

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2017, or fiscal year beginning 07/01, 2017, and ending 06/30, 2018

▶ Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

2017

Department of the Treasury
Internal Revenue Service

Name of exempt organization

CITY HARVEST, INC.

Employer identification number

13-3170676

Name and title of officer

Jilly STEPHENS, CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>136689903.</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	_____
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GRANT THORNTON LLP
ERO firm name

to enter my PIN

2 6 6 2 5

as my signature

Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Jilly Stephens

Date ▶ 11.15.18

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

2 6 3 7 7 5 3 6 6 0 5

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Seth Thompson

Date ▶ 11/15/2018

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

A For the **2017** calendar year, or tax year beginning **07/01, 2017**, and ending **06/30, 2018**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CITY HARVEST, INC.			D Employer identification number 13-3170676
	Doing Business As			E Telephone number (646) 412-0600
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ 139,075,196.
	6 EAST 32ND STREET, 5TH FL.			
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10016			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
F Name and address of principal officer: JILLY STEPHENS 6 EAST 32ND STREET, 5TH FL NEW YORK, NY 10016				
I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) () ◀ (insert no.)	<input type="checkbox"/> 4947(a)(1) or	<input type="checkbox"/> 527
J Website: WWW.CITYHARVEST.ORG				H(c) Group exemption number ▶
K Form of organization:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ▶
L Year of formation: 1983			M State of legal domicile: NY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO END HUNGER IN COMMUNITIES THROUGHOUT NEW YORK CITY. WE DO THIS THROUGH FOOD RESCUE AND DISTRIBUTION, EDUCATION, AND OTHER PRACTICAL, INNOVATIVE SOLUTIONS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	38.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	38.
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	209.
	6 Total number of volunteers (estimate if necessary)	6	8,500.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	53,372.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	123,972,541.	136,917,882.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	107,066.	178,545.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-521,601.	-406,524.
		123,558,006.	136,689,903.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	279,174.	165,003.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,055,552.	15,996,076.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	166,700.	240,350.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,666,153.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	107,538,156.	119,741,791.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	123,039,582.	136,143,220.
19 Revenue less expenses. Subtract line 18 from line 12	518,424.	546,683.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	25,711,211.	25,551,220.
	22 Net assets or fund balances. Subtract line 21 from line 20.	6,510,325.	5,939,885.
	19,200,886.	19,611,335.	

COPY FOR PUBLIC INSPECTION

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature <i>Scott Thompson</i>	Date 11/15/2018	Check <input type="checkbox"/> if self-employed	PTIN P00741490
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-605558			
	Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013	Phone no. 212-599-0100			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 122,669,103. including grants of \$ 162,908.) (Revenue \$ 0.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 4,262,207. including grants of \$ 2,095.) (Revenue \$ 0.)

ATTACHMENT 3

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

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

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

4e Total program service expenses ▶ 126,931,310.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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 columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses (e.g., 91, 0, 209). Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (38), 1b (38), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

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

RENEE RICHARDSON 6 EAST 32ND STREET, 5TH FL NEW YORK, NY 10016 646-412-0600

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CELINE DUFETEL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(16) WILSON ERVIN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(17) J. MICHAEL EVANS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(18) MITCHELL HARRIS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(19) CHRISTINE HIKAWA ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(20) SHARON H. JACQUET ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(21) PAMELA KAUFMANN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(22) BILL KOENIGSBERG ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(23) ZHENYA LINDGARDT ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(24) KERRIE MACPHERSON ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(25) KATHLEEN MCCARTHY ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,092,574.	0.	236,948.
d Total (add lines 1b and 1c)								2,092,574.	0.	236,948.

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 ► 17

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

Section B. Independent Contractors

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

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

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

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

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

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 ► 17

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) KATIE RASKIN WORKMAN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(38) MICHAEL A. YOUNG ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(39) JILLY STEPHENS ----- CEO	40.00 ----- 0.			X			480,981.	0.	32,683.	
(40) JENNIFER MCLEAN ----- COO	40.00 ----- 0.			X			267,387.	0.	42,232.	
(41) RENEE RICHARDSON ----- CFAO	40.00 ----- 0.			X			259,901.	0.	34,803.	
(42) GREGORY BOROFF ----- CHIEF EXTERNAL RELATIONS OFF.	40.00 ----- 0.			X			294,379.	0.	13,026.	
(43) JAMES SCHEMBARI ----- SENIOR DIRECTOR, FINANCE	40.00 ----- 0.					X	177,030.	0.	20,989.	
(44) KATE MACKENZIE ----- SR. DIRECTOR OF PROGRAMS	40.00 ----- 0.					X	156,626.	0.	41,530.	
(45) MIGUEL BIDO ----- SR. DIR, TRANSPORT & WAREHOUSE	40.00 ----- 0.					X	163,627.	0.	19,635.	
(46) JENNIFER SZAPIRO ----- SR. DIR, BUS.& INST. PTNRSHIPS	40.00 ----- 0.					X	158,285.	0.	24,198.	
(47) LAURA SAFRAN ----- DIRECTOR, INDIVIDUAL GIVING	40.00 ----- 0.					X	134,358.	0.	7,852.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 17

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	6,337,583.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,130,343.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	129,449,956.				
	g Noncash contributions included in lines 1a-1f: \$		104,967,721.				
	h Total. Add lines 1a-1f			136,917,882.			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			0.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			193,872.			193,872.
	4 Income from investment of tax-exempt bond proceeds			0.			
	5 Royalties			0.			
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)			-15,327.			-15,327.
	8a Gross income from fundraising events (not including \$ 6,337,583. of contributions reported on line 1c). See Part IV, line 18	a		515,484.			
	b Less: direct expenses	b		970,919.			
	c Net income or (loss) from fundraising events			-455,435.			-455,435.
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b						
c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS		900099	48,911.			48,911.	
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			48,911.				
12 Total revenue. See instructions.			136,689,903.			-227,979.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	165,003.	165,003.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,399,337.	962,161.	63,032.	374,144.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	11,001,318.	7,564,323.	495,543.	2,941,452.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9 Other employee benefits	406,845.	314,607.	13,545.	78,693.
10 Payroll taxes	3,188,576.	2,465,679.	106,154.	616,743.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	20,352.	20,352.		
c Accounting	103,393.		103,393.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	240,350.			240,350.
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,562,839.	1,364,867.	158,220.	1,039,752.
12 Advertising and promotion	692,531.	28,251.	7,993.	656,287.
13 Office expenses	1,201,793.	170,090.	31,744.	999,959.
14 Information technology	510,134.	308,234.	102,324.	99,576.
15 Royalties	0.			
16 Occupancy	1,835,699.	1,197,080.	340,534.	298,085.
17 Travel	73,828.	40,793.	8,350.	24,685.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	24,555.	13,567.	2,778.	8,210.
20 Interest	7,737.	7,737.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	702,986.	665,156.	21,824.	16,006.
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD DISTRIBUTED	104,494,661.	104,494,661.		
b FOOD TRANSPORT & DISTRIBUT.	6,399,882.	6,393,627.	275.	5,980.
c FOOD PACKAGING SUPPLIES	157,901.	157,901.		
d				
e All other expenses	953,500.	597,221.	90,048.	266,231.
25 Total functional expenses. Add lines 1 through 24e	136,143,220.	126,931,310.	1,545,757.	7,666,153.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	6,576,955.	1	4,147,185.
	2 Savings and temporary cash investments	281,227.	2	213,922.
	3 Pledges and grants receivable, net	4,632,180.	3	6,123,611.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	1,650,201.	8	1,501,185.
	9 Prepaid expenses and deferred charges	292,415.	9	171,697.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,669,258.		
	b Less: accumulated depreciation	10b 4,818,659.	1,860,917.	10c 1,850,599.
	11 Investments - publicly traded securities	9,939,949.	11	11,065,654.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	477,367.	15	477,367.
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,711,211.	16	25,551,220.	
Liabilities	17 Accounts payable and accrued expenses	2,441,243.	17	3,029,538.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	2,338,821.	19	1,381,051.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	240,296.	23	87,646.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,489,965.	25	1,441,650.
	26 Total liabilities. Add lines 17 through 25	6,510,325.	26	5,939,885.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	17,250,035.	27	17,318,062.
	28 Temporarily restricted net assets	1,640,276.	28	1,988,075.
	29 Permanently restricted net assets	310,575.	29	305,198.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	19,200,886.	33	19,611,335.	
34 Total liabilities and net assets/fund balances	25,711,211.	34	25,551,220.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	136,689,903.
2	Total expenses (must equal Part IX, column (A), line 25)	2	136,143,220.
3	Revenue less expenses. Subtract line 2 from line 1	3	546,683.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,200,886.
5	Net unrealized gains (losses) on investments	5	-72,168.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-64,066.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,611,335.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

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 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

CITY HARVEST, INC.

Employer identification number

13-3170676

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.

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

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

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	102,698,372.	116,036,117.	123,559,901.	123,972,541.	136,917,882.	603,184,813.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	102,698,372.	116,036,117.	123,559,901.	123,972,541.	136,917,882.	603,184,813.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						41,361,026.
6 Public support. Subtract line 5 from line 4						561,823,787.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.	102,698,372.	116,036,117.	123,559,901.	123,972,541.	136,917,882.	603,184,813.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	46,024.	42,216.	27,506.	115,751.	193,872.	425,369.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	1,136,585.	339,271.	267,107.	500,452.	564,393.	2,807,808.
11 Total support. Add lines 7 through 10.						606,417,990.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	92.65%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	85.32%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2016. 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 stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2017. 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 stop here . 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 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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"/>

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) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2017, 2016. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2016 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2017, 2016. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?	1	
2 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>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
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>	3b		

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 Adjusted Net Income (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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (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 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <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).			

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

 ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
MISCELLANEOUS	50,339.	53,021.	11,979.	35,724.	48,911.	199,974.
SPECIAL EVENT REVENUE	1,086,246.	286,250.	255,128.	464,728.	515,482.	2,607,834.
TOTALS	<u>1,136,585.</u>	<u>339,271.</u>	<u>267,107.</u>	<u>500,452.</u>	<u>564,393.</u>	<u>2,807,808.</u>

Schedule of Contributors

2017

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
 CITY HARVEST, INC.

Employer identification number
 13-3170676

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Employer identification number
13-3170676

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 18,375,979.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,837,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 8,655,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 10,279,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 2,835,146.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 5,365,919.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

Employer identification number
13-3170676

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 3,490,647.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CITY HARVEST, INC.

Employer identification number

13-3170676

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	10,621,953 POUNDS OF FOOD	\$ 18,375,979.	VAR
2	3,374,020 POUNDS OF FOOD	\$ 5,837,055.	VAR
3	5,003,445 POUNDS OF FOOD	\$ 8,655,960.	VAR
4	1,479,391 POUNDS OF FOOD	\$ 2,559,346.	VAR
5	1,544,191 POUNDS OF FOOD	\$ 2,671,450.	VAR
6	5,941,815 POUNDS OF FOOD	\$ 10,279,340.	VAR

Name of organization CITY HARVEST, INC.

Employer identification number

13-3170676

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	1,638,813 POUNDS OF FOOD	\$ 2,835,146.	VAR

Name of organization CITY HARVEST, INC.

Employer identification number
13-3170676

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

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

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

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

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

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

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

CITY HARVEST, INC.

Employer identification number

13-3170676

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

Schedule D (Form 990) 2017

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment 100.0000 %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

- (i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DEFERRED RENT	1,441,650.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue per audited statements is 139,104,583. Adjustments include net unrealized gains (-72,168) and donated services (2,486,848). Total revenue per return is 136,689,903.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses per audited statements is 138,694,134. Adjustments include donated services (2,486,848) and other losses (64,066). Total expenses per return is 136,143,220.

Part XIII Supplemental Information.

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

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS

PART V, LINE 4

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

FIN 48

PART X, LINE 2

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

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

Part XIII Supplemental Information (continued)

ITS FINANCIAL STATEMENTS.

OTHER AMOUNTS INCLUDED ON LINE 1 BUT NOT ON 990

PART XII, LINE 2D

WRITE-OFF OF PLEDGE RECEIVABLE \$64,066

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2017

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 for the latest instructions.

Name of the organization
CITY HARVEST, INC.

Employer identification number
13-3170676

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 THRIVE MARKETING GROUP	CONSULTANT DIRECT RES.		X	6,231,914.	183,900.	6,048,014.
2 JOSH WOOD PRODUCTIONS	CONSULTANT -GALA		X	93,000.	56,450.	36,550.
3						
4						
5						
6						
7						
8						
9						
10						
Total				6,324,914.	240,350.	6,084,564.

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

AL, AK, AR, CA, CO, CT, FL, IL,
KS, KY, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, 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	
		ANNUAL GALA	BID AG. HUNGER	3.	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	4,734,409.	1,527,904.	590,754.	6,853,067.
	2	Less: Contributions	4,549,313.	1,266,868.	521,402.	6,337,583.
	3	Gross income (line 1 minus line 2)	185,096.	261,036.	69,352.	515,484.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	75,721.	116,921.	27,388.	220,030.
	6	Rent/facility costs	23,750.	34,451.	57,986.	116,187.
	7	Food and beverages	185,965.	14,124.	29,332.	229,421.
	8	Entertainment	83,013.	79,861.	19,066.	181,940.
	9	Other direct expenses	82,159.	94,168.	47,014.	223,341.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				970,919.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-455,435.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	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	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8	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 ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

SCHEDULE G, PART II

CITY HARVEST HOLDS A VARIETY OF SPECIAL EVENTS THROUGHOUT THE YEAR, MOST NOTABLY, ITS ANNUAL GALA. CITY HARVEST RAISED A TOTAL OF \$6,853,067 IN CONNECTION WITH ITS SPECIAL EVENT ACTIVITIES IN FISCAL YEAR 2018. OF THAT TOTAL, \$515,484 IS CONSIDERED EVENT REVENUE, THE FAIR VALUE OF GOODS AND SERVICES PROVIDED TO DONORS AT THE EVENTS, AND \$6,337,583 CONSISTS OF CONTRIBUTIONS RECEIVED IN CONNECTION WITH THE EVENTS. THE COSTS

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	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 ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

ASSOCIATED WITH THE EVENTS TOTALED \$970,919 AND THE NET LOSS DERIVED FROM
 EVENT ACTIVITIES (WITHOUT CONTRIBUTIONS FACTORED IN) TOTALED \$455,435.
 MOST OF THE REVENUE IS REPORTED AS PURE CONTRIBUTION REVENUE ON PART
 VIII, LINE 1(C).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

CITY HARVEST, INC.

Employer identification number

13-3170676

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BRONXWORKS 60 EAST TREMONT AVE BRONX, NY 10453	13-3254484	501(C)(3)	18,778.				CAPACITY BUILDING
(2) BED-STUY CAMPAIGN AGAINST HUNGER 2010 FULTON STREET BROOKLYN, NY 11233	20-0934584	501(C)(3)	27,579.				CAPACITY BUILDING
(3) CHILDREN OF THE LIGHT INTERNATIONAL MINISTR 1405 EAST 98TH STREET BROOKLYN, NY 11226	01-0832802	501(C)(3)	91,116.				CAPACITY BUILDING
(4) FORT GREEN COUNCIL INC. (HAZEL BROOKS) 951-961 OCEAN AVENUE BROOKLYN, NY 11226	11-2300840	501(C)(3)	25,000.				CAPACITY BUILDING
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4.

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

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

Schedule I (Form 990) (2017)

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

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

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

SCHEDULE I

THROUGH OUR NEW YORK CITY FOOD ASSISTANCE COLLABORATIVE (NYCFAC) PROGRAM, CITY HARVEST PROVIDES MORE THAN \$75,000 IN FUNDS TO HELP BUILD THE CAPABILITY OF EMERGENCY FEEDING PROGRAMS TO SAFELY AND EFFICIENTLY DISTRIBUTE FOOD TO THOSE WHO NEED IT. EACH GRANTEE RELATIONSHIP IS CAREFULLY REVIEWED IN CONJUNCTION WITH THE RFP GUIDELINES AND PAYMENTS ARE CONTINGENT UPON THE GRANTEE SIGNING A CONTRACT WITH APPROVAL FROM AN EXECUTIVE LEVEL OFFICER. ONCE A CONTRACT IS ESTABLISHED, OUR FINANCE DEPARTMENT CREATES A FUND IDENTIFICATION NUMBER WITHIN OUR FINANCIAL SYSTEM TO ACCOUNT FOR THE ACTIVITY BY THE GRANTEE AND CITY HARVEST AS

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

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

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

PART OF ROUTINE FINANCIAL MANAGEMENT.

ADDITIONALLY CITY HARVEST PROVIDED OVER \$85,000 TO PARTNER PROGRAMS IN AN EFFORT TO BUILD THEIR OVERALL CAPACITY TO SERVE THEIR COMMUNITIES. THESE GRANTEES WERE THOROUGHLY VETTED AND CONTINGENT UPON THE GRANTEE SIGNING A CONTRACT WITH APPROVAL FROM AN EXECUTIVE LEVEL OFFICER. ONCE A CONTRACT IS ESTABLISHED, OUR FINANCE DEPARTMENT CREATES A FUND IDENTIFICATION NUMBER WITHIN OUR FINANCIAL SYSTEM TO ACCOUNT FOR THE ACTIVITY BY THE GRANTEE AND CITY HARVEST AS PART OF ROUTINE FINANCIAL MANAGEMENT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CITY HARVEST, INC.

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

13-3170676

Part I Questions Regarding Compensation

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

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

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

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

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

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- 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? **5a** X
- b** Any related organization? **5b** X
- 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? **6a** X
- b** Any related organization? **6b** X
- 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. **7** X

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 **8** X

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

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

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

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JILLY STEPHENS CEO	(i)	355,981.	125,000.	0.	13,415.	19,268.	513,664.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JENNIFER MCLEAN COO	(i)	237,387.	30,000.	0.	14,663.	27,569.	309,619.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 RENEE RICHARDSON CFAO	(i)	229,901.	30,000.	0.	14,564.	20,239.	294,704.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 GREGORY BOROFF CHIEF EXTERNAL RELATIONS OFF.	(i)	274,379.	20,000.	0.	1,646.	11,380.	307,405.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JAMES SCHEMBARI SENIOR DIRECTOR, FINANCE	(i)	164,530.	12,500.	0.	9,953.	11,036.	198,019.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 KATE MACKENZIE SR. DIRECTOR OF PROGRAMS	(i)	144,126.	12,500.	0.	10,184.	31,346.	198,156.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 MIGUEL BIDO SR. DIR, TRANSPORT & WAREHOUSE	(i)	151,127.	12,500.	0.	9,233.	10,402.	183,262.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 JENNIFER SZAPIRO SR. DIR, BUS.& INST. PTNRSHIPS	(i)	145,785.	12,500.	0.	8,663.	15,535.	182,483.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 JULIA FOSTER SNR. DIR. MKTG & COMM.	(i)	121,806.	12,500.	0.	6,587.	34,171.	175,064.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 7

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

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CITY HARVEST, INC.

Employer identification number

13-3170676

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	70.	826,954.	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		104,140,767.	3RD PARTY VALUATION
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2017)

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

IN KIND CONTRIBUTIONS

PART II, LINE 9

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

PART II

FOOD PRODUCTS ARE DONATED TO CITY HARVEST BY RESTAURANTS, CORPORATIONS AND INDIVIDUALS. THESE FOOD PRODUCTS ARE SUBSEQUENTLY DISTRIBUTED TO A NETWORK OF NEARLY 420 COMMUNITY FOOD PROGRAMS. CITY HARVEST ALSO ARRANGES FOR FOOD FROM ITS DONORS TO BE DISTRIBUTED DIRECTLY TO OTHER FOOD BANKS OR DIRECTLY TO AGENCIES. IN ADDITION TO DONATIONS OF FOOD PRODUCTS, CITY HARVEST ALSO ACCEPTS DONATIONS OF PREPARED FOOD AND MEALS. ALL DONATED FOOD HAS BEEN VALUED BASED ON THE WHOLESALE VALUE OF THE DONATED PRODUCT AT THE NATIONAL LEVEL, AS DETERMINED BY AN INDEPENDENT STUDY, WHICH HAS BEEN CALCULATED BY CITY HARVEST AT \$1.73 PER POUND AND \$1.67 PER POUND FOR FISCAL YEAR 2018 AND 2017, RESPECTIVELY.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CITY HARVEST, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

13-3170676

PROCESS USED TO REVIEW FORM 990

FORM 990, PART VI, SECTION B, LINE 11

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

FORM 990, PART VI, SECTION B, LINE 12

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

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

Name of the organization CITY HARVEST, INC.	Employer identification number 13-3170676
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CONFLICTS AND THE MATTER IS RESOLVED BY THE HUMAN RESOURCE DEPARTMENT IN CONSULTATION WITH THE CEO.

FORM 990, PART VI, SECTION B, LINE 15

PROCESS FOR DETERMINING COMPENSATION

THE CEO 'S COMPENSATION IS ADMINISTERED IN ACCORDANCE WITH AN EMPLOYMENT CONTRACT THAT WAS REVIEWED BY AN INDEPENDENT COMPENSATION FIRM THAT PROVIDED BOTH BENCHMARKING AGAINST THE COMPETITIVE MARKET AND AN INTERMEDIATE SANCTIONS REVIEW. THE ORGANIZATION STARTED A NEW COMPENSATION STUDY TOWARDS THE END OF FISCAL YEAR 2017. IT WAS FINALIZED AT THE BEGINNING OF FISCAL YEAR 2018. 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

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

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

FORM 990, PART VI, SECTION B, LINE 19

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

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

Name of the organization CITY HARVEST, INC.	Employer identification number 13-3170676
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MANAGEMENT'S DISCRETION.

FORM 990, PART XI, LINE 9

CHANGE IN NET ASSETS

WRITE-OFF OF PLEDGE RECEIVABLE \$64,066

ATTACHMENT 1

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

CITY HARVEST PIONEERED FOOD RESCUE IN 1982 AND, IN FISCAL YEAR 2018 COLLECTED 60.5 MILLION POUNDS OF EXCESS FOOD TO HELP FEED THE NEARLY 1.3 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 400 SOUP KITCHENS, FOOD PANTRIES AND OTHER COMMUNITY FOOD PROGRAMS ACROSS THE FIVE BOROUGHES. IN ADDITION, OUR HEALTHY NEIGHBORHOODS INITIATIVE ADDRESSES LONG TERM FOOD INSECURITY THROUGH COMMUNITY PARTNERSHIPS THAT WORK TO INCREASE ACCESS TO AFFORDABLE AND WHOLESOME FOOD.

ATTACHMENT 2

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

EMERGENCY FOOD RESCUE: USING A FLEET OF 22 TRUCKS, CITY HARVEST RESCUES AND DELIVERS EXCESS FOOD SEVEN DAYS A WEEK. IN FISCAL YEAR 2018, THE FIRST YEAR OF OUR NEW FIVE-YEAR STRATEGIC PLAN, CITY HARVEST COLLECTED 60.5 MILLION POUNDS OF FOOD, MORE THAN HALF OF WHICH WAS COMPRISED OF FRESH FRUITS AND VEGETABLES. THIS FOOD WAS DELIVERED FREE OF CHARGE TO 400 COMMUNITY FOOD PROGRAMS ACROSS

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

NEW YORK CITY. SINCE OUR FOUNDING, WE HAVE COLLECTED OVER 600 MILLION POUNDS OF GOOD, NUTRITIOUS FOOD FOR NEW YORKERS IN NEED. AT CITY HARVEST, WE RECOGNIZE OUR RESPONSIBILITY TO THE PEOPLE WE SERVE AND ENSURE THE HIGHEST FOOD SAFETY STANDARDS IN EVERY FACET OF OUR FOOD RESCUE OPERATIONS. WE TAKE CAREFUL STEPS TO ENSURE THAT EACH POUND OF FOOD IS RESCUED AND DELIVERED SAFELY.

1. FOOD RESCUE FACILITY: CITY HARVEST'S 45,500 SQUARE FOOT FOOD RESCUE FACILITY IN LONG ISLAND CITY, QUEENS, ALLOWS US TO MOVE SOME 160,000 POUNDS OF FOOD A DAY TO NEW YORKERS IN NEED ACROSS THE FIVE BOROUGHES. THE FACILITY HAS A LARGE COOLER AND FREEZER TO SAFELY HOLD PERISHABLE FOOD ON A SHORT-TERM BASIS, AND A LARGE DRY STORAGE AREA TO SORT NON-PERISHABLE GOODS, ALLOWING US TO RESCUE AND DELIVER LARGE AMOUNTS AND A WIDE VARIETY OF FOOD. EACH MORNING, CITY HARVEST'S FLEET OF TRUCKS ARE LOADED WITH FOOD HERE AND BEGIN THEIR DAY PICKING UP AND DELIVERING FOOD FOR HUNDREDS OF COMMUNITY PROGRAMS. THE FOOD RESCUE FACILITY ALSO ACCEPTS LARGE DONATIONS OF FOOD DIRECTLY FROM FARMS AND CORPORATIONS, WHICH ARE REPACKED BY VOLUNTEERS INTO FAMILY-SIZED PORTIONS THAT WE DELIVER TO SOUP KITCHENS AND FOOD PANTRIES. IN FISCAL YEAR 2018, CITY HARVEST RESCUED 60.5 MILLION POUNDS OF FOOD. SEVENTY-FIVE PERCENT OF THE FOOD WAS NUTRIENT DENSE AND MORE THAN 50% WAS FRESH PRODUCE.

2. WHERE CITY HARVEST RESCUES FOOD: CITY HARVEST COLLECTS

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

NUTRITIOUS EXCESS FOOD THAT WOULD OTHERWISE GO TO WASTE FROM OVER 2,500 DONORS, INCLUDING FARMS, GROCERS, RESTAURANTS, AND MANUFACTURERS. CITY HARVEST ALSO RELIES ON NEW YORKERS ACROSS THE CITY TO HELP FEED THEIR HUNGRY NEIGHBORS BY ORGANIZING FOOD DRIVES IN THEIR SCHOOLS, APARTMENT BUILDINGS, BUSINESSES AND PLACES OF WORSHIP.

3. WHERE THE FOOD GOES: CITY HARVEST REGULARLY DELIVERS FOOD TO OVER 400 SOUP KITCHENS, FOOD PANTRIES AND OTHER COMMUNITY FOOD PROGRAMS ACROSS NEW YORK CITY, HELPING FEED THE NEARLY 1.3 MILLION RESIDENTS STRUGGLING TO PUT MEALS ON THEIR TABLES REGULARLY. THESE SOUP KITCHENS, FOOD PANTRIES, HOMELESS SHELTERS, SENIOR CENTERS, CHILDREN'S DAYCARE CENTERS, AND OTHER COMMUNITY FOOD PROGRAMS TOGETHER HELP FEED HUNDREDS OF THOUSANDS OF NEW YORKERS EACH WEEK.

4. KOSHER INITIATIVE: CITY HARVEST'S KOSHER INITIATIVE ADDRESSES THE DIETARY NEEDS OF THE HALF-MILLION OBSERVANT JEWISH INDIVIDUALS FACING HUNGER IN NEW YORK CITY. OVER THE LAST 5 YEARS, WE DELIVERED 24 MILLION POUNDS OF KOSHER FOOD. WE DELIVER FOOD TO 30 KOSHER FEEDINGS PROGRAMS ACROSS THE CITY.

ATTACHMENT 3

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

HEALTHY NEIGHBORHOODS: NEARLY 1.3 MILLION NEW YORKERS ARE FACING

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

HUNGER AND FOR MANY PEOPLE THAT CITY HARVEST SERVES, HEALTHY FOOD IS UNAVAILABLE AND UNAFFORDABLE. IN TURN, ILLNESSES RELATED TO POOR NUTRITION - INCLUDING DIABETES AND HEART DISEASE - TEND TO BE CONCENTRATED WHERE DEMAND FOR EMERGENCY FOOD IS GREATEST.

AS A NATURAL EXTENSION OF THE ANTI-HUNGER WORK WE BEGAN 35 YEARS AGO, CITY HARVEST DEVELOPED LONG-TERM HEALTHY NEIGHBORHOODS PROGRAMS WHICH PARTNER WITH LOW-INCOME COMMUNITIES TO INCREASE ACCESS TO FRESH PRODUCE AND HELP RESIDENTS SHOP FOR AND COOK NUTRITIOUS, BUDGET-CONSCIOUS MEALS.

HEALTHY NEIGHBORHOODS PROGRAMS TARGET FIVE LOW-INCOME NEIGHBORHOODS OF NEW YORK CITY, ONE IN EACH BOROUGH:

- BEDFORD STUYVESANT IN BROOKLYN
- SOUTH BRONX
- WASHINGTON HEIGHTS/INWOOD IN MANHATTAN
- NORTHWEST QUEENS
- NORTH SHORE OF STATEN ISLAND

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

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

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

AND THEIR FAMILIES.

A. PROVIDING FOOD: THIS YEAR, CITY HARVEST DELIVERED 60.5 MILLION POUNDS OF FOOD ACROSS THE CITY. WE DELIVERED OVER 14.7 MILLION POUNDS OF FOOD TO COMMUNITY FOOD PROGRAMS LOCATED IN HEALTHY NEIGHBORHOODS. MORE THAN 50% OF THIS FOOD WAS PRODUCE, AND SOUP KITCHENS AND FOOD PANTRIES ARE THEN ABLE TO OFFER PARTICIPANTS A VARIETY OF HEALTHY FOOD.

B. MOBILE MARKETS: THROUGH FREE, FARMERS MARKET-STYLE DISTRIBUTIONS OF PRODUCE IN LOW-INCOME COMMUNITIES ACROSS THE FIVE BOROUGHES, CITY HARVEST DISTRIBUTES OVER 3 MILLION POUNDS OF FRUITS AND VEGETABLES EACH YEAR. ON-SITE COOKING DEMONSTRATIONS SHOW RESIDENTS HOW TO COOK WITH PRODUCE. CITY HARVEST HAS NINE MOBILE MARKETS ACROSS NEW YORK CITY. WE ALSO PARTNER WITH LOCAL COMMUNITY ORGANIZATIONS TO PROVIDE WELLNESS PROGRAMMING, HELPING PARTICIPANTS INCORPORATE HEALTHY HABITS INTO THEIR DAILY LIVES.

C. COMMUNITY PARTNER MOBILE MARKETS: A SMALLER VERSION OF THE MOBILE MARKET OPERATED SOLELY BY THE COMMUNITY BASED ORGANIZATION (CBO), THESE 8 SMALL FARMERS-STYLE MARKETS DISTRIBUTED 705K POUNDS OF FOOD IN FISCAL YEAR 18. IN FISCAL YEAR 18, WE OPENED OUR FIRST PARTNER SITE (JERUSALEM A CHURCH WITHOUT WALLS) AS A PART OF THE STRATEGIC PLAN. THIS NEW COMMUNITY PARTNER DISTRIBUTION IS LOCATED IN THE NORTH BRONX AND DISTRIBUTED CLOSE TO 100K POUNDS IN ITS FIRST YEAR. TOWARDS THE END OF FISCAL YEAR 18, WE WERE ABLE TO

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

OPEN A SECOND COMMUNITY PARTNER DISTRIBUTION (HEALTH ESSENTIAL ASSOCIATION) IN THE BENSONHURST AREA OF BROOKLYN.

D. GRANTS: THROUGH OUR NEW YORK CITY FOOD ASSISTANCE COLLABORATIVE (NYCFAC) PROGRAM, CITY HARVEST PROVIDES MORE THAN \$75,000 IN FUNDS TO HELP BUILD THE CAPABILITY OF EMERGENCY FEEDING PROGRAMS TO SAFELY AND EFFICIENTLY DISTRIBUTE FOOD TO THOSE WHO NEED IT. EACH GRANTEE RELATIONSHIP IS CAREFULLY REVIEWED IN CONJUNCTION WITH THE RFP GUIDELINES AND PAYMENTS ARE CONTINGENT UPON THE GRANTEE SIGNING A CONTRACT WITH APPROVAL FROM AN EXECUTIVE LEVEL OFFICER. ONCE A CONTRACT IS ESTABLISHED, OUR FINANCE DEPARTMENT CREATES A FUND IDENTIFICATION NUMBER WITHIN OUR FINANCIAL SYSTEM TO ACCOUNT FOR THE ACTIVITY BY THE GRANTEE AND CITY HARVEST AS PART OF ROUTINE FINANCIAL MANAGEMENT.

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

A. NUTRITION EDUCATION COURSES: CITY HARVEST PROVIDES FREE NUTRITION EDUCATION CLASSES FOR ADULTS, FAMILIES, TEENAGERS, AND SENIOR CITIZENS AT PARTICIPATING COMMUNITY ORGANIZATIONS, TEACHING RESIDENTS HOW TO PREPARE HEALTHY MEALS ON A BUDGET. WE REACH NEARLY 42,000 RESIDENTS A YEAR THROUGH NUTRITION EDUCATION PROGRAMMING.

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

B. COOKING DEMONSTRATIONS: CITY HARVEST STAFF AND VOLUNTEERS DEMONSTRATE HEALTHY, BUDGET-CONSCIOUS RECIPES AND TECHNIQUES FOR RESIDENTS AT SENIOR CENTERS, SUPERMARKETS, CORNER STORES, HEALTH CLINICS, AND OTHER COMMUNITY GATHERING PLACES.

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

D. CITY HARVEST FRUIT BOWL: CITY HARVEST DELIVERS A REGULAR SUPPLY OF FRESH FRUIT AND LOW-FAT DAIRY TO 7,000 CHILDREN IN PRE-SCHOOL, HEAD START, AND AFTER SCHOOL PROGRAMS. WE ALSO OFFER A UNIQUE NUTRITION EDUCATION PROGRAM DESIGNED TO TEACH LIFE-LONG HEALTHY EATING HABITS TO CHILDREN AND CAREGIVERS.

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

A. HEALTHY RETAIL: CITY HARVEST WORKS WITH SUPERMARKETS AND CORNER STORES IN LOW-INCOME NEIGHBORHOODS TO INCREASE THE QUANTITY, QUALITY AND VARIETY OF AVAILABLE PRODUCE. CITY HARVEST ALSO HOSTS HEALTHY COOKING DEMONSTRATIONS AND BUDGET SHOPPING WORKSHOPS TO ENCOURAGE NUTRITIOUS AND AFFORDABLE CHOICES RIGHT ON SITE.

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

4. COMMUNITY ENGAGEMENT: CITY HARVEST PARTNERS WITH COMMUNITY ORGANIZATIONS TO BRING MORE HEALTHY FOOD TO RESIDENTS AND ADDRESS NEIGHBORHOOD FOOD AND HEALTH NEEDS.

A. CITY HARVEST SUPPORTS COMMUNITY ACTION NETWORKS (CANS) IN EACH OF OUR HEALTHY NEIGHBORHOODS, WHICH BRING TOGETHER PASSIONATE RESIDENTS, RETAILERS AND LOCAL ORGANIZATIONS TO ADVOCATE FOR EQUITY AND INCLUSION IN THE DECISION MAKING PROCESS THAT SHAPES THE LOCAL FOOD SYSTEM.

B. WE ALSO WORK WITH LOCAL ORGANIZATIONS THAT HELP US CARRY OUT OUR HEALTHY NEIGHBORHOODS PROGRAMS. THEY HOST NUTRITION EDUCATION COURSES, STAFF MOBILE MARKETS, PROVIDE WELLNESS PROGRAMS, AND ASSIST WITH JOB TRAINING.

ATTACHMENT 4

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

FL, IL, KS, KY, ME, MD, MA, MI,

MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SD, UT, VA, WA, WV,

ATTACHMENT 5

Name of the organization CITY HARVEST, INC.	Employer identification number 13-3170676
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ATTACHMENT 5 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
FARMER'S CHOICE INC. 711 HONOLULU DRIVE WAUCHULA, FL 33873	FREIGHT & PACKAGING	1,014,095.
DAVE LUDLUM PRODUCE, LLC P.O. BOX 583 CHAPIN, SC 29036	FREIGHT & PACKAGING	676,031.
REDSTONE STRATEGY GROUP, LLC 3223 ARAPAHOE AVE., STE. 210 BOULDER, CO 80303	PROFESSIONAL SVCS	563,834.
THE PRODUCTION ADVANTAGE, INC. 13873 PARK CENTER ROAD, STE. 15 OAK HILL, VA 20171	DIRECT MAIL	496,502.
C.H. ROBINSON WORLDWIDE P.O. BOX 9121 MINNEAPOLIS, MN 55480	FREIGHT & PACKAGING	451,524.