

Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

Form header section containing: B Check if applicable (Address change, Name change, etc.), C Name of organization (CITY HARVEST, INC.), D Employer identification number (13-3170676), E Telephone number ((646) 412-0600), F Name and address of principal officer (JILLY STEPHENS), G Gross receipts (\$ 229,433,097), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status (501(c)(3)), J Website (WWW.CITYHARVEST.ORG), K Form of organization (Corporation), L Year of formation (1983), M State of legal domicile (NY).

Part I Summary

Table with 3 main columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature and Preparer information section. Includes: Sign Here (Signature of officer: JILLY STEPHENS, CEO), Preparer (Print/Type preparer's name: SCOTT THOMPSETT, Preparer's signature, Date, PTIN: P00741490), Preparer Use Only (Firm's name: GRANT THORNTON LLP, Firm's address: 757 THIRD AVENUE, 3RD FLOOR, NEW YORK, NY 10017-2013, Firm's EIN: 36-6055558, Phone no. (212) 599-0100).

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

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

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

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

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

RENEE RICHARDSON

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

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

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

1 I request an automatic 6-month extension of time until MAY 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning JUL 1, 2021, and ending JUN 30, 2022.

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

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 206,510,059. including grants of \$ 970,000.) (Revenue \$ 0.) SEE SCHEDULE O

4b (Code:) (Expenses \$ 4,656,246. including grants of \$ 822,272.) (Revenue \$ 0.) SEE SCHEDULE O

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

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

4e Total program service expenses 211,166,305.

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 Rev. Proc. 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 donor-restricted endowments or in 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
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	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational activities.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
RENEE RICHARDSON - (646) 412-0600
150 52ND STREET, BROOKLYN, NY 11232

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JILLY STEPHENS CEO	40.00 0.00			X				510,729.	0.	36,902.
(2) JENNIFER MCLEAN COO	40.00 0.00			X				345,274.	0.	47,688.
(3) GREGORY BOROFF CHIEF EXTERNAL RELATIONS OFFICER	40.00 0.00			X				353,168.	0.	29,288.
(4) RENEE RICHARDSON CFAO	40.00 0.00			X				325,040.	0.	38,224.
(5) KARRIEN ANDREA FRANCIS CHIEF HR & DIVERSITY OFFICER	40.00 0.00			X				290,218.	0.	23,449.
(6) MICHAEL FOWLES VICE PRESIDENT OF SUPPLY CHAIN	40.00 0.00					X		265,388.	0.	46,582.
(7) NATASHA REQUENA VICE PRESIDENT, DEVELOPMENT	40.00 0.00					X		222,124.	0.	9,015.
(8) JENIQUE JONES V.P., PROGRAM OPS. & POLICY	40.00 0.00					X		206,752.	0.	22,654.
(9) JULIA FOSTER V.P., MARKETING & COMMUNICATIONS	40.00 0.00					X		197,242.	0.	9,544.
(10) NICOLE MAUS CONTROLLER	40.00 0.00					X		174,686.	0.	19,308.
(11) JAMES KALLMAN CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(12) ERIC RIPERT VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(13) MARC GRANETZ SECRETARY	1.00 0.00	X		X				0.	0.	0.
(14) ERIC S. SCHWARTZ TREASURER	1.00 0.00	X		X				0.	0.	0.
(15) MARJORIE SYBUL ADAMS DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) E. DESIREE ASHER DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) ALEX BERENSON DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RICHARD BERRY DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) ASHISH BHUTANI DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) BENJAMIN BRAM DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) JASON CARROLL DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) DAVID CHUBAK DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) SOVONNA DAY-GOINS DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) MISOOK DOOLITTLE DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) WILSON ERVIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) J. MICHAEL EVANS DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								2,890,621.	0.	282,654.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,890,621.	0.	282,654.

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 33

	Yes	No
3 Did the organization list any former officer, director, 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
SHAWMUT WOODWORKING & SUPPLY, INC. 560 HARRISON AVENUE, BOSTON, MA 02118	CONSTRUCTION SERVICES	24,874,724.
FEEDING PENNSYLVANIA, 6700 ESSINGTON AVE., SUITE J-216, PHILADELPHIA, PA 19153	FREIGHT & PACKAGING	14,422,288.
FEEDING AMERICA 1601 PAYSHERE CIRCLE, CHICAGO, IL 60674	FREIGHT & PACKAGING	6,267,499.
SECOND HARVEST FOOD BANK OF MIDDLE TENNESSE 331 GREAT CIRCLE ROAD, NASHVILLE, TN 37228	FREIGHT & PACKAGING	4,503,514.
WESTERN HARVEST, 40 E. MAIN STREET, SUITE 518, NEWARK, DE 19711	FREIGHT & PACKAGING	2,159,432.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 51

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MITCHELL HARRIS DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) CHRISTINE HIKAWA DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) SHARON H. JACQUET DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) PAMELA KAUFMANN DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) SIMON KIM DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) BILL KOENIGSBERG DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) SHIRLEY MADHERE-WEIL MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) KERRIE MACPHERSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) KATHLEEN MCCARTHY DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) WILLIAM J. MILLS DIRECTOR	1.00 0.00	X						0.	0.	0.
(37) NADINE MIRCHANDANI DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) MARC MURPHY DIRECTOR	1.00 0.00	X						0.	0.	0.
(39) VALERIE PELTIER DIRECTOR	1.00 0.00	X						0.	0.	0.
(40) MARY RUBIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(41) MARCUS SAMUELSSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(42) RICK SMILOW DIRECTOR	1.00 0.00	X						0.	0.	0.
(43) KERONE VATEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(44) TIM WALSH DIRECTOR	1.00 0.00	X						0.	0.	0.
(45) MELBA WILSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(46) KATIE RASKIN WORKMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	7,021,711.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	4,379,907.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	212,348,250.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 160,631,945.				
	h Total. Add lines 1a-1f		223,749,868.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		154,588.			154,588.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	5,262,342.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	5,300,437.				
	c Gain or (loss)	7c	-38,095.				
	d Net gain or (loss)		-38,095.			-38,095.	
8 a Gross income from fundraising events (not including \$ 7,021,711. of contributions reported on line 1c). See Part IV, line 18	8a		236,468.				
		b Less: direct expenses	8b	1,282,472.			
		c Net income or (loss) from fundraising events		-1,046,004.			-1,046,004.
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
		c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a OTHER REVENUE	Business Code	900099	29,831.		29,831.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			29,831.			
12 Total revenue. See instructions			222,850,188.	0.	0.	-899,680.	

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 ...	1,792,272.	1,792,272.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,869,972.	1,267,630.	68,907.	533,435.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,000.	2,000.		
7 Other salaries and wages	15,985,279.	10,836,214.	589,047.	4,560,018.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	695,908.	505,930.	21,925.	168,053.
9 Other employee benefits	2,894,147.	2,104,065.	91,183.	698,899.
10 Payroll taxes	1,225,730.	891,115.	38,618.	295,997.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	126,981.		126,981.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	1,890,995.			1,890,995.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,283,640.	1,068,320.	94,089.	121,231.
12 Advertising and promotion	1,133,102.	23,507.	23,031.	1,086,564.
13 Office expenses	1,263,545.	132,924.	27,708.	1,102,913.
14 Information technology	827,437.	412,507.	112,346.	302,584.
15 Royalties				
16 Occupancy	1,120,936.	922,005.	85,383.	113,548.
17 Travel	128,646.	80,080.	12,375.	36,191.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	33,076.	20,589.	3,182.	9,305.
20 Interest	1,834,412.	1,626,573.	88,467.	119,372.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,472,775.	5,551,560.	392,611.	528,604.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOOD DISTRIBUTED	164,341,300.	164,341,300.		
b FOOD TRANSPORT/DISTRIB.	18,273,101.	18,273,101.		
c MISCELLANEOUS	1,716,083.	1,068,234.	165,078.	482,771.
d FOOD PACKAGING SUPPLIES	253,545.	246,379.		7,166.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	225,164,882.	211,166,305.	1,940,931.	12,057,646.
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)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	59,658,198.	1	33,271,840.
	2 Savings and temporary cash investments	97,475.	2	62,923.
	3 Pledges and grants receivable, net	28,196,330.	3	25,536,771.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,560,792.	8	1,424,093.
	9 Prepaid expenses and deferred charges	1,265,431.	9	726,043.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 67,470,630.		
	b Less: accumulated depreciation	10b 5,594,016.	22,874,095.	10c 61,876,614.
	11 Investments - publicly traded securities	5,236,296.	11	5,001,781.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	128,755,095.	15	123,661,060.
16 Total assets. Add lines 1 through 15 (must equal line 33)	247,643,712.	16	251,561,125.	
Liabilities	17 Accounts payable and accrued expenses	14,336,164.	17	12,252,325.
	18 Grants payable		18	
	19 Deferred revenue	444,919.	19	963,436.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	74,709.	21	133,353.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	10,968,750.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	132,061,037.	25	129,341,007.
	26 Total liabilities. Add lines 17 through 25	146,916,829.	26	153,658,871.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	54,606,877.	27	79,716,700.
	28 Net assets with donor restrictions	46,120,006.	28	18,185,554.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	100,726,883.	32	97,902,254.
33 Total liabilities and net assets/fund balances	247,643,712.	33	251,561,125.	

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	222,850,188.
2	Total expenses (must equal Part IX, column (A), line 25)	2	225,164,882.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,314,694.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	100,726,883.
5	Net unrealized gains (losses) on investments	5	-351,154.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-158,781.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	97,902,254.

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 on 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 on 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 on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2021)

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	136,917,882.	142,504,119.	209,167,514.	336,434,717.	223,749,868.	1048774100.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	136,917,882.	142,504,119.	209,167,514.	336,434,717.	223,749,868.	1048774100.
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)						114,532,882.
6 Public support. Subtract line 5 from line 4.						934,241,218.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	136,917,882.	142,504,119.	209,167,514.	336,434,717.	223,749,868.	1048774100.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	193,872.	268,341.	202,636.	161,636.	154,588.	981,073.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	564,393.	542,023.	527,076.	570,033.	266,299.	2,469,824.
11 Total support. Add lines 7 through 10						1052224997.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	88.79 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	92.65 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for 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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <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 line 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	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) 2021

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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

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

MISCELLANEOUS

2017 AMOUNT: \$ 48,911.

2018 AMOUNT: \$ 3,870.

2021 AMOUNT: \$ 29,831.

SPECIAL EVENT REVENUE

2017 AMOUNT: \$ 515,482.

2018 AMOUNT: \$ 361,899.

2019 AMOUNT: \$ 403,528.

2020 AMOUNT: \$ 554,808.

2021 AMOUNT: \$ 236,468.

REFUNDS/REBATES

2019 AMOUNT: \$ 123,548.

2020 AMOUNT: \$ 15,225.

PAYMENT PER LEASE AGREEMENT

2018 AMOUNT: \$ 176,254.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

CITY HARVEST, INC.

Employer identification number

13-3170676

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ 8,941,296.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 6,446,043.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 30,964,008.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 23,963,651.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 9,572,801.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 6,482,530.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part 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	5,228,828 POUNDS OF FOOD _____ _____ _____	\$ 8,941,296.	06/30/22
2	3,769,616 POUNDS OF FOOD _____ _____ _____	\$ 6,446,043.	06/30/22
3	18,107,607 POUNDS OF FOOD _____ _____ _____	\$ 30,964,008.	06/30/22
4	14,013,831 POUNDS OF FOOD _____ _____ _____	\$ 23,963,651.	06/30/22
5	5,598,129 POUNDS OF FOOD _____ _____ _____	\$ 9,572,801.	06/30/22
6	3,790,953 POUNDS OF FOOD _____ _____ _____	\$ 6,482,530.	06/30/22

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 info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?	X		
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		24,423.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		
i Other activities?	X		84,000.
j Total. Add lines 1c through 1i			108,423.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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

TELEPHONE ELECTED GOVERNMENT OFFICIALS TO ADVOCATE ON MATTERS RELATED

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

LEGISLATION.

Part IV Supplemental Information (continued)

LINE 1D: DONORS AND SOCIAL MEDIA FOLLOWERS ARE ASKED ON OCCASION TO

WRITE LETTERS, EMAIL, OR TELEPHONE ELECTED GOVERNMENT OFFICIALS TO

ADVOCATE ON MATTERS RELATED TO OUR MISSION IN AN ATTEMPT TO INFLUENCE

THEIR VIEWS ON SPECIFIC LEGISLATION.

LINE 1E: SOCIAL MEDIA POSTS ARE OCCASIONALLY RELATE TO MATTERS RELATED

TO OUR MISSION IN AN ATTEMPT TO INFLUENCE VIEWS ON SPECIFIC

LEGISLATION.

LINE 1G: EMPLOYEES COLLABORATE WITH AGENCY PARTNERS TO SPEAK WITH STATE

AND FEDERAL GOVERNMENT OFFICIALS AND THEIR STAFFS REGARDING CURRENT AND

FUTURE LEGISLATION.

LINE 1H: EMPLOYEES PARTICIPATED ON PANEL DISCUSSIONS AND HOSTED

WEBINARS ABOUT CITY HARVEST'S POLICY PRIORITIES.

LINE 1I: A THIRD PARTY CONSULTANT PROVIDES SERVICES FOR LEGISLATIVE,

REGULATORY AND STATE AGENCY NEEDS OF THE ORGANIZATION IN RELATION TO A

FY22 WAREHOUSE MOVE TO ANOTHER AREA OF THE CITY.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	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.

1a If the organization elected, as permitted under FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	265,463.	227,606.	312,267.	305,198.	310,575.
b Contributions					
c Net investment earnings, gains, and losses	-9,395.	37,857.	-84,661.	7,069.	-5,377.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	256,068.	265,463.	227,606.	312,267.	305,198.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		37,813,548.	1,010,148.	36,803,400.
d Equipment		4,993,190.	4,055,977.	937,213.
e Other		24,663,892.	527,891.	24,136,001.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				61,876,614.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	1,962,633.
(2) FUNDS HELD FOR OTHERS	133,353.
(3) RIGHT-OF-USE ASSET FOR FINANCING LEASES	119,121,062.
(4) RIGHT-OF-USE ASSET FOR OPERATING LEASES	2,444,012.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	123,661,060.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE OBLIGATION	3,079,381.
(3) FINANCING LEASE OBLIGATION	126,261,626.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	129,341,007.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	224,527,401.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-351,154.
b	Donated services and use of facilities	2b	2,028,367.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,677,213.
3	Subtract line 2e from line 1	3	222,850,188.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	222,850,188.

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.

1	Total expenses and losses per audited financial statements	1	227,352,030.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,028,367.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	158,781.
e	Add lines 2a through 2d	2e	2,187,148.
3	Subtract line 2e from line 1	3	225,164,882.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	225,164,882.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

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

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

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

LIABILITY ON PART X, LINE 21.

PART V, LINE 4:

CITY HARVEST HOLDS AN ENDOWMENT TO SUPPORT ITS GENERAL CHARITABLE MISSION

OF PROVIDING HUNGER RELIEF IN NEW YORK CITY COMMUNITIES. THE ORGANIZATION

ANTICIPATES LEAVING THE PRINCIPAL AND GAINS UNTOUCHED TO ALLOW THE

ENDOWMENT TO GROW FOR FUTURE USE; OCCASIONALLY, THE ORGANIZATION WILL USE

THE ENDOWMENT'S INTEREST AND DIVIDEND EARNINGS TO FUND VARIOUS CHARITABLE

Part XIII Supplemental Information (continued)

PROGRAMS.

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

THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") IMPLEMENTED A NEW LEASE

ACCOUNTING STANDARD THAT BECAME EFFECTIVE FOR CITY HARVEST IN THE YEAR

ENDING JUNE 30, 2021. THIS ACCOUNTING STANDARD WAS EFFECTUATED TO IMPROVE

THE TRANSPARENCY SURROUNDING KEY INFORMATION PERTAINING TO AN EXEMPT

ORGANIZATION'S LEASING ARRANGEMENTS (AND TO ENSURE THAT ALL ORGANIZATIONS

WERE RECORDING THE TRANSACTIONS UNIFORMLY ON THEIR BALANCE SHEETS).

LINE 3 - RIGHT-OF-USE FOR FINANCING LEASES - IN FISCAL YEAR 2020, CITY

HARVEST ENTERED INTO A 31 YEAR FINANCE LEASE FOR A NEW WAREHOUSE SPACE

LOCATED IN SUNSET PARK, BROOKLYN. PURSUANT TO THIS NEW ACCOUNTING

STANDARD, BOTH LEASES ARE NOW RECORDED AS A "RIGHT-OF-USE ASSETS" WITH

CORRESPONDING LEASE OBLIGATION LIABILITIES ON CITY HARVEST'S STATEMENT OF

FINANCIAL POSITION FOR THE YEAR ENDING JUNE 30, 2022.

LINE 4 - RIGHT-OF-USE FOR OPERATING LEASES - IN APRIL 2012, CITY HARVEST

ENTERED INTO A 12-YEAR OPERATING LEASE FOR NEW ADMINISTRATIVE OFFICE SPACE

LOCATED IN MIDTOWN, MANHATTAN.

PART X, LINE 2:

CITY HARVEST FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR

UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX

RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND

MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN

TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE

POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED IF THE POSITION WERE TO

Part XIII Supplemental Information (continued)

BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS

BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO

THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

CITY HARVEST IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF

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

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

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

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

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

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

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

UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE

FINANCIAL STATEMENTS. IN ADDITION, CITY HARVEST HAS NOT RECORDED A

PROVISION FOR INCOME TAXES AS IT HAS NO MATERIAL TAX LIABILITY FROM

UNRELATED BUSINESS INCOME ACTIVITIES.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PROVISION FOR UNCOLLECTIBLE PLEDGES 158,781.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA (event type)	CONCERT (event type)	6 (total number)		
Revenue	1	Gross receipts	5,220,581.	525,339.	1,512,259.	7,258,179.
	2	Less: Contributions	5,119,331.	475,979.	1,426,401.	7,021,711.
	3	Gross income (line 1 minus line 2)	101,250.	49,360.	85,858.	236,468.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		60,816.	44,699.	105,515.
	7	Food and beverages	267,983.	83,812.	96,117.	447,912.
	8	Entertainment	50,450.	260,000.	76,150.	386,600.
	9	Other direct expenses	239,352.	20,676.	82,417.	342,445.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,282,472.
11	Net income summary. Subtract line 10 from line 3, column (d)				-1,046,004.	

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 ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

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

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

SCHEDULE G, PART II:

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

CITY HARVEST RAISED A TOTAL OF \$7,258,179 IN CONNECTION WITH ITS SPECIAL EVENT ACTIVITIES IN FISCAL YEAR 2022. OF THAT TOTAL, \$236,468

Part IV Supplemental Information (continued)

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

PROVIDED TO DONORS AT THE EVENTS, AND \$7,021,111 CONSISTS OF

CONTRIBUTIONS RECEIVED IN CONNECTION WITH THE EVENTS. THE COSTS

ASSOCIATED WITH THE EVENTS TOTALED \$1,282,472 AND THE NET LOSS DERIVED

FROM EVENT ACTIVITIES (WITHOUT CONTRIBUTIONS FACTORED IN) TOTALED

\$1,282,472. MOST OF THE REVENUE IS REPORTED AS PURE CONTRIBUTION

REVENUE ON PART VIII, LINE 1(C).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BLACK FORUM OF CO-OP CITY 920 BAYCHESTER AVENUE BRONX, NY 10475	13-4052466	501(C)(3)	10,794.	0.			CAPACITY BUILDING
BNAI RAPHAEL CHESED ORGANIZATION INC. - 3846 FLATLANDS AVENUE - BROOKLYN, NY 11234	80-0196677	501(C)(3)	5,400.	0.			CAPACITY BUILDING
BROOKLYN FAITH SDA 5518 CHURCH AVENUE BROOKLYN, NY 11203	02-0632575	501(C)(3)	6,567.	0.			RAPID RESPONSE
CHILDREN OF THE LIGHT INTERNATIONAL MINISTRIES INC. - 1171 EAST 95TH ST - BROOKLYN, NY 11236	01-0832802	501(C)(3)	18,300.	0.			CAPACITY BUILDING
CHRISTIAN CULTURAL CENTER INC. 12020 FLATLANDS AVENUE BROOKLYN, NY 11207	11-2732579	501(C)(3)	20,767.	0.			CAPACITY BUILDING
MUSLIM WOMENS INSTITUTE FOR RESEARCH AND DEVELOPMENT - 1363 OGDEN AVENUE - BRONX, NY 10452	80-0010627	501(C)(3)	10,186.	0.			CAPACITY BUILDING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 32.
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH ACTION OF STATEN ISLAND INC. - 2134 RICHMOND TERRACE - STATEN ISLAND, NY 10302	13-3556132	501(C)(3)	5,725.	0.			RAPID RESPONSE
CROSSROADS COMMUNITY SERVICES INC. 325 PARK AVENUE NEW YORK, NY 10022	13-3562651	501(C)(3)	5,614.	0.			RAPID RESPONSE
DELIVERANCE TEMPLE CHURCH OF JESUS CHRIST INC. - 134-10 ROCKAWAY BOULEVARD - QUEENS, NY 11420	11-2867086	501(C)(3)	8,075.	0.			RAPID RESPONSE
EBENEZER SEVENTH DAY ADVENTIST 1234 EAST NEW YORK AVENUE BROOKLYN, NY 11212	11-3004802	501(C)(3)	5,725.	0.			RAPID RESPONSE
FAMILY SERVICE NETWORK OF NEW YORK 1420 BUSHWICK AVENUE BROOKLYN, NY 11207	11-2592651	501(C)(3)	5,845.	0.			CAPACITY BUILDING
THE FIRST CORINTHIAN BAPTIST CHURCH, INC. - 1912 ADAM CLAYTON POWELL JR BLVD - NEW YORK, NY 10026	13-3686242	501(C)(3)	5,723.	0.			RAPID RESPONSE
GOSPEL ASSEMBLY 109-14 FARMERS BLVD QUEENS, NY 11412	31-1807726	501(C)(3)	11,651.	0.			RAPID RESPONSE
HANNAH KOSHER FOOD PANTRY SHABBAT FOUNDATION - 2102 AVENUE T - BROOKLYN, NY 11229-3634	48-1289649	501(C)(3)	16,641.	0.			CAPACITY BUILDING
HEBRON SDA FRENCH CHURCH 1256 DEAN STREET BROOKLYN, NY 11213	02-0632575	501(C)(3)	5,494.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IGLESIA ALIANZA CRISTIANA MISIONERA EBENEZER - 49-02 38TH STREET - LONG ISLAND CITY, NY 11101	13-3567777	501(C)(3)	5,775.	0.			RAPID RESPONSE
IMMACULATE CONCEPTION 754 EAST GUNHILL ROAD BRONX, NY 10467	13-1740166	501(C)(3)	8,412.	0.			RAPID RESPONSE
MASBIA OF BORO PARK 5402 NEW UTRECHT AVENUE BROOKLYN, NY 11219	26-3851559	501(C)(3)	29,100.	0.			CAPACITY BUILDING
MASBIA OF FLATBUSH 1372 CONEY ISLAND AVENUE BROOKLYN, NY 11230	27-1209610	501(C)(3)	29,100.	0.			CAPACITY BUILDING
MASBIA OF QUEENS 105-47 64TH ROAD FOREST HILLS, NY 11375	27-0363356	501(C)(3)	29,100.	0.			CAPACITY BUILDING
MORRISANIA REVITALIZATION CORP INC. - 576 EAST 165TH STREET - BRONX, NY 10456	13-3113927	501(C)(3)	29,626.	0.			CAPACITY BUILDING
NEW HAVEN SDA CHURCH 634 PROSPECT PLACE BROOKLYN, NY 11216	52-0643036	501(C)(3)	12,527.	0.			RAPID RESPONSE
OPEN DOOR FAMILY LIFE CENTER INC. 999 GREENE AVENUE BROOKLYN, NY 11221	20-1056519	501(C)(3)	33,150.	0.			CAPACITY BUILDING
OVERCOMING LOVE MINISTRY, INC. 246 JAMAICA AVENUE BROOKLYN, NY 11207	11-2774575	501(C)(3)	12,176.	0.			RAPID RESPONSE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PART OF THE SOLUTION 2759 WEBSTER AVENUE BRONX, NY 10458	13-3425071	501(C)(3)	13,599.	0.			CAPACITY BUILDING
PENTECOSTAL RESCUE HOUSE OF PRAYER FOR ALL NATIONS - 2415 PITKIN AVENUE - BROOKLYN, NY 11208	11-2531216	501(C)(3)	8,500.	0.			CAPACITY BUILDING
SALT AND SEA MISSION CHURCH, INC. 2417 STILLWELL AVENUE BROOKLYN, NY 11223	11-3012147	501(C)(3)	16,790.	0.			CAPACITY BUILDING
SOUTH ASIA COUNCIL FOR SOCIAL SERVICES - 143-06 45TH AVENUE - FLUSHING, NY 11355	11-3632920	501(C)(3)	24,737.	0.			CAPACITY BUILDING
STAPLETON UAME CHURCH 49 TOMPKINS AVENUE STATEN ISLAND, NY 10304	13-3870800	501(C)(3)	6,115.	0.			RAPID RESPONSE
STATEN ISLAND LIBERIAN COMMUNITY ASSOCIATION INC. - 180 PARK HILL AVENUE, STE LC - STATEN ISLAND, NY 10304	13-3936101	501(C)(3)	5,333.	0.			RAPID RESPONSE
THE BRONX SPANISH EVANGELICAL CHURCH - 800 EAST 156TH STREET - BRONX, NY 10455	13-2548177	501(C)(3)	8,970.	0.			RAPID RESPONSE
THE LEGACY CENTER COMMUNITY DEVELOPMENT CORP. - 71-02 CYPRESS HILLS STREET - GLENDALE, NY 11385	27-1033434	501(C)(3)	14,228.	0.			CAPACITY BUILDING

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

CITY HARVEST DOES NOT TYPICALLY PROVIDE DIRECT CASH GRANTS BUT FACILITATES

THE PURCHASE OF SUPPLIES AND/OR SERVICES. CITY HARVEST STAFF REGULARLY

CONDUCTS CAPACITY ASSESSMENTS TO EVALUATE AN AGENCY'S ABILITY TO SAFELY

RECEIVE, STORE AND DISTRIBUTE FOOD. AS A PART OF THIS ASSESSMENT, IT MIGHT

BE DETERMINED THAT A PROGRAM NEEDS ADDITIONAL REFRIGERATION TO REMAIN

SAFETY COMPLIANT AND ACCEPT THE VOLUME OF FOOD PROVIDED TO THEM. CITY

HARVEST THEN ENTERS INTO AN AGREEMENT WITH THE PROGRAM THAT OUTLINES THE

USES FOR THE ITEM INCLUDING THAT IT MUST BE USED FOR SPECIFIC PURPOSES

Part IV Supplemental Information

OUTLINED IN THE AGREEMENT, CANNOT BE REPURPOSED FOR ANY OTHER INITIATIVES

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

LIQUIDATE THE EQUIPMENT AND RETURN THE FUNDS TO GRANTOR IF GRANTEE BREACHES

THE TERMS OF THIS CONTRACT OR STOPS PROVIDING EMERGENCY FOOD SERVICE. AFTER

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

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

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

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

OF GRANT EXPENSES FOR GRANTOR TO REVIEW.

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

CONDUCTED AT MINIMUM EVERY TWO YEARS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2021

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

▶ Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CITY HARVEST, INC.

Employer identification number
13-3170676

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JILLY STEPHENS CEO	(i)	415,729.	95,000.	0.	18,150.	18,752.	547,631.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JENNIFER MCLEAN COO	(i)	300,274.	45,000.	0.	14,944.	32,744.	392,962.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GREGORY BOROFF CHIEF EXTERNAL RELATIONS OFFICER	(i)	308,168.	45,000.	0.	18,470.	10,818.	382,456.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RENEE RICHARDSON CFAO	(i)	280,040.	45,000.	0.	15,650.	22,574.	363,264.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KARRIEN ANDREA FRANCIS CHIEF HR & DIVERSITY OFFICER	(i)	245,218.	45,000.	0.	12,631.	10,818.	313,667.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHAEL FOWLES VICE PRESIDENT OF SUPPLY CHAIN	(i)	235,388.	30,000.	0.	13,838.	32,744.	311,970.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NATASHA REQUENA VICE PRESIDENT, DEVELOPMENT	(i)	199,624.	22,500.	0.	0.	9,015.	231,139.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JENIQUE JONES V.P., PROGRAM OPS. & POLICY	(i)	184,252.	22,500.	0.	11,836.	10,818.	229,406.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JULIA FOSTER V.P., MARKETING & COMMUNICATIONS	(i)	174,742.	22,500.	0.	8,805.	739.	206,786.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) NICOLE MAUS CONTROLLER	(i)	161,686.	13,000.	0.	8,490.	10,818.	193,994.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 7:

CITY HARVEST OFFERS ITS EMPLOYEES A NON-FIXED DISCRETIONARY BONUS IF

CERTAIN PERFORMANCE METRICS ARE MET: A REVENUE GOAL METRIC AND A

"POUNDS-RESCUED" METRIC. IF THOSE METRICS ARE MET, THE CEO, MS. STEPHENS,

MAKES RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF THE

BONUSES THAT SHOULD BE AWARDED. THE EXECUTIVE COMMITTEE HAS THE DISCRETION

TO MAKE ADJUSTMENTS TO THOSE BONUSES AS NEEDED.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**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 instructions and the latest information.**

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	134	4,241,371.	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		156,390,574.	3RD PARTY VALUATION
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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.

	Yes	No
30a		X
31	X	
32a	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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

SCHEDULE M, PART I, LINE 9:

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

SCHEDULE M, PART I, LINE 19:

FOOD DONATIONS COME FROM OUR RESTAURANTS, CORPORATIONS, AND INDIVIDUAL PARTNERS AND ARE THEN DISTRIBUTED TO A NETWORK OF APPROXIMATELY 400 COMMUNITY FOOD PROGRAMS. CITY HARVEST ALSO ARRANGES FOR FOOD FROM ITS DONORS TO BE DISTRIBUTED DIRECTLY TO OTHER FOOD BANKS OR DIRECTLY TO AGENCIES. IN ADDITION TO DONATIONS OF FOOD PRODUCTS, CITY HARVEST ALSO ACCEPTS DONATIONS OF PREPARED FOOD AND MEALS. FOR THE FISCAL YEARS THAT ENDED JUNE 30, 2022 AND 2021, CITY HARVEST REPORTED THE VALUE OF FOOD BASED ON A FIVE-YEAR AVERAGE OF THE ANNUAL WHOLESALE VALUES OF DONATED PRODUCT AT THE NATIONAL LEVEL, AS DETERMINED BY AN INDEPENDENT STUDY, WHICH HAS BEEN CALCULATED BY CITY HARVEST AS \$1.71 AND \$1.69 PER POUND, RESPECTIVELY.

SCHEDULE M, PART I, LINE 32B:

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

CITY HARVEST, INC.

Employer identification number

13-3170676

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

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

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

CITY HARVEST HELPED START THE FOOD RESCUE MOVEMENT IN 1982 AND, IN
FISCAL YEAR 2022, COLLECTED 101.8 MILLION POUNDS OF EXCESS FOOD TO HELP
FEED THE NEARLY 1.5 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 NEARLY 400
SOUP KITCHENS, FOOD PANTRIES AND OTHER COMMUNITY FOOD PROGRAMS ACROSS
THE FIVE BOROUGHS. OUR PROGRAMS EMPOWER INDIVIDUALS THROUGH NUTRITION
EDUCATION, INCREASE OUR PARTNERS' CAPACITY, AND STRENGTHEN THE LOCAL
FOOD SYSTEM, HELPING NEW YORKERS WHO ARE EXPERIENCING FOOD INSECURITY
TO ACCESS, AFFORD, AND CONSUME NUTRITIOUS FOOD.

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

EMERGENCY FOOD RESCUE: USING A FLEET OF 23 TRUCKS, THREE OF WHICH ARE
TRACTOR TRAILERS, CITY HARVEST RESCUES AND DELIVERS EXCESS FOOD SEVEN
DAYS A WEEK. IN FISCAL YEAR 2022, THE LAST YEAR OF OUR FIVE-YEAR
STRATEGIC PLAN, CITY HARVEST COLLECTED 101.8 MILLION POUNDS OF FOOD,
75% OF WHICH WAS FRESH FRUITS AND VEGETABLES. THIS FOOD WAS DELIVERED,
FREE OF CHARGE, TO NEARLY 400 SOUP KITCHENS, FOOD PANTRIES, AND OTHER
COMMUNITY PARTNERS ACROSS NEW YORK CITY. SINCE OUR FOUNDING, WE HAVE

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

Schedule O (Form 990) 2021

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

RESCUED NEARLY 1.1 BILLION POUNDS OF GOOD, NUTRITIOUS FOOD FOR NEW YORKERS IN NEED. AT CITY HARVEST, WE RECOGNIZE OUR RESPONSIBILITY TO THE PEOPLE WE SERVE AND STRIVE TO ENSURE THE HIGHEST FOOD SAFETY STANDARDS IN EVERY FACET OF OUR FOOD RESCUE OPERATIONS. WE TAKE CAREFUL STEPS TO ENSURE THAT EACH POUND OF FOOD IS RESCUED AND DELIVERED SAFELY.

1. STEVEN AND ALEXANDRA COHEN FOOD RESCUE CENTER (FRC): DURING FISCAL YEAR 2022, CITY HARVEST'S OPERATIONS MOVED FROM OUR 52,000-SQUARE-FOOT TEMPORARY LOCATION IN SUNNYSIDE, QUEENS TO OUR PERMANENT 70,000-SQUARE-FOOT FACILITY IN SUNSET PARK, BROOKLYN. THROUGH THIS TRANSITION, WE CONTINUED TO MOVE MORE THAN 280,000 POUNDS OF FOOD A DAY TO NEW YORKERS IN NEED ACROSS THE FIVE BOROUGHS. THE FRC HAS A COLD LOADING DOCK WITH SEVEN BAY DOORS THAT LEADS DIRECTLY TO OUR COOLER AND FREEZER SPACES TO SAFELY HOLD PERISHABLE FOOD WITHOUT BREAKING THE COLD CHAIN. ADDITIONALLY, THE FRC HAS OVER 1,100 PALLET POSITIONS FOR DRY STORAGE AND AREA TO SORT NON-PERISHABLE GOODS, ALLOWING US TO RESCUE AND DELIVER LARGE AMOUNTS AND A WIDE VARIETY OF FOOD. EACH MORNING, CITY HARVEST'S TRUCKS ARE LOADED WITH FOOD AT THE FRC AND MOVE ACROSS THE CITY PICKING UP AND DELIVERING FOOD FOR HUNDREDS OF COMMUNITY PROGRAMS. THE FRC ALSO ACCEPTS LARGE DONATIONS OF FOOD DIRECTLY FROM FARMS AND CORPORATIONS, WHICH ARE REPACKED BY VOLUNTEERS AND STAFF MEMBERS INTO FAMILY-SIZED PORTIONS THAT WE DELIVER TO SOUP KITCHENS, FOOD PANTRIES, AND OTHER COMMUNITY FOOD PARTNERS. IN FISCAL YEAR 2022, CITY HARVEST SOURCED 101.8 MILLION POUNDS OF FOOD, 75% OF WHICH WAS PRODUCE.

2. WHERE CITY HARVEST RESCUES FOOD: CITY HARVEST COLLECTS NUTRITIOUS EXCESS FOOD THAT WOULD OTHERWISE GO TO WASTE FROM NEARLY 2,000 FOOD

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

DONORS, INCLUDING FARMS, GROCERS, RESTAURANTS, AND MANUFACTURERS. CITY HARVEST ALSO RELIES ON NEW YORKERS ACROSS THE CITY WHO ORGANIZE FOOD DRIVES IN THEIR SCHOOLS, APARTMENT BUILDINGS, BUSINESSES, AND PLACES OF WORSHIP.

3. WHERE THE FOOD GOES: CITY HARVEST DELIVERS FOOD TO NEARLY 400 SOUP KITCHENS, FOOD PANTRIES AND OTHER COMMUNITY PARTNERS ACROSS NEW YORK CITY, HELPING TO FEED THE 2.4 MILLION RESIDENTS WHO WERE STRUGGLING TO MAKE ENDS MEET EVEN BEFORE THE COVID-19 PANDEMIC HIT IN MARCH 2020 AND THE MANY MORE IN NEED OF FOOD ASSISTANCE AS A RESULT OF THE PANDEMIC'S DEVASTATING ECONOMIC IMPACT. THESE SOUP KITCHENS, FOOD PANTRIES, HOMELESS SHELTERS, SENIOR CENTERS, CHILDREN'S DAYCARE CENTERS, AND OTHER COMMUNITY FOOD PROGRAMS TOGETHER HELP FEED HUNDREDS OF THOUSANDS OF NEW YORKERS EACH WEEK.

4. KOSHER INITIATIVE: CITY HARVEST'S KOSHER INITIATIVE ADDRESSES THE DIETARY NEEDS OF THE HALF-MILLION OBSERVANT JEWISH INDIVIDUALS FACING HUNGER IN NEW YORK CITY. SINCE 1999, WE HAVE RESCUED AND DELIVERED 84 MILLION POUNDS OF KOSHER FOOD. WE DELIVER FOOD TO 22 KOSHER FEEDING PROGRAMS ACROSS THE CITY.

FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:
AS A NATURAL EXTENSION OF THE ANTI-HUNGER WORK WE BEGAN 39 YEARS AGO, OUR PROGRAMS SUPPORT NEW YORKERS THROUGH NUTRITION EDUCATION, INCREASE OUR PARTNERS' CAPACITY, AND STRENGTHEN THE LOCAL FOOD SYSTEM, HELPING NEW YORKERS WHO ARE EXPERIENCING FOOD INSECURITY TO ACCESS, AFFORD, AND CONSUME NUTRITIOUS FOOD.

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

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

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

A. PROVIDING FOOD: THIS YEAR, CITY HARVEST DELIVERED 101.8 MILLION
POUNDS OF FOOD ACROSS THE CITY. SINCE 75% OF THIS FOOD WAS PRODUCE,
SOUP KITCHENS AND FOOD PANTRIES WERE THEN ABLE TO OFFER PARTICIPANTS A
VARIETY OF HEALTHY FOOD.

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

C. COMMUNITY PARTNER DISTRIBUTIONS: IN NEIGHBORHOODS WITHOUT
TRADITIONAL FOOD PANTRIES, CITY HARVEST PARTNERS WITH LOCAL
ORGANIZATIONS TO CREATE FARMERS' MARKET-STYLE EVENTS MODELED AFTER OUR
MOBILE MARKETS. WE DELIVER FRUITS AND VEGETABLES, TEACH THE
ORGANIZATION HOW TO OPERATE THE MARKET, AND PROVIDE TECHNICAL
EXPERTISE. THROUGH 19 COMMUNITY PARTNER DISTRIBUTIONS, WE DELIVERED 3.6
MILLION POUNDS OF FOOD IN FISCAL YEAR 2022.

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

D. GRANTS: THROUGH OUR AGENCY CAPACITY-BUILDING WORK, CITY HARVEST PROVIDES INFRASTRUCTURE SUPPORT TO HELP BUILD THE CAPABILITY OF EMERGENCY FEEDING PROGRAMS TO SAFELY AND EFFICIENTLY DISTRIBUTE FOOD TO THOSE IN NEED. AFTER A THOROUGH ASSESSMENT, WE PROVIDE EMERGENCY FEEDING PROGRAMS WITH EQUIPMENT, SUCH AS REFRIGERATION, PALLET JACKS, AND FORK LIFTS, TO HELP THEM SAFELY DISTRIBUTE MORE FOOD. THROUGH OUR CAPACITY BUILDING WORK, WE ALSO PROVIDE EMERGENCY FEEDING PROGRAMS WITH ACCESS TO ONGOING TRAINING AND SUPPORT TO HELP THEM RUN SUCCESSFUL ORGANIZATIONS. REGULAR TRAININGS ARE OFFERED TO THE NETWORK, AS WELL AS ONE-ON-ONE SUPPORT SESSIONS, PROVIDING ASSISTANCE TO ORGANIZATIONS AROUND A VARIETY OF TOPICS FROM FUNDRAISING TO VOLUNTEER RECRUITMENT AND MANAGEMENT. IN ADDITION, WE PROVIDE GRANT OPPORTUNITIES TO THE EMERGENCY FEEDING PROGRAMS IN OUR NETWORK, SUPPORTING SELECT AGENCIES WITH PERSONNEL EXPENSES AND TECHNOLOGICAL RESOURCES.

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

A. NUTRITION EDUCATION COURSES: CITY HARVEST PROVIDES FREE NUTRITION CLASSES FOR ADULTS, FAMILIES, TEENAGERS, AND CHILDREN AT PARTICIPATING COMMUNITY ORGANIZATIONS, EMERGENCY FOOD PROVIDERS AND VIRTUALLY, TEACHING RESIDENTS HOW TO PREPARE HEALTHY MEALS ON A BUDGET. WE REACHED NEARLY 950 RESIDENTS THROUGH DIRECT VIRTUAL NUTRITION EDUCATION THIS YEAR. THIS INCLUDES SIX-WEEK COURSES AND ONE-TIME WORKSHOPS. WE ALSO HAD 43,798 ENGAGEMENTS WITH INDIVIDUALS THROUGH SHARING NUTRITION RESOURCES VIA TEXT MESSAGES AND SOCIAL MEDIA PLATFORMS. WE CONTINUED TO BUILD UPON OUR ONLINE RESOURCES INCLUDING HEALTHY RECIPES ON OUR

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

WEBSITE, COOKING DEMONSTRATION VIDEOS, AND RECORDED SHOPPING TOURS.

B. COOKING DEMONSTRATIONS: CITY HARVEST STAFF AND VOLUNTEERS

DEMONSTRATE HEALTHY, BUDGET-CONSCIOUS RECIPES AND COOKING TECHNIQUES

FOR RESIDENTS AT CITY HARVEST MOBILE MARKETS, AT EMERGENCY FOOD

PROVIDERS, PARTNER SCHOOLS, AND VIRTUALLY.

C. SHOPPING WORKSHOPS: THROUGH COOKING MATTERS AT THE STORE WORKSHOPS,

CITY HARVEST TEACHES PARTICIPANTS PRACTICAL WAYS TO SHOP FOR HEALTHY

FOOD ON A BUDGET AT THEIR LOCAL SUPERMARKET. WE ALSO OFFER A VIRTUAL

SHOPPING TOUR. THIS YEAR, WE RECORDED SHOPPING TOURS IN A LOCAL

SUPERMARKET IN ENGLISH AND SPANISH, AND THESE ARE NOW AVAILABLE ON OUR

WEBSITE FOR INDIVIDUALS TO VIEW AT THEIR OWN CONVENIENCE.

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 RESIDENTS CAN FIND AFFORDABLE, NUTRITIOUS

FOOD IN THEIR NEIGHBORHOODS.

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

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

COMMITTEE THE RESPONSIBILITY OF REVIEWING AND APPROVING THE FORM 990.

ACCORDINGLY, AFTER MANAGEMENT AND THE AUDIT & RISK MANAGEMENT COMMITTEE

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

MANAGEMENT COMMITTEE AND MADE AVAILABLE ELECTRONICALLY TO THE BOARD OF

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

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

CHANGES ARE REVIEWED WITH THE AUDIT & RISK MANAGEMENT COMMITTEE AFTER

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

WHICH, THE CHIEF FINANCE AND ADMINISTRATION OFFICER NOTIFIES THE AUDIT FIRM

TO FINALIZE THE FORM 990 AND FILE IT WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

CITY HARVEST ISSUES ITS CONFLICT OF INTEREST POLICY ALONG WITH ITS HANDBOOK

UPON EMPLOYMENT. ADDITIONALLY, EACH BOARD MEMBER IS REQUIRED TO SUBMIT A

POTENTIAL CONFLICT OF INTEREST DISCLOSURE STATEMENT IMMEDIATELY UPON

ELECTION OR APPOINTMENT TO THE BOARD, AND ON AN ANNUAL BASIS THEREAFTER.

EACH EMPLOYEE IS REQUIRED TO PLACE THE INTEREST OF CITY HARVEST FOREMOST

AND HAS A CONTINUING RESPONSIBILITY TO COMPLY WITH THE REQUIREMENTS OF THE

CONFLICT OF INTEREST POLICY. ANY POTENTIAL CONFLICT OF INTEREST SHALL BE

REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD, WHICH SHALL ATTEMPT TO

RESOLVE ANY ACTUAL OR POTENTIAL CONFLICT. EMPLOYEES ARE REQUIRED TO NOTIFY

THEIR SUPERVISORS OF ANY POTENTIAL CONFLICTS AND THE MATTER IS RESOLVED BY

THE HUMAN RESOURCES DEPARTMENT IN CONSULTATION WITH THE CEO.

FORM 990, PART VI, SECTION B, LINE 15:

THE CEO'S COMPENSATION IS ADMINISTERED IN ACCORDANCE WITH AN EMPLOYMENT

CONTRACT THAT WAS REVIEWED BY AN INDEPENDENT COMPENSATION FIRM THAT

PROVIDED BOTH BENCHMARKING AGAINST THE COMPENSATIVE MARKET AND AN

INTERMEDIATE SANCTIONS REVIEW. THE NEW COMPENSATION STUDY WAS FINALIZED

TOWARDS THE END OF FISCAL YEAR 2022. THE CONTRACT WAS REVIEWED BY THE

EXECUTIVE COMMITTEE OF THE BOARD AND APPROVED BY THE 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

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

BOARD MEMBERS, STAFF AND PROFESSIONAL ADVISORS. ONCE A CONSENSUS IS REACHED

REGARDING PERFORMANCE, A SIMILAR DISCUSSION IS HELD CONCERNING COMPENSATION

AND ANNUAL BONUS RELATIVE TO ANNUAL BENCHMARK AND ESTABLISHED OBJECTIVES.

ONCE THE COMMITTEE DECIDES ON AN APPROPRIATE COMPENSATION LEVEL AND BONUS,

THE COMMITTEE AND/OR BOARD CHAIR MEETS WITH THE CEO TO DISCUSS AND DOCUMENT

STRENGTHS, WEAKNESSES AND GOALS FOR THE UPCOMING YEAR.

COMPENSATION FOR THE UPCOMING YEAR IS ALSO DISCUSSED AND DOCUMENTED AND

MAINTAINED ON FILE WITH THE HUMAN RESOURCES DEPARTMENT. COMPENSATION FOR

OTHER OFFICERS AND KEY EMPLOYEES ARE ADMINISTERED BY THE CEO OR APPLICABLE

DIRECT REPORT TO THE CEO ALONG WITH THE HUMAN RESOURCES DEPARTMENT SIMILAR

TO THE PROCESS FOR EXECUTIVE COMPENSATION. CITY HARVEST PERFORMS AN ANNUAL

REVIEW OF ITS NON-UNIONIZED EMPLOYEES.

THE CEO WILL CONDUCT A WRITTEN PERFORMANCE APPRAISAL OF OTHER OFFICERS AND

KEY EMPLOYEES WHICH WILL BE USED TO DETERMINE ELIGIBILITY FOR STAFF

INCREASES. IN ADDITION, HUMAN RESOURCES PROVIDE SALARY SURVEYS AND OTHER

INDEPENDENT BENCHMARK DATA TO ASCERTAIN IF STAFF COMPENSATION LEVELS ARE

DEEMED APPROPRIATE. THE CEO MEETS WITH OTHER OFFICERS AND KEY EMPLOYEES TO

DISCUSS PERFORMANCE AND COMPENSATION. COMPENSATION FOR THE UPCOMING YEAR IS

ALSO DISCUSSED AND DOCUMENTED AND MAINTAINED ON FILE WITH THE HUMAN

RESOURCES DEPARTMENT.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN

UT, VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

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

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
 PROVISION FOR UNCOLLECTIBLE PLEDGES -158,781.