2 MILLION NEW YORKERS STRUGGLING TO PUT MEALS ON THEIR TABLES. THROUGH RELATIONSHIPS WITH FARMS, GROCERS, RESTAURANTS, AND MANUFACTURERS, CITY HARVEST COLLECTS NUTRITIOUS FOOD THAT WOULD OTHERWISE GO TO WASTE AND DELIVERS IT FREE OF CHARGE TO MORE THAN 400 SOUP KITCHENS, FOOD PANTRIES AND OTHER COMMUNITY FOOD PROGRAMS ACROSS THE FIVE BOROUGHES. OUR PROGRAMS HELP FOOD-INSECURE NEW YORKERS ACCESS NUTRITIOUS FOOD THAT FITS THEIR NEEDS AND DESIRES, INCREASE OUR PARTNERS' CAPACITY, AND STRENGTHEN THE LOCAL FOOD SYSTEM, BUILDING A PATH TO A FOOD-SECURE FUTURE FOR ALL NEW YORKERS.

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ATTACHMENT 2

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FORM 990, PART III - PROGRAM SERVICE, LINE 4A

EMERGENCY FOOD RESCUE: USING A FLEET OF 22 TRUCKS, CITY HARVEST RESCUES AND DELIVERS EXCESS FOOD SEVEN DAYS A WEEK. IN FISCAL YEAR 2019, THE SECOND YEAR OF OUR FIVE-YEAR STRATEGIC PLAN, CITY HARVEST COLLECTED 63.4 MILLION POUNDS OF FOOD, MORE THAN HALF OF WHICH WAS COMPRISED OF FRESH FRUITS AND VEGETABLES. THIS FOOD WAS DELIVERED FREE OF CHARGE TO MORE THAN 400 SOUP KITCHENS, FOOD PANTRIES, AND OTHER COMMUNITY PARTNERS ACROSS NEW YORK CITY. SINCE OUR FOUNDING, WE HAVE COLLECTED OVER 750 MILLION POUNDS OF GOOD,

Name of the organization CITY HARVEST, INC.	Employer identification number 13-3170676
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ATTACHMENT 2 (CONT'D)

NUTRITIOUS FOOD FOR NEW YORKERS IN NEED. AT CITY HARVEST, WE RECOGNIZE OUR RESPONSIBILITY TO THE PEOPLE WE SERVE AND ENSURE THE HIGHEST FOOD SAFETY STANDARDS IN EVERY FACET OF OUR FOOD RESCUE OPERATIONS. WE TAKE CAREFUL STEPS TO ENSURE THAT EACH POUND OF FOOD IS RESCUED AND DELIVERED SAFELY.

1. FOOD RESCUE FACILITY: CITY HARVEST'S 45,500 SQUARE FOOT FOOD RESCUE FACILITY IN LONG ISLAND CITY, QUEENS, ALLOWS US TO MOVE OVER 175,000 POUNDS OF FOOD A DAY TO NEW YORKERS IN NEED ACROSS THE FIVE BOROUGHS. THE FACILITY HAS A LARGE COOLER AND FREEZER TO SAFELY HOLD PERISHABLE FOOD ON A SHORT-TERM BASIS, AND A LARGE DRY STORAGE AREA TO SORT NON-PERISHABLE GOODS, ALLOWING US TO RESCUE AND DELIVER LARGE AMOUNTS AND A WIDE VARIETY OF FOOD. EACH MORNING, CITY HARVEST'S TRUCKS ARE LOADED WITH FOOD HERE AND THEN FAN OUT ACROSS THE CITY PICKING UP AND DELIVERING FOOD FOR HUNDREDS OF COMMUNITY PROGRAMS. THE FOOD RESCUE FACILITY ALSO ACCEPTS LARGE DONATIONS OF FOOD DIRECTLY FROM FARMS AND CORPORATIONS, WHICH ARE REPACKED BY VOLUNTEERS INTO FAMILY-SIZED PORTIONS THAT WE DELIVER TO SOUP KITCHENS, FOOD PANTRIES, AND OTHER COMMUNITY FOOD PARTNERS. IN FISCAL YEAR 2019, CITY HARVEST RESCUED 63.4 MILLION POUNDS OF FOOD, 58% OF WHICH WAS PRODUCE.

2. WHERE CITY HARVEST RESCUES FOOD: CITY HARVEST COLLECTS NUTRITIOUS EXCESS FOOD THAT WOULD OTHERWISE GO TO WASTE FROM OVER 2,200 FOOD DONORS, INCLUDING FARMS, GROCERS, RESTAURANTS, AND

Name of the organization CITY HARVEST, INC.	Employer identification number 13-3170676
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ATTACHMENT 2 (CONT'D)

MANUFACTURERS. CITY HARVEST ALSO RELIES ON NEW YORKERS ACROSS THE CITY TO HELP FEED THEIR HUNGRY NEIGHBORS BY ORGANIZING FOOD DRIVES IN THEIR SCHOOLS, APARTMENT BUILDINGS, BUSINESSES, AND PLACES OF WORSHIP.

3. WHERE THE FOOD GOES: CITY HARVEST DELIVERS FOOD TO MORE THAN 400 SOUP KITCHENS, FOOD PANTRIES AND OTHER COMMUNITY PARTNERS ACROSS NEW YORK CITY, HELPING FEED THE MORE THAN 1.2 MILLION RESIDENTS STRUGGLING TO PUT MEALS ON THEIR TABLES REGULARLY. THESE SOUP KITCHENS, FOOD PANTRIES, HOMELESS SHELTERS, SENIOR CENTERS, CHILDREN'S DAYCARE CENTERS, AND OTHER COMMUNITY FOOD PROGRAMS TOGETHER HELP FEED HUNDREDS OF THOUSANDS OF NEW YORKERS EACH WEEK.

4. KOSHER INITIATIVE: CITY HARVEST'S KOSHER INITIATIVE ADDRESSES THE DIETARY NEEDS OF THE HALF-MILLION OBSERVANT JEWISH INDIVIDUALS FACING HUNGER IN NEW YORK CITY. OVER THE LAST 5 YEARS, WE DELIVERED 26 MILLION POUNDS OF KOSHER FOOD. WE DELIVER FOOD TO 32 KOSHER FEEDING PROGRAMS ACROSS THE CITY.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

AS A NATURAL EXTENSION OF THE ANTI-HUNGER WORK WE BEGAN 36 YEARS AGO, CITY HARVEST'S PROGRAMS HELP FOOD-INSECURE NEW YORKERS ACCESS NUTRITIOUS FOOD THAT FITS THEIR NEEDS AND DESIRES, INCREASE OUR

Name of the organization CITY HARVEST, INC.	Employer identification number 13-3170676
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ATTACHMENT 3 (CONT'D)

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PARTNERS' CAPACITY, AND STRENGTHEN THE LOCAL FOOD SYSTEM, BUILDING A PATH TO A FOOD-SECURE FUTURE FOR ALL NEW YORKERS.

OUR PROGRAMS PUT NUTRITIOUS FOOD ON THE TABLE FOR NEW YORKERS IN NEED, AND HELP INSPIRE LONG-TERM CHANGE IN THE FIGHT AGAINST HUNGER BY:

1. RELIEVING FOOD INSECURITY: CITY HARVEST PROVIDES HUNGRY NEW YORKERS WITH NUTRITIOUS FOOD FREE OF CHARGE TO FEED THEMSELVES AND THEIR FAMILIES.

A. PROVIDING FOOD: THIS YEAR, CITY HARVEST DELIVERED 63.4 MILLION POUNDS OF FOOD ACROSS THE CITY. 58% OF THIS FOOD WAS PRODUCE, AND SOUP KITCHENS AND FOOD PANTRIES WERE THEN ABLE TO OFFER PARTICIPANTS A VARIETY OF HEALTHY FOOD.

B. MOBILE MARKETS: THROUGH FREE, FARMERS' MARKET-STYLE DISTRIBUTIONS OF PRODUCE IN LOW-INCOME COMMUNITIES ACROSS THE FIVE BOROUGHES, CITY HARVEST DISTRIBUTES AN AVERAGE OF 3 MILLION POUNDS OF FRUITS AND VEGETABLES EACH YEAR. ON-SITE COOKING DEMONSTRATIONS SHOW RESIDENTS HOW TO COOK WITH THE PRODUCE. CITY HARVEST HAS NINE MOBILE MARKETS ACROSS NEW YORK CITY THAT EACH HOLD TWO DISTRIBUTIONS PER MONTH FOR A TOTAL OF 216 EVENTS PER YEAR.

C. COMMUNITY PARTNER DISTRIBUTIONS: IN NEIGHBORHOODS WITHOUT TRADITIONAL FOOD PANTRIES, CITY HARVEST PARTNERS WITH LOCAL

Name of the organization CITY HARVEST, INC.	Employer identification number 13-3170676
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ATTACHMENT 3 (CONT'D)

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ORGANIZATIONS TO CREATE THESE FARMERS' MARKET-STYLE EVENTS MODELLED AFTER THE MOBILE MARKETS. WE DELIVER THE FRUITS AND VEGETABLES TO BE DISTRIBUTED, TEACH THE ORGANIZATION HOW TO OPERATE THE MARKET, AND PROVIDE TECHNICAL EXPERTISE. THROUGH 10 COMMUNITY PARTNER DISTRIBUTIONS, WE DELIVERED OVER 1 MILLION POUNDS OF FOOD IN FISCAL YEAR 19. IN FISCAL YEAR 19, WE OPENED FOUR NEW COMMUNITY PARTNER DISTRIBUTIONS THROUGHOUT NEW YORK CITY. THESE NEW COMMUNITY PARTNER DISTRIBUTIONS ARE LOCATED IN THE BROWNSVILLE, EAST NEW YORK AND SHEEPSHEAD BAY NEIGHBORHOODS OF BROOKLYN AND ON THE UPPER WEST SIDE OF MANHATTAN. WE DISTRIBUTED 144,000 POUNDS OF FOOD THROUGH THESE NEW SITES.

D. GRANTS: THROUGH OUR NEW YORK CITY FOOD ASSISTANCE COLLABORATIVE (NYCFAC) PROGRAM, CITY HARVEST PROVIDES MORE THAN \$530,000 IN FUNDS TO HELP BUILD THE CAPABILITY OF EMERGENCY FEEDING PROGRAMS TO SAFELY AND EFFICIENTLY DISTRIBUTE FOOD TO THOSE WHO NEED IT. EACH GRANTEE RELATIONSHIP IS CAREFULLY REVIEWED IN CONJUNCTION WITH THE RFP GUIDELINES AND PAYMENTS ARE CONTINGENT UPON THE GRANTEE SIGNING A CONTRACT WITH APPROVAL FROM AN EXECUTIVE LEVEL OFFICER. ONCE A CONTRACT IS ESTABLISHED, OUR FINANCE DEPARTMENT CREATES A FUND IDENTIFICATION NUMBER WITHIN OUR FINANCIAL SYSTEM TO ACCOUNT FOR THE ACTIVITY BY THE GRANTEE AND CITY HARVEST AS PART OF ROUTINE FINANCIAL MANAGEMENT.

2. PROVIDING NUTRITION EDUCATION: CITY HARVEST OFFERS FREE NUTRITION COURSES AND ACTIVITIES FOCUSED ON BUYING, PREPARING AND



Name of the organization CITY HARVEST, INC.	Employer identification number 13-3170676
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ATTACHMENT 3 (CONT'D)

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EATING HEALTHY FOODS.

A. NUTRITION EDUCATION COURSES: CITY HARVEST PROVIDES FREE NUTRITION EDUCATION CLASSES FOR ADULTS, FAMILIES, TEENAGERS, AND SENIOR CITIZENS AT PARTICIPATING COMMUNITY ORGANIZATIONS, TEACHING RESIDENTS HOW TO PREPARE HEALTHY MEALS ON A BUDGET. WE REACH NEARLY 33,000 RESIDENTS A YEAR THROUGH NUTRITION EDUCATION PROGRAMMING.

B. COOKING DEMONSTRATIONS: CITY HARVEST STAFF AND VOLUNTEERS DEMONSTRATE HEALTHY, BUDGET-CONSCIOUS RECIPES AND TECHNIQUES FOR RESIDENTS AT CITY HARVEST MOBILE MARKETS AND SUPERMARKETS.

C. SHOPPING WORKSHOPS: THROUGH COOKING MATTERS® AT THE STORE WORKSHOPS, CITY HARVEST TEACHES CUSTOMERS PRACTICAL WAYS TO SHOP FOR HEALTHY FOOD ON A BUDGET AT THEIR LOCAL SUPERMARKET.

3. INCREASING ACCESS TO AFFORDABLE, HEALTHY FOOD: CITY HARVEST WORKS WITH COMMUNITY ORGANIZATIONS AND LOCAL BUSINESSES TO RAISE AWARENESS OF HEALTHY FOOD, AND TO ENSURE THAT RESIDENTS CAN FIND AFFORDABLE, NUTRITIOUS FOOD IN THEIR NEIGHBORHOODS.

A. HEALTHY RETAIL: CITY HARVEST WORKS WITH SUPERMARKETS AND CORNER STORES IN LOW-INCOME NEIGHBORHOODS TO INCREASE THE QUANTITY, QUALITY AND VARIETY OF AVAILABLE PRODUCE, HEALTHY SNACKS AND BEVERAGES. CITY HARVEST ALSO HOSTS HEALTHY COOKING DEMONSTRATIONS

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ATTACHMENT 3 (CONT'D)

AND BUDGET SHOPPING WORKSHOPS TO ENCOURAGE NUTRITIOUS AND AFFORDABLE CHOICES RIGHT ON SITE.

ATTACHMENT 4FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,  
 FL, IL, KS, KY, ME, MD, MA, MI,  
 MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,  
 RI, SC, TN, UT, VA, WA, WV,

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
FARMER'S CHOICE INC. 711 HONOLULU DRIVE WAUCHULA, FL 33873	FREIGHT & PACKAGING	1,317,746.
DAVE LUDLAM PRODUCE, LLC P.O. BOX 583 CHAPIN, SC 29036	FREIGHT & PACKAGING	725,863.
C.H. ROBINSON WORLDWIDE P.O. BOX 9121 MINNEAPOLIS, MN 55480	FREIGHT & PACKAGING	528,383.
PA COUNCIL OF FEEDING AMERICA FOOD BANKS 6700 ESSINGTON AVE., UNIT I-9 PHILADELPHIA, PA 19153	FREIGHT & PACKAGING	524,340.
REDSTONE STRATEGY GROUP, LLC 3223 ARAPAHOE AVENUE, STE. 210 BOULDER, CO 80303	PROFESSIONAL SVCS	421,662.