

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

B Check if applicable: C Name of organization CITY HARVEST, INC. D Employer identification number 13-3170676
E Telephone number (646) 412-0600
G Gross receipts \$ 207,907,074.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: [X] 501(c)(3)
J Website: WWW.CITYHARVEST.ORG
K Form of organization: [X] Corporation
L Year of formation: 1983
M State of legal domicile: NY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO END HUNGER IN COMMUNITIES... 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

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.

Signature of officer: JILLY STEPHENS, CEO
Preparer: SCOTT THOMPSETT
Firm: GRANT THORNTON LLP
Address: 757 THIRD AVENUE, 3RD FLOOR, NEW YORK, NY 10017-2013

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  CITY HARVEST, INC.	Taxpayer identification number (TIN)  13-3170676
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 150 52ND STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BROOKLYN, NY 11232	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

RENEE RICHARDSON

- The books are in the care of ▶ 150 52ND STREET - BROOKLYN, NY 11232

Telephone No. ▶ (646) 412-0600 Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning JUL 1, 2022, and ending JUN 30, 2023.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 178,361,305. including grants of \$ 0. ) (Revenue \$ 0. ) SEE SCHEDULE O

4b (Code: ) (Expenses \$ 5,822,785. including grants of \$ 1,077,136. ) (Revenue \$ 0. ) SEE SCHEDULE O

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 184,184,090.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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 number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, 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 17 regarding employee counts, tax returns, gross 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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
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. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
RENEE RICHARDSON - (646) 412-0600
150 52ND STREET, BROOKLYN, NY 11232

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JILLY STEPHENS CEO	40.00 0.00			X			551,502.	0.	42,061.	
(2) JENNIFER MCLEAN COO	40.00 0.00			X			376,250.	0.	49,052.	
(3) RENEE RICHARDSON CFAO	40.00 0.00			X			344,737.	0.	39,205.	
(4) GREGORY BOROFF CHIEF EXTERNAL RELATIONS OFFICER	40.00 0.00			X			345,110.	0.	30,815.	
(5) KARRIEN ANDREA FRANCIS CHIEF HR & DIVERSITY OFFICER	40.00 0.00			X			323,627.	0.	24,796.	
(6) MICHAEL FOWLES VICE PRESIDENT OF SUPPLY CHAIN	40.00 0.00					X	265,910.	0.	46,794.	
(7) JENIQUE JONES V.P., PROGRAM OPS. & POLICY	40.00 0.00					X	226,097.	0.	24,541.	
(8) MARILYN ANDZESKI VICE PRESIDENT OF FACILITIES	40.00 0.00					X	223,406.	0.	25,300.	
(9) JULIA FOSTER V.P., MARKETING & COMMUNICATIONS	40.00 0.00					X	209,104.	0.	9,345.	
(10) ARABELLE GATILAO DIRECTOR, FINANCE	40.00 0.00					X	174,627.	0.	28,402.	
(11) JAMES KALLMAN CHAIRMAN	1.00 0.00	X		X			0.	0.	0.	
(12) ERIC RIPERT VICE CHAIR	1.00 0.00	X		X			0.	0.	0.	
(13) MARC GRANETZ SECRETARY	1.00 0.00	X		X			0.	0.	0.	
(14) ERIC S. SCHWARTZ TREASURER	1.00 0.00	X		X			0.	0.	0.	
(15) MARJORIE SYBUL ADAMS DIRECTOR	1.00 0.00	X					0.	0.	0.	
(16) E. DESIREE ASHER DIRECTOR	1.00 0.00	X					0.	0.	0.	
(17) RICHARD BERRY DIRECTOR	1.00 0.00	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) ASHISH BHUTANI DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) AMBAR BOODHOO DIRECTOR (AS OF 02/2023)	1.00 0.00	X						0.	0.	0.
(20) BENJAMIN BRAM DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) DAVID CHUBAK DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) CRAIG DUNTON DIRECTOR (AS OF 02/2023)	1.00 0.00	X						0.	0.	0.
(23) SOVONNA DAY-GOINS DIRECTOR (THRU 02/2023)	1.00 0.00	X						0.	0.	0.
(24) WILSON ERVIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) JOSEPH EVANGELISTI DIRECTOR (AS OF 11/2022)	1.00 0.00	X						0.	0.	0.
(26) J. MICHAEL EVANS DIRECTOR	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								3,040,370.	0.	320,311.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,040,370.	0.	320,311.

**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 40

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, 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
SHAWMUT DESIGN & CONSTRUCTION 560 HARRISON AVENUE, BOSTON, MA 02118	CONSTRUCTION SERVICES	29,455,229.
FEEDING AMERICA 1601 PAYSHERE CIRCLE, CHICAGO, IL 60674	FREIGHT & PACKAGING	5,086,914.
FEEDING PENNSYLVANIA, 6700 ESSINGTON AVE., SUITE J-216, PHILADELPHIA, PA 19153	FREIGHT & PACKAGING	4,006,311.
DAVID MOSNER INC., 355 FOOD CENTER DRIVE, UNIT E8, BRONX, NY 10474	FREIGHT & PACKAGING	1,908,606.
NEWPORT ONE INC. 21 RAILROAD AVENUE, DUXBURY, MA 02332	FREIGHT & PACKAGING	1,528,384.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 58

SEE PART VII, SECTION A CONTINUATION SHEETS

**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 line)	(C) Position (check all that apply)						(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			
(27) MITCHELL HARRIS DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) CHRISTINE HIKAWA DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) SHARON H. JACQUET DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) PAMELA KAUFMANN DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) SIMON KIM DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) BILL KOENIGSBERG DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) KERRIE MACPHERSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) SHIRLEY MADHERE-WEIL MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) KATHLEEN MCCARTHY DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) WILLIAM J. MILLS DIRECTOR	1.00 0.00	X						0.	0.	0.
(37) NADINE MIRCHANDANI DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) MARC MURPHY DIRECTOR	1.00 0.00	X						0.	0.	0.
(39) VALERIE PELTIER DIRECTOR	1.00 0.00	X						0.	0.	0.
(40) STEPHANIE GOLDMAN ROSEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(41) MARY RUBIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(42) MARCUS SAMUELSSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(43) RICK SMILOW DIRECTOR	1.00 0.00	X						0.	0.	0.
(44) KERONE VATEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(45) TIM WALSH DIRECTOR	1.00 0.00	X						0.	0.	0.
(46) VERONICA WATSON DIRECTOR (AS OF 05/2023)	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**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 line)	(C) Position (check all that apply)						(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			
(47) MELBA WILSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(48) KATIE RASKIN WORKMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(49) MICHAEL A. YOUNG DIRECTOR	1.00 0.00	X						0.	0.	0.
(50) GEOFFREY ZAKARIAN DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	7,581,386.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	5,553,167.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	187,620,146.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 140,682,251.				
	<b>h Total.</b> Add lines 1a-1f .....		200,754,699.				
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</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 .....							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		507,857.			507,857.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	26,382.			
			(ii) Personal				
				0.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>	26,382.				
	<b>d</b> Net rental income or (loss) .....		26,382.			26,382.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	5,593,948.	500,000.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	5,679,206.	34,414.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-85,258.	465,586.			
<b>d</b> Net gain or (loss) .....		380,328.			380,328.		
<b>8 a</b> Gross income from fundraising events (not including \$ 7,581,386. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		374,073.				
			1,749,016.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....		-1,374,943.			-1,374,943.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	<b>11 a</b> INSURANCE PROCEEDS		900099	59,011.		59,011.	
	<b>b</b> REFUNDS/REBATES		900099	51,729.		51,729.	
	<b>c</b> DELIVERY SERVICE FEES		900099	37,519.		37,519.	
	<b>d</b> All other revenue .....		900099	1,856.		1,856.	
<b>e Total.</b> Add lines 11a-11d .....			150,115.				
<b>12 Total revenue.</b> See instructions .....			200,444,438.	0.	0.	-310,261.	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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 ...	1,077,136.	1,077,136.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,188,298.	1,472,810.	89,255.	626,233.
<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) .....				
<b>7</b> Other salaries and wages .....	16,086,355.	10,765,086.	666,404.	4,654,865.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	684,377.	485,894.	23,697.	174,786.
<b>9</b> Other employee benefits .....	2,856,308.	2,027,922.	98,902.	729,484.
<b>10</b> Payroll taxes .....	1,255,829.	891,615.	43,483.	320,731.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	139,742.		139,742.	
<b>c</b> Accounting .....	5,702.		5,702.	
<b>d</b> Lobbying .....	85,000.	85,000.		
<b>e</b> Professional fundraising services. See Part IV, line 17	2,088,612.			2,088,612.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,007,248.	867,788.	104,840.	34,620.
<b>12</b> Advertising and promotion .....	1,094,464.	31,096.	25,245.	1,038,123.
<b>13</b> Office expenses .....	1,681,103.	265,134.	48,534.	1,367,435.
<b>14</b> Information technology .....	1,055,749.	542,095.	160,678.	352,976.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	2,571,896.	1,808,392.	320,572.	442,932.
<b>17</b> Travel .....	165,915.	103,968.	13,593.	48,354.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	28,433.	17,817.	2,329.	8,287.
<b>20</b> Interest .....	1,980,197.	1,669,763.	144,206.	166,228.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	8,391,293.	7,797,915.	249,722.	343,656.
<b>23</b> Insurance .....	360,107.	225,656.	29,502.	104,949.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> FOOD DISTRIBUTED	139,256,548.	139,256,548.		
<b>b</b> FOOD TRANSPORT/DISTRIB.	13,805,802.	13,805,802.		
<b>c</b> DONATION PROCESSING FEE	326,867.	204,827.	26,779.	95,261.
<b>d</b> FOOD PACKAGING SUPPLIES	202,936.	193,740.		9,196.
<b>e</b> All other expenses	938,478.	588,086.	76,885.	273,507.
<b>25</b> Total functional expenses. Add lines 1 through 24e	199,334,395.	184,184,090.	2,270,070.	12,880,235.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	33,271,840.	<b>1</b>	15,064,063.
	<b>2</b> Savings and temporary cash investments .....	62,923.	<b>2</b>	37,322.
	<b>3</b> Pledges and grants receivable, net .....	25,536,771.	<b>3</b>	18,494,925.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	1,424,093.	<b>8</b>	1,619,211.
	<b>9</b> Prepaid expenses and deferred charges .....	726,043.	<b>9</b>	821,608.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 75,795,487.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 9,886,380.		
	<b>11</b> Investments - publicly traded securities .....	61,876,614.	<b>10c</b>	65,909,107.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	5,001,781.	<b>11</b>	23,617,128.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	123,661,060.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	251,561,125.	<b>15</b>	118,573,327.	
		<b>16</b>	244,136,691.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	12,252,325.	<b>17</b>	10,706,330.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	963,436.	<b>19</b>	370,959.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	133,353.	<b>21</b>	189,820.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	10,968,750.	<b>23</b>	7,593,750.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<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 .....	129,341,007.	<b>25</b>	126,308,890.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	153,658,871.	<b>26</b>	145,169,749.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	79,716,700.	<b>27</b>	89,817,869.
	<b>28</b> Net assets with donor restrictions .....	18,185,554.	<b>28</b>	9,149,073.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	97,902,254.	<b>32</b>	98,966,942.
<b>33</b> Total liabilities and net assets/fund balances .....	251,561,125.	<b>33</b>	244,136,691.	

**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>	200,444,438.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	199,334,395.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,110,043.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	97,902,254.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-39,712.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-5,643.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	98,966,942.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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 on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
<b>b</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 on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

<b>Name of the organization</b> CITY HARVEST, INC.	<b>Employer identification number</b> 13-3170676
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**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).)
- 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - 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		
<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**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	142,504,119.	209,167,514.	336,434,717.	223,749,868.	200,754,699.	1112610917.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	142,504,119.	209,167,514.	336,434,717.	223,749,868.	200,754,699.	1112610917.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						148,778,546.
<b>6 Public support.</b> Subtract line 5 from line 4.						963,832,371.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	142,504,119.	209,167,514.	336,434,717.	223,749,868.	200,754,699.	1112610917.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	268,341.	202,636.	161,636.	154,588.	534,239.	1,321,440.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	542,023.	527,076.	570,033.	266,299.	524,188.	2,429,619.
<b>11 Total support.</b> Add lines 7 through 10						1116361976.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	86.34 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	88.79 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990) 2022

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) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 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; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (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 on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 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: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. 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

b 33 1/3% support tests - 2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<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>1</b>		
<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>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>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<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 governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<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>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>3</b> Parent of Supported Organizations. Answer lines 3a and 3b 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>If "Yes" or "No" provide details in Part VI.</i>			
<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>2a</b>			
<b>2b</b>			
<b>3a</b>			
<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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022

**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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

2018 AMOUNT: \$ 3,870.

2021 AMOUNT: \$ 29,831.

2022 AMOUNT: \$ 1,856.

SPECIAL EVENT REVENUE

2018 AMOUNT: \$ 361,899.

2019 AMOUNT: \$ 403,528.

2020 AMOUNT: \$ 554,808.

2021 AMOUNT: \$ 236,468.

2022 AMOUNT: \$ 374,073.

REFUNDS/REBATES

2019 AMOUNT: \$ 123,548.

2020 AMOUNT: \$ 15,225.

2022 AMOUNT: \$ 51,729.

PAYMENT PER LEASE AGREEMENT

2018 AMOUNT: \$ 176,254.

DELIVERY SERVICE FEES

2022 AMOUNT: \$ 37,519.

INSURANCE PROCEEDS

2022 AMOUNT: \$ 59,011.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2022**

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), 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), 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).



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	 <hr/> <hr/> <hr/>	\$ 23,986,770.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 14,563,141.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 9,357,064.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 6,484,884.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 5,761,040.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 5,326,736.	Person <input 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	<hr/> <hr/> <hr/>	\$ 4,804,565.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 4,632,650.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 4,267,520.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	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
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**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	14,027,351 POUNDS OF FOOD _____ _____ _____	\$ 23,986,770.	06/30/23
2	8,516,457 POUNDS OF FOOD _____ _____ _____	\$ 14,563,141.	06/30/23
3	5,471,967 POUNDS OF FOOD _____ _____ _____	\$ 9,357,064.	06/30/23
4	3,792,330 POUNDS OF FOOD _____ _____ _____	\$ 6,484,884.	06/30/23
5	3,369,029 POUNDS OF FOOD _____ _____ _____	\$ 5,761,040.	06/30/23
6	3,115,050 POUNDS OF FOOD _____ _____ _____	\$ 5,326,736.	06/30/23

Name of organization  CITY HARVEST, INC.	Employer identification number  13-3170676
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**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	2,809,687 POUNDS OF FOOD _____ _____ _____	\$ 4,804,565.	06/30/23
8	2,709,152 POUNDS OF FOOD _____ _____ _____	\$ 4,632,650.	06/30/23
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  CITY HARVEST, INC.	Employer identification number  13-3170676
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>CITY HARVEST, INC.</b>	Employer identification number <b>13-3170676</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		
<b>e</b> Publications, or published or broadcast statements? .....	X		
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		15,864.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		
<b>i</b> Other activities? .....	X		85,000.
<b>j</b> Total. Add lines 1c through 1i .....			100,864.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LINE 1B: EMPLOYEES ARE ASKED ON OCCASION TO WRITE LETTERS, EMAIL, OR

TELEPHONE ELECTED GOVERNMENT OFFICIALS TO ADVOCATE ON MATTERS RELATED

TO OUR MISSION IN AN ATTEMPT TO INFLUENCE THEIR VIEWS ON SPECIFIC

LEGISLATION.



**Part IV** Supplemental Information (continued)

LINE 1D: DONORS AND SOCIAL MEDIA FOLLOWERS ARE ASKED ON OCCASION TO  
WRITE LETTERS, EMAIL, OR TELEPHONE ELECTED GOVERNMENT OFFICIALS TO  
ADVOCATE ON MATTERS RELATED TO OUR MISSION IN AN ATTEMPT TO INFLUENCE  
THEIR VIEWS ON SPECIFIC LEGISLATION.

LINE 1E: SOCIAL MEDIA POSTS ARE OCCASIONALLY RELATE TO MATTERS RELATED  
TO OUR MISSION IN AN ATTEMPT TO INFLUENCE VIEWS ON SPECIFIC  
LEGISLATION.

LINE 1G: EMPLOYEES COLLABORATE WITH AGENCY PARTNERS TO SPEAK WITH STATE  
AND FEDERAL GOVERNMENT OFFICIALS AND THEIR STAFFS REGARDING CURRENT AND  
FUTURE LEGISLATION. THIS STAFF TIME INCLUDES PREPARATION FOR MEETINGS,  
MEETINGS, AND FOLLOWUP AFTER MEETINGS WITH LEGISLATORS, AS WELL AS  
TRAVEL COSTS FOR THESE MEETINGS.

LINE 1H: EMPLOYEES PARTICIPATED ON PANEL DISCUSSIONS AND HOSTED  
WEBINARS ABOUT CITY HARVEST'S POLICY PRIORITIES.

LINE 1I: A THIRD PARTY CONSULTANT PROVIDES SERVICES FOR LEGISLATIVE,  
REGULATORY AND STATE AGENCY NEEDS OF THE ORGANIZATION IN RELATION TO  
THE MOVE OF OUR OPERATIONS FROM LONG ISLAND CITY, QUEENS TO SUNSET  
PARK, BROOKLYN.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 2a, 2b regarding art collections and reporting requirements.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

**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 make 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 program
  - 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?  Yes  No

**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?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- 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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	256,068.	265,463.	227,606.	312,267.	305,198.
b Contributions					
c Net investment earnings, gains, and losses	964.	-9,395.	37,857.	-84,661.	7,069.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	257,032.	256,068.	265,463.	227,606.	312,267.

- 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%
  - c Term 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:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		62,119,866.	5,285,052.	56,834,814.
d Equipment		6,151,081.	4,073,437.	2,077,644.
e Other		7,524,540.	527,891.	6,996,649.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				65,909,107.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (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) SECURITY DEPOSITS	1,968,944.
(2) FUNDS HELD FOR OTHERS	189,820.
(3) RIGHT-OF-USE ASSET FOR FINANCING LEASES	115,042,787.
(4) RIGHT-OF-USE ASSET FOR OPERATING LEASES	1,371,776.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	118,573,327.

**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) OPERATING LEASE OBLIGATION	1,744,819.
(3) FINANCING LEASE OBLIGATION	124,564,071.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	126,308,890.

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

**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>	203,257,659.
<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>	-39,712.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	2,852,933.	
<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>	2,813,221.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	200,444,438.
<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>	0.
<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>	200,444,438.

**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>	202,192,971.
<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>	2,852,933.	
<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>	5,643.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	2,858,576.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	199,334,395.
<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>	0.
<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>	199,334,395.

**Part XIII Supplemental Information.**

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

PART IV, LINE 2B:

CITY HARVEST SEGREGATES SECTION 457(B) PLAN ASSETS FOR THE BENEFIT OF

CERTAIN OFFICERS OF THE ORGANIZATION. THESE AMOUNTS ARE REPORTED ON FORM

PART X, LINE 15; THE CORRESPONDING LIABILITY IS REPORTED AS AN ESCROW

LIABILITY ON PART X, LINE 21.

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

**Part XIII** Supplemental Information (continued)

PROGRAMS.

PART IX, RIGHT-OF-USE ASSETS, LINES 3 AND 4:

THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") IMPLEMENTED A NEW LEASE ACCOUNTING STANDARD THAT BECAME EFFECTIVE FOR CITY HARVEST IN THE YEAR ENDING JUNE 30, 2021. THIS ACCOUNTING STANDARD WAS EFFECTUATED TO IMPROVE THE TRANSPARENCY SURROUNDING KEY INFORMATION PERTAINING TO AN EXEMPT ORGANIZATION'S LEASING ARRANGEMENTS (AND TO ENSURE THAT ALL ORGANIZATIONS WERE RECORDING THE TRANSACTIONS UNIFORMLY ON THEIR BALANCE SHEETS).

LINE 3 - RIGHT-OF-USE FOR FINANCING LEASES - IN FISCAL YEAR 2020, CITY HARVEST ENTERED INTO A 31 YEAR FINANCE LEASE FOR A NEW WAREHOUSE SPACE LOCATED IN SUNSET PARK, BROOKLYN. PURSUANT TO THIS NEW ACCOUNTING STANDARD, BOTH LEASES ARE NOW RECORDED AS A "RIGHT-OF-USE ASSETS" WITH CORRESPONDING LEASE OBLIGATION LIABILITIES ON CITY HARVEST'S STATEMENT OF FINANCIAL POSITION FOR THE YEAR ENDING JUNE 30, 2023.

LINE 4 - RIGHT-OF-USE FOR OPERATING LEASES - IN APRIL 2012, CITY HARVEST ENTERED INTO A 12-YEAR OPERATING LEASE FOR NEW ADMINISTRATIVE OFFICE SPACE LOCATED IN MIDTOWN, MANHATTAN.

PART X, LINE 2:

CITY HARVEST FOLLOWS GUIDANCE THAT 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 GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO

**Part XIII** Supplemental Information (continued)

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 TAX UNDER SECTION 501(C)(3) OF

THE CODE, THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT

PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. CITY

HARVEST HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS

TAX-EXEMPT STATUS, TO IDENTIFY AND REPORT UNRELATED BUSINESS INCOME, TO

DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS

NEXUS, AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED

TAX POSITIONS. CITY HARVEST HAS DETERMINED THAT THERE ARE NO MATERIAL

UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE

FINANCIAL STATEMENTS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PROVISION FOR UNCOLLECTIBLE PLEDGES 5,643.

**SCHEDULE G  
(Form 990)**

**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.

**2022**

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 information.

Name of the organization <b>CITY HARVEST, INC.</b>	Employer identification number 13-3170676
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**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
- 2 a 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			
COMMUNITY COUNSELING SERVICE CO. LLC - 527 MADISON AVENUE, NEWPORT ONE - 21 RAILROAD AVENUE, DUXBURY, MA 02332	FUNDRAISING CONSULTANT		X	18,342,434.	587,333.	17,755,101.
	CONSULTANT DIRECT RESPONSE		X	8,604,752.	1,501,279.	7,103,473.
<b>Total</b>				26,947,186.	2,088,612.	24,858,574.

- 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, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MO, MS, NV, NH, NJ, NM, NY, NC  
ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI



**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 (add col. (a) through col. (c))
		GALA (event type)	BID (event type)	5 (total number)	
Revenue	<b>1</b> Gross receipts .....	4,534,506.	1,624,205.	1,796,748.	7,955,459.
	<b>2</b> Less: Contributions .....	4,449,291.	1,423,565.	1,708,530.	7,581,386.
	<b>3</b> Gross income (line 1 minus line 2) .....	85,215.	200,640.	88,218.	374,073.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	42,856.	128,883.	210,597.	382,336.
	<b>7</b> Food and beverages .....	283,441.	42,873.	58,683.	384,997.
	<b>8</b> Entertainment .....	234,752.	186,440.	66,867.	488,059.
	<b>9</b> Other direct expenses .....	187,198.	204,279.	102,147.	493,624.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				1,749,016.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-1,374,943.	

**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))
		<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	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

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

Description of 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 explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELING SERVICE CO. LLC

(I) ADDRESS OF FUNDRAISER: 527 MADISON AVENUE, NEW YORK, NY 10022

SCHEDULE G, PART II:

CITY HARVEST HOLDS A VARIETY OF SPECIAL EVENTS THROUGHOUT THE YEAR.

CITY HARVEST RAISED A TOTAL OF \$7,955,459 IN CONNECTION WITH ITS SPECIAL EVENT ACTIVITIES IN FISCAL YEAR 2023. OF THAT TOTAL, \$374,073

**Part IV** Supplemental Information (continued)

IS CONSIDERED EVENT REVENUE, THE FAIR VALUE OF GOODS AND SERVICES

PROVIDED TO DONORS AT THE EVENTS, AND \$7,581,386 CONSISTS OF

CONTRIBUTIONS RECEIVED IN CONNECTION WITH THE EVENTS. THE COSTS

ASSOCIATED WITH THE EVENTS TOTALED \$1,749,016 AND THE NET LOSS DERIVED

FROM EVENT ACTIVITIES (WITHOUT CONTRIBUTIONS FACTORED IN) TOTALED

\$1,374,943. MOST OF THE REVENUE IS REPORTED AS PURE CONTRIBUTION

REVENUE ON PART VIII, LINE 1(C).

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BETH GAVRIEL BUXHARIAN CONGREGATION - 66-35 108TH STREET - FOREST HILLS, NY 11375	11-3336257	501(C)(3)	5,164.	0.			RAPID RESPONSE FUND
BRONX BETHANY COMMUNITY CORP 964 EAST 227TH STREET BRONX, NY 10466	51-0433711	501(C)(3)	10,000.	0.			FY23 PERSONNEL GRANT
CHILD DEVELOPMENT SUPPORT CORP EMERGENCY FOOD PANTRY - 352-358 CLASSON AVENUE - BROOKLYN, NY 11238	11-2395258	501(C)(3)	50,000.	0.			FEEDING AMERICA RETAIL GRANT
CHILDREN OF THE LIGHT FOOD PANTRY 1171 EAST 95TH STREET BROOKLYN, NY 11236	83-3062577	501(C)(3)	50,000.	0.			FEEDING AMERICA RETAIL GRANT
CHRIST DISCIPLES INTERNATIONAL MINISTRIES, INC. - 369 E MOSHOLU PKWY N - BRONX, NY 10467	20-8144855	501(C)(3)	10,000.	0.			FY23 PERSONNEL GRANT
CHURCH OF GOD IN CHRIST ON THE HILL - 137 BUFFALO AVENUE - BROOKLYN, NY 11213	23-7002419	501(C)(3)	11,066.	0.			CAPACITY BUILDING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 22.
- 3 Enter total number of other organizations listed in the line 1 table .....

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

Schedule I (Form 990) 2022

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH ACTION OF STATEN ISLAND INC. - 26 BAY STREET, 4TH FL - STATEN ISLAND, NY 10301	13-3556132	501(C)(3)	80,000.	0.			FEEDING AMERICA RETAIL GRANT
EVANGEL CHURCH 3920 27TH STREET LONG ISLAND CITY, NY 11101	11-2622478	501(C)(3)	74,696.	0.			FEEDING AMERICA RETAIL GRANT
HOLDING HANDS MINISTRIES 6324 7TH AVENUE BROOKLYN, NY 11220	46-0679566	501(C)(3)	50,000.	0.			FEEDING AMERICA RETAIL GRANT
MT. HEBRON CHURCH OF CHRIST 167 CHESTER STREET BROOKLYN, NY 11212	11-3181799	501(C)(3)	50,000.	0.			FEEDING AMERICA RETAIL GRANT
PRESBYTERIAN CHURCH CHAPEL OF GRACE - 896 CENTRAL AVENUE - QUEENS, NY 11691	23-6393377	501(C)(3)	7,129.	0.			RAPID RESPONSE FUND
PROSPECT SDA CHURCH 1038 PROSPECT AVENUE BRONX, NY 10459	11-1768294	501(C)(3)	16,369.	0.			CAPACITY BUILDING
REDEMPTION CHURCH 27 HUNTINGTON STREET, ROOM 111 BROOKLYN, NY 11231	82-4352922	501(C)(3)	49,876.	0.			FEEDING AMERICA RETAIL GRANT
SALT AND SEA MISSION CHURCH, INC. 2417 STILLWELL AVENUE BROOKLYN, NY 11223	11-3012147	501(C)(3)	10,000.	0.			FY23 PERSONNEL GRANT
SINGH FAMILY CHARITY 121-13 SUTPHIN BLVD. JAMAICA, NY 11434	81-1324817	501(C)(3)	57,494.	0.			FEEDING AMERICA RETAIL GRANT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. STEPHEN OUTREACH 874 MYRTLE AVENUE BROOKLYN, NY 11206	30-0805316	501(C)(3)	10,000.	0.			FY23 PERSONNEL GRANT
STAPLETON UAME CHURCH 49 TOMPKINS AVENUE STATEN ISLAND, NY 10304	13-3870800	501(C)(3)	7,560.	0.			RAPID RESPONSE FUND
THE CAMPAIGN AGAINST HUNGER INC 2010 FULTON STREET BROOKLYN, NY 11233	20-0934854	501(C)(3)	50,000.	0.			FEEDING AMERICA RETAIL GRANT
THE HOPE CENTER DEVELOPMENT CORPORATION - 414 E 95TH STREET - BROOKLYN, NY 11212	20-3249774	501(C)(3)	10,000.	0.			FY23 PERSONNEL GRANT
THE SKYLINE CHARITABLE FOUNDATION INC - 49-28 31ST PLACE - LONG ISLAND CITY, NY 11101	46-2141917	501(C)(3)	78,961.	0.			FEEDING AMERICA RETAIL GRANT
UNITED METHODIST CENTER IN FAR ROCKAWAY INC. - 1032 BEACH 19TH STREET, STORE #3-S - FAR ROCKAWAY, NY 11691	11-2747085	501(C)(3)	15,031.	0.			FY23 PERSONNEL GRANT & RAPID RESPONSE FUND
YESHUA ADONAI BIBLE INT'L GLOBAL MISSIONS AND MINISTRIES - 1799 CALDWELL AVENUE - MIDDLE VILLAGE, NY 11379	90-0872459	501(C)(3)	52,821.	0.			FEEDING AMERICA RETAIL GRANT

**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 noncash assistance

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

PART I, LINE 2:

CITY HARVEST PROVIDES DIRECT CASH GRANTS TO AGENCIES AND FACILITATES THE PURCHASE OF SUPPLIES AND/OR SERVICES. CITY HARVEST STAFF REGULARLY CONDUCTS CAPACITY ASSESSMENTS TO EVALUATE AN AGENCY'S ABILITY TO SAFELY RECEIVE, STORE AND DISTRIBUTE FOOD. AS A PART OF THIS ASSESSMENT, IT MIGHT BE DETERMINED THAT A PROGRAM NEEDS ADDITIONAL REFRIGERATION TO REMAIN SAFETY COMPLIANT AND ACCEPT THE VOLUME OF FOOD PROVIDED TO THEM. CITY HARVEST THEN ENTERS INTO AN AGREEMENT WITH THE PROGRAM THAT OUTLINES THE USES FOR THE ITEM INCLUDING THAT IT MUST BE USED FOR SPECIFIC PURPOSES OUTLINED IN THE

**Part IV Supplemental Information**

AGREEMENT, AND CANNOT BE REPURPOSED FOR ANY OTHER INITIATIVES OPERATED BY

THE GRANTEE. GRANTEE MUST, AT GRANTOR'S OPTION, RETURN OR LIQUIDATE THE

EQUIPMENT AND RETURN THE FUNDS TO GRANTOR IF GRANTEE BREACHES THE TERMS OF

THIS CONTRACT OR STOPS PROVIDING EMERGENCY FOOD SERVICE. AFTER FIVE YEARS,

GRANTOR HAS NO CLAIM TO THE EQUIPMENT, AND CANNOT TAKE IT BACK.

ON THE OCCASIONS THAT WE PROVIDE DIRECT FUNDING, THE GRANTEE MUST SEND

GRANTOR RECEIPTS OR PROOF OF DELIVERY/PROOF OF SERVICE FOR ALL EXPENSES

WITHIN TWO MONTHS OF INCURRING THE EXPENSE, AND KEEP COMPREHENSIVE RECORD

OF GRANT EXPENSES FOR GRANTOR TO REVIEW.

LASTLY, THE GRANTEE PERMITS THE GRANTOR TO CONDUCT SITE VISITS WHICH ARE

CONDUCTED AT MINIMUM EVERY TWO YEARS.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2022**

Open to Public  
Inspection

Name of the organization

CITY HARVEST, INC.

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 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>1b</b>		
<b>2</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>		

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

Schedule J (Form 990) 2022

**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 and/or 1099-NEC 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)	451,502.	100,000.	0.	23,309.	18,752.	593,563.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER MCLEAN COO	(i)	336,250.	40,000.	0.	16,308.	32,744.	425,302.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RENEE RICHARDSON CFAO	(i)	304,737.	40,000.	0.	16,631.	22,574.	383,942.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GREGORY BOROFF CHIEF EXTERNAL RELATIONS OFFICER	(i)	305,110.	40,000.	0.	19,997.	10,818.	375,925.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KARRIEN ANDREA FRANCIS CHIEF HR & DIVERSITY OFFICER	(i)	283,627.	40,000.	0.	18,461.	6,335.	348,423.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHAEL FOWLES VICE PRESIDENT OF SUPPLY CHAIN	(i)	238,410.	27,500.	0.	14,050.	32,744.	312,704.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JENIQUE JONES V.P., PROGRAM OPS. & POLICY	(i)	208,597.	17,500.	0.	13,723.	10,818.	250,638.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARILYN ANDZESKI VICE PRESIDENT OF FACILITIES	(i)	205,906.	17,500.	0.	6,548.	18,752.	248,706.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JULIA FOSTER V.P., MARKETING & COMMUNICATIONS	(i)	191,604.	17,500.	0.	9,345.	0.	218,449.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ARABELLE GATILAO DIRECTOR, FINANCE	(i)	167,227.	7,400.	0.	9,650.	18,752.	203,029.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 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 CEO'S ANNUAL BONUS IS NOT A NON-FIXED PAYMENT AS HER ANNUAL BONUS IS

FIXED AND DETERMINED BY THE TERMS OF HER EMPLOYMENT CONTRACT.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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.

Department of the Treasury  
Internal Revenue Service

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	129	4,374,269.	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		136,307,982.	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 V, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for 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.

	Yes	No
30a		X
31	X	
32a	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

**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.

SCHEDULE M, PART I, LINE 9:

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

SCHEDULE M, PART I, LINE 19:

FOOD DONATIONS COME FROM OUR RESTAURANTS, CORPORATIONS, AND INDIVIDUAL PARTNERS AND THEN DISTRIBUTED TO A NETWORK OF MORE THAN 400 COMMUNITY FOOD PROGRAMS. CITY HARVEST ALSO ARRANGES FOR FOOD FROM ITS FOOD DONORS TO BE DISTRIBUTED DIRECTLY TO AGENCIES WHEN NEEDED AND REQUESTED BY THE AGENCY NETWORK. IN ADDITION TO DONATIONS OF FOOD PRODUCTS, CITY HARVEST ALSO ACCEPTS DONATIONS OF PREPARED FOOD AND MEALS. FOR THE FISCAL YEAR THAT ENDED JUNE 30, 2023, 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 AS \$1.75.

SCHEDULE M, PART I, LINE 32B:

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

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

CITY HARVEST, INC.

Employer identification number

13-3170676

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

TO END HUNGER IN COMMUNITIES THROUGHOUT NEW YORK CITY. WE DO THIS  
THROUGH FOOD RESCUE AND DISTRIBUTION, EDUCATION, AND OTHER PRACTICAL,  
INNOVATIVE SOLUTIONS.

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

CITY HARVEST HELPED START THE FOOD RESCUE MOVEMENT IN 1982 AND, IN  
FISCAL YEAR 2023, COLLECTED 79 MILLION POUNDS OF EXCESS FOOD TO HELP  
FEED THE NEARLY 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 BOROUGHS. OUR PROGRAMS EMPOWER INDIVIDUALS THROUGH NUTRITION  
EDUCATION, INCREASE OUR PARTNERS' CAPACITY, AND STRENGTHEN THE LOCAL  
FOOD SYSTEM, HELPING NEW YORKERS WHO ARE EXPERIENCING FOOD INSECURITY  
TO ACCESS, AFFORD, AND CONSUME NUTRITIOUS FOOD.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

EMERGENCY FOOD RESCUE: USING A FLEET OF 24 TRUCKS, THREE OF WHICH ARE  
TRACTOR TRAILERS, CITY HARVEST RESCUES AND DELIVERS EXCESS FOOD SEVEN  
DAYS A WEEK. IN FISCAL YEAR 2023, CITY HARVEST COLLECTED 79 MILLION  
POUNDS OF FOOD, 71% OF WHICH WAS 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 RESCUED AND DELIVERED NEARLY 1.2 BILLION POUNDS OF

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization CITY HARVEST, INC.	Employer identification number 13-3170676
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GOOD, NUTRITIOUS FOOD FOR NEW YORKERS IN NEED. AT CITY HARVEST, WE  
 RECOGNIZE OUR RESPONSIBILITY TO THE PEOPLE WE SERVE AND STRIVE TO  
 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. COHEN COMMUNITY FOOD RESCUE CENTER (FRC): DURING FISCAL YEAR 2023,  
 CITY HARVEST FULLY OPERATED IN OUR PERMANENT 150,000-SQUARE- FOOT  
 FACILITY IN SUNSET PARK, BROOKLYN. THE FRC HAS A COLD LOADING DOCK WITH  
 SEVEN BAY DOORS THAT LEADS DIRECTLY TO OUR COOLER AND FREEZER SPACES TO  
 SAFELY HOLD PERISHABLE FOOD WITHOUT BREAKING THE COLD CHAIN.  
 ADDITIONALLY, THE FRC HAS OVER 1,100 PALLET POSITIONS FOR DRY STORAGE  
 AND AN AREA TO SORT NON-PERISHABLE GOODS, ALLOWING US TO RESCUE AND  
 DELIVER A WIDE VARIETY OF FOOD. EACH MORNING, CITY HARVEST'S TRUCKS ARE  
 LOADED WITH FOOD AT THE FRC AND MOVE ACROSS THE CITY, PICKING UP AND  
 DELIVERING FOOD FOR HUNDREDS OF COMMUNITY PROGRAMS. THE FRC ALSO  
 ACCEPTS LARGE DONATIONS OF FOOD DIRECTLY FROM FARMS AND CORPORATIONS,  
 WHICH ARE REPACKED BY VOLUNTEERS AND STAFF MEMBERS INTO FAMILY-SIZED  
 BAGS THAT WE DELIVER TO SOUP KITCHENS, FOOD PANTRIES, AND OTHER  
 COMMUNITY FOOD PARTNERS. IN FISCAL YEAR 2023, CITY HARVEST SOURCED 79  
 MILLION POUNDS OF FOOD, 71% OF WHICH WAS PRODUCE.

2. WHERE CITY HARVEST RESCUES FOOD: CITY HARVEST COLLECTS NUTRITIOUS  
 EXCESS FOOD THAT WOULD OTHERWISE GO TO WASTE FROM APPROXIMATELY 1,500  
 FOOD DONORS, INCLUDING FARMS, GROCERS, RESTAURANTS, AND MANUFACTURERS.  
 CITY HARVEST ALSO RELIES ON NEW YORKERS ACROSS THE CITY WHO ORGANIZE  
 FOOD DRIVES IN THEIR SCHOOLS, APARTMENT BUILDINGS, BUSINESSES, AND  
 PLACES OF WORSHIP.

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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 TO FEED THE 3 MILLION RESIDENTS WHO ARE STRUGGLING TO MAKE ENDS MEET. 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. SINCE 1999, WE HAVE RESCUED AND DELIVERED 91 MILLION POUNDS OF FOOD, INCLUDING FRESH PRODUCE AND KOSHER MEAT, TO KOSHER COMMUNITY FOOD PROGRAMS. WE DELIVER FOOD TO 23 KOSHER FEEDING PROGRAMS ACROSS THE CITY.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:  
AS A NATURAL EXTENSION OF THE ANTI-HUNGER WORK WE BEGAN MORE THAN 40 YEARS AGO, WE ALSO WORK ALONGSIDE OUR COMMUNITY PARTNERS TO BUILD THEIR CAPACITY, EXPAND NUTRITION EDUCATION, AND ADVOCATE FOR SYSTEMS CHANGE THROUGH EFFECTIVE PUBLIC POLICY.

OUR PROGRAMS PUT NUTRITIOUS FOOD ON THE TABLES OF 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.



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A. PROVIDING FOOD: THIS YEAR, CITY HARVEST DELIVERED 79 MILLION POUNDS

OF FOOD ACROSS THE CITY. SINCE 71% OF THIS FOOD WAS PRODUCE, 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 BOROUGHS, 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 AND NUTRITIOUS SHELF-STABLE FOOD. CITY HARVEST  
HAS EIGHT MOBILE MARKETS ACROSS NEW YORK CITY THAT EACH HOLD TWO  
DISTRIBUTIONS PER MONTH, FOR A TOTAL OF 192 EVENTS PER YEAR.

C. COMMUNITY PARTNER DISTRIBUTIONS: IN NEIGHBORHOODS WITHOUT

TRADITIONAL FOOD PANTRIES, CITY HARVEST PARTNERS WITH LOCAL  
ORGANIZATIONS TO CREATE FARMERS' MARKET-STYLE EVENTS MODELED AFTER OUR  
MOBILE MARKETS. WE DELIVER FRUITS AND VEGETABLES, TEACH THE  
ORGANIZATION HOW TO OPERATE THE MARKET, AND PROVIDE TECHNICAL  
EXPERTISE. THROUGH 20 COMMUNITY PARTNER DISTRIBUTIONS, WE DELIVERED 4.6  
MILLION POUNDS OF FOOD IN FISCAL YEAR 2023.

D. GRANTS: THROUGH OUR AGENCY CAPACITY-BUILDING WORK, CITY HARVEST

PROVIDES INFRASTRUCTURE SUPPORT TO HELP BUILD THE CAPABILITY OF  
EMERGENCY FEEDING PROGRAMS TO SAFELY AND EFFICIENTLY DISTRIBUTE FOOD TO  
THOSE IN NEED. AFTER A THOROUGH ASSESSMENT, WE PROVIDE EMERGENCY  
FEEDING PROGRAMS WITH EQUIPMENT, SUCH AS REFRIGERATION, PALLET JACKS,  
AND FORKLIFTS, TO HELP THEM SAFELY DISTRIBUTE MORE FOOD. THROUGH OUR

Name of the organization CITY HARVEST, INC.	Employer identification number 13-3170676
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CAPACITY BUILDING WORK, WE ALSO PROVIDE EMERGENCY FEEDING PROGRAMS WITH ACCESS TO ONGOING TRAINING AND SUPPORT TO HELP THEM RUN SUCCESSFUL ORGANIZATIONS. REGULAR TRAININGS ARE OFFERED TO THE NETWORK, AS WELL AS ONE-ON-ONE SUPPORT SESSIONS, PROVIDING ASSISTANCE TO ORGANIZATIONS AROUND A VARIETY OF TOPICS FROM FUNDRAISING TO VOLUNTEER RECRUITMENT AND MANAGEMENT. IN ADDITION, WE PROVIDE GRANT OPPORTUNITIES TO THE EMERGENCY FEEDING PROGRAMS IN OUR NETWORK, SUPPORTING SELECT AGENCIES WITH PERSONNEL EXPENSES AND TECHNOLOGICAL RESOURCES.

2. PROVIDING NUTRITION EDUCATION: CITY HARVEST OFFERS FREE NUTRITION COURSES AND ACTIVITIES FOCUSED ON BUYING, PREPARING, AND EATING HEALTHY FOODS ON A BUDGET.

A. NUTRITION EDUCATION COURSES AND WORKSHOPS: CITY HARVEST PROVIDES FREE NUTRITION CLASSES FOR ADULTS, FAMILIES, TEENAGERS, AND CHILDREN AT PARTICIPATING COMMUNITY ORGANIZATIONS, EMERGENCY FOOD PROVIDERS AND THROUGH VIRTUAL PLATFORMS, TEACHING RESIDENTS HOW TO PREPARE HEALTHY MEALS ON A BUDGET. WE REACHED 71,350 RESIDENTS THROUGH NUTRITION EDUCATION THIS YEAR. THIS INCLUDES SIX-WEEK COURSES AND ONE-TIME WORKSHOPS, AS WELL AS DIGITAL ENGAGEMENTS WITH INDIVIDUALS THROUGH SHARING NUTRITION RESOURCES VIA TEXT MESSAGES AND SOCIAL MEDIA PLATFORMS. WE CONTINUED TO BUILD UPON OUR ONLINE RESOURCES INCLUDING HEALTHY RECIPES ON OUR WEBSITE, COOKING DEMONSTRATION VIDEOS, AND RECORDED SHOPPING TOURS.

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

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PROVIDERS, PARTNER SCHOOLS, AND VIRTUALLY.

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

CITY HARVEST'S BOARD OF DIRECTORS HAS ASSIGNED THE AUDIT & RISK MANAGEMENT

COMMITTEE THE RESPONSIBILITY OF REVIEWING AND APPROVING THE FORM 990.

ACCORDINGLY, AFTER MANAGEMENT AND THE AUDIT & RISK MANAGEMENT COMMITTEE

HAVE FULLY REVIEWED THE FORM 990, IT IS APPROVED BY THE AUDIT & RISK

MANAGEMENT COMMITTEE AND MADE AVAILABLE ELECTRONICALLY TO THE BOARD OF

DIRECTORS. ANY COMMENTS ARE REVIEWED BY MANAGEMENT AND THE AUDIT & RISK

MANAGEMENT COMMITTEE, AND CHANGES ARE MADE IF DEEMED NECESSARY. THESE

CHANGES ARE REVIEWED WITH THE AUDIT & RISK MANAGEMENT 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 12C:

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. 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:

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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 COMPENSATIVE MARKET AND AN

INTERMEDIATE SANCTIONS REVIEW. THE NEW COMPENSATION STUDY WAS FINALIZED

TOWARDS THE END OF FISCAL YEAR 2022. 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.

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

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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, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN  
UT, VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:  
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 MADE AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
PROVISION FOR UNCOLLECTIBLE PLEDGES -5,643.