

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

Do not enter social security numbers on this form as it may be made public.

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

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CITY HARVEST, INC.		D Employer identification number 13-3170676
	Doing business as		E Telephone number (646) 412-0600
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	150 52ND STREET		G Gross receipts \$ 236,215,957.
	City or town, state or province, country, and ZIP or foreign postal code BROOKLYN, NY 11232		
F Name and address of principal officer: JILLY STEPHENS SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	

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

J Website: WWW.CITYHARVEST.ORG

K Form of organization: Corporation Trust Association Other **L** Year of formation: 1983 **M** State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO END HUNGER IN COMMUNITIES THROUGHOUT NEW YORK CITY. (SEE SCHEDULE O)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	37
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	251
	6 Total number of volunteers (estimate if necessary)	6	11818
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	101,060.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	209,384,275.	215,124,956.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	251,863.	342,561.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,956,255.	1,937,542.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-1,560,669.	-1,688,389.
		210,031,724.	215,716,670.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	762,336.	754,856.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	24,494,554.	25,293,740.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,357,709.	1,897,219.
	b Total fundraising expenses (Part IX, column (D), line 25)	14,791,843.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	176,758,260.	195,331,223.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	204,372,859.	223,277,038.	
19 Revenue less expenses. Subtract line 18 from line 12	5,658,865.	-7,560,368.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	243,272,216.	228,900,917.
	22 Net assets or fund balances. Subtract line 21 from line 20	138,760,292.	132,037,938.
	104,511,924.	96,862,979.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	JILLY STEPHENS, CEO Type or print name and title				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SCOTT THOMPSETT				P00741490
Preparer Use Only	Firm's name	Firm's EIN		Phone no. (212) 599-0100	
	GRANT THORNTON ADVISORS LLC 757 THIRD AVENUE, 9TH FLOOR NEW YORK, NY 10017-2013	99-1856619			

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

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

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

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.

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.

Part I - Identification

Type or Print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. CITY HARVEST, INC.	Taxpayer identification number (TIN) 13-3170676
	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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of JUSTIN NARDILLA
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, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning JUL 1, 20 24, and ending JUN 30, 20 25

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.

For Privacy Act and Paperwork Reduction Act Notice, see 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 \$ 200,320,281. including grants of \$ 0.) (Revenue \$ 0.) SEE SCHEDULE O

4b (Code:) (Expenses \$ 6,550,945. including grants of \$ 754,856.) (Revenue \$ 342,561.) 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 206,871,226.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 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 columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 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 If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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
JUSTIN NARDILLA - (646) 412-0600
150 52ND STREET, BROOKLYN, NY 11232

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JILLY STEPHENS CEO/NON-VOTING BOARD MEMBER	40.00 0.00	X		X				761,527.	0.	57,031.
(2) RENEE RICHARDSON CFAO (THRU 09/2024)	40.00 0.00			X				319,458.	0.	109,681.
(3) GREGORY BOROFF CHIEF EXTERNAL RELATIONS OFFICER	40.00 0.00			X				376,673.	0.	33,320.
(4) CARLOS RODRIGUEZ CHIEF POLICY & OPERATIONS OFFICER	40.00 0.00			X				395,419.	0.	5,001.
(5) KARRIEN ANDREA FRANCIS CHIEF HR & DIVERSITY OFFICER	40.00 0.00			X				342,578.	0.	20,253.
(6) MICHAEL FOWLES VICE PRESIDENT OF SUPPLY CHAIN	40.00 0.00					X		269,040.	0.	48,175.
(7) SARAH ANNE REUL VICE PRESIDENT, DEVELOPMENT	40.00 0.00					X		272,608.	0.	17,467.
(8) BRONWEN STINE - VP, INFO. TECH & BUSINESS INTELLIGENCE	40.00 0.00					X		244,707.	0.	18,051.
(9) MARILYN ANDZESKI VICE PRESIDENT OF FACILITIES	40.00 0.00					X		224,068.	0.	32,293.
(10) JULIA FOSTER V.P., MARKETING & COMMUNICATIONS	40.00 0.00					X		230,395.	0.	11,093.
(11) ERIC S. SCHWARTZ CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(12) JAMES KALLMAN IMMEDIATE PAST CHAIRMAN	1.00 0.00	X						0.	0.	0.
(13) MARC GRANETZ CO-VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(14) ERIC RIPERT CO-VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(15) WILSON ERVIN TREASURER	1.00 0.00	X		X				0.	0.	0.
(16) JOSEPH EVANGELISTI SECRETARY	1.00 0.00	X		X				0.	0.	0.
(17) E. DESIREE ASHER 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) SCOTT L. BOK DIRECTOR (AS OF 06/2025)	1.00 0.00	X						0.	0.	0.
(21) AMBAR BOODHOO DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) BENJAMIN BRAM DIRECTOR (THRU 02/2025)	1.00 0.00	X						0.	0.	0.
(23) ANNE BRENNAN DIRECTOR (AS OF 06/2025)	1.00 0.00	X						0.	0.	0.
(24) DAVID CHUBAK DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) CRAIG DUNTON DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) JON FRIEDLAND DIRECTOR (AS OF 06/2025)	1.00 0.00	X						0.	0.	0.
1b Subtotal								3,436,473.	0.	352,365.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,436,473.	0.	352,365.

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 52

	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
FEEDING AMERICA 1601 PAYSHERE CIRCLE, CHICAGO, IL 60674	FREIGHT & PACKAGING	5,625,056.
FEEDING PENNSYLVANIA, 6700 ESSINGTON AVE., SUITE J-216, PHILADELPHIA, PA 19153	FREIGHT & PACKAGING	4,180,588.
NEWPORT ONE INC. 21 RAILROAD AVENUE, DUXBURY, MA 02332	FUNDRAISING CONSULTING	1,600,236.
MILEA TRUCK SALES CORP. 885 EAST 149TH STREET, BRONX, NY 10455	FREIGHT & PACKAGING	1,245,130.
COMMUNITY COUNSELING SERVICE CO. LLC 27 MADISON AVE., NEW YORK, NY 10022	FUNDRAISING CONSULTING	834,048.

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 54

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) STEPHANIE GOLDMAN ROSEN DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) BETH HAMMACK DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) CHRISTINE HIKAWA DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) SHARON H. JACQUET DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) PAMELA KAUFMANN DIRECTOR	1.00 0.00	X						0.	0.	0.
(32) SIMON KIM DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) BILL KOENIGSBERG DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) SHIRLEY MADHERE-WEIL MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) KATHLEEN MCCARTHY DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) WILLIAM J. MILLS DIRECTOR (THRU 02/2025)	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) JAMES O'DONNELL DIRECTOR	1.00 0.00	X						0.	0.	0.
(40) VALERIE PELTIER DIRECTOR	1.00 0.00	X						0.	0.	0.
(41) KATIE RASKIN WORKMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(42) MARY RUBIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(43) RICK SMILOW DIRECTOR	1.00 0.00	X						0.	0.	0.
(44) MARJORIE SYBUL ADAMS DIRECTOR	1.00 0.00	X						0.	0.	0.
(45) KERONE VATEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(46) TIM WALSH DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) VERONICA WATSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(48) MICHAEL A. YOUNG DIRECTOR	1.00 0.00	X						0.	0.	0.
(49) GEOFFREY ZAKARIAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(50) JUSTIN NARDILLA - CHIEF FINANCIAL OFFICER (AS OF 02/2025)	40.00 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	6,955,159.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,076,343.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	203,093,454.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 157,822,873.				
	h Total. Add lines 1a-1f		215,124,956.				
Program Service Revenue	2 a STORAGE FEES	Business Code					
		900099	342,561.	342,561.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		342,561.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,944,053.			1,944,053.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
			288,987.				
	b Less: rental expenses ...	6b	855,682.				
	c Rental income or (loss)	6c	-566,695.				
	d Net rental income or (loss)		-566,695.			-566,695.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
			18,012,209.	1,000.			
	b Less: cost or other basis and sales expenses	7b	18,019,720.	0.			
	c Gain or (loss)	7c	-7,511.	1,000.			
	d Net gain or (loss)		-6,511.			-6,511.	
8 a Gross income from fundraising events (not including \$ 6,955,159. of contributions reported on line 1c). See Part IV, line 18	8a	308,643.					
b Less: direct expenses	8b	1,623,885.					
c Net income or (loss) from fundraising events		-1,315,242.			-1,315,242.		
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 CATERING SERVICES	Business Code					
		720000	101,060.		101,060.		
	b GLWD ADMIN FEES		900099	75,575.		75,575.	
	c MISCELLANEOUS REVENUE		900099	16,913.		16,913.	
	d All other revenue						
e Total. Add lines 11a-11d		193,548.					
12 Total revenue. See instructions		215,716,670.	342,561.	101,060.	148,093.		

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 ...	754,856.	754,856.		
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	2,077,345.	1,358,057.	60,276.	659,012.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	18,068,386.	11,757,615.	529,646.	5,781,125.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	767,104.	542,185.	18,247.	206,672.
9 Other employee benefits	2,430,118.	1,717,594.	57,805.	654,719.
10 Payroll taxes	1,950,787.	1,378,805.	46,403.	525,579.
11 Fees for services (nonemployees):				
a Management				
b Legal	35,000.		35,000.	
c Accounting	133,555.		133,555.	
d Lobbying	85,000.	85,000.		
e Professional fundraising services. See Part IV, line 17	1,897,219.			1,897,219.
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.)	1,259,904.	453,635.	121,023.	685,246.
12 Advertising and promotion	1,142,576.	33,647.	8,962.	1,099,967.
13 Office expenses	1,568,851.	252,073.	34,458.	1,282,320.
14 Information technology	1,011,656.	520,152.	124,541.	366,963.
15 Royalties				
16 Occupancy	2,293,305.	1,725,896.	173,467.	393,942.
17 Travel	141,855.	103,563.	7,754.	30,538.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	9,625.	7,027.	526.	2,072.
20 Interest	1,713,173.	1,524,335.	51,316.	137,522.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,729,894.	8,330,215.	36,322.	363,357.
23 Insurance	517,510.	377,813.	28,290.	111,407.
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	158,074,764.	158,074,764.		
b FOOD TRANSPORT/DISTRIB.	15,563,638.	15,563,638.		
c FOOD PACKAGING SUPPLIES	373,171.	355,439.		17,732.
d DONATION PROCESSING FEE	298,552.	217,961.	16,320.	64,271.
e All other expenses	2,379,194.	1,736,956.	130,058.	512,180.
25 Total functional expenses. Add lines 1 through 24e	223,277,038.	206,871,226.	1,613,969.	14,791,843.
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	1,436,034.	1	3,684,293.
	2 Savings and temporary cash investments	19,457,942.	2	4,949,231.
	3 Pledges and grants receivable, net	12,565,804.	3	15,211,188.
	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	1,406,772.	8	1,469,326.
	9 Prepaid expenses and deferred charges	1,020,884.	9	916,409.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 76,841,968.		
	b Less: accumulated depreciation	10b 19,502,050.		
	11 Investments - publicly traded securities	61,803,237.	10c	57,339,918.
	12 Investments - other securities. See Part IV, line 11	31,370,993.	11	35,319,481.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	114,210,550.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	243,272,216.	15	110,011,071.	
		16	228,900,917.	
Liabilities	17 Accounts payable and accrued expenses	9,731,370.	17	8,195,106.
	18 Grants payable		18	
	19 Deferred revenue	621,030.	19	1,967,429.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	255,650.	21	258,771.
	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	5,062,500.	23	843,750.
	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	123,089,742.	25	120,772,882.
	26 Total liabilities. Add lines 17 through 25	138,760,292.	26	132,037,938.
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	86,861,623.	27	87,033,096.
	28 Net assets with donor restrictions	17,650,301.	28	9,829,883.
	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	104,511,924.	32	96,862,979.
33 Total liabilities and net assets/fund balances	243,272,216.	33	228,900,917.	

Form **990** (2024)

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	215,716,670.
2	Total expenses (must equal Part IX, column (A), line 25)	2	223,277,038.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,560,368.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	104,511,924.
5	Net unrealized gains (losses) on investments	5	212,957.
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	-301,534.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	96,862,979.

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- 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** (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization CITY HARVEST, INC.	Employer identification number 13-3170676
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	336,434,717.	223,749,868.	200,754,699.	209,384,275.	215,124,956.	1185448515.
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	336,434,717.	223,749,868.	200,754,699.	209,384,275.	215,124,956.	1185448515.
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)						213,728,472.
6 Public support. Subtract line 5 from line 4.						971,720,043.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	336,434,717.	223,749,868.	200,754,699.	209,384,275.	215,124,956.	1185448515.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	161,636.	154,588.	534,239.	2,182,505.	2,233,040.	5,266,008.
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.)	570,033.	266,299.	524,188.	467,444.	502,191.	2,330,155.
11 Total support. Add lines 7 through 10						1193044678.
12 Gross receipts from related activities, etc. (see instructions)					12	594,424.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	81.45 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	84.25 %
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	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) 2024

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 - <i>provide details in Part VI</i>)	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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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

2021 AMOUNT: \$ 29,831.
2022 AMOUNT: \$ 1,856.
2023 AMOUNT: \$ 12,357.
2024 AMOUNT: \$ 16,913.

SPECIAL EVENT REVENUE

2020 AMOUNT: \$ 554,808.
2021 AMOUNT: \$ 236,468.
2022 AMOUNT: \$ 374,073.
2023 AMOUNT: \$ 362,837.
2024 AMOUNT: \$ 308,643.

REFUNDS/REBATES

2020 AMOUNT: \$ 15,225.
2022 AMOUNT: \$ 51,729.

PAYMENT PER LEASE AGREEMENT

DELIVERY SERVICE FEES

2022 AMOUNT: \$ 37,519.

INSURANCE PROCEEDS

2022 AMOUNT: \$ 59,011.

GLWD ADMIN FEES

2023 AMOUNT: \$ 61,089.
2024 AMOUNT: \$ 75,575.

CATERING SERVICES

2023 AMOUNT: \$ 31,161.
2024 AMOUNT: \$ 101,060.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

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/>	\$ 30,286,496.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 15,195,865.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 15,040,330.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 7,119,855.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 5,633,459.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 5,595,337.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ 5,145,860.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ 4,938,537.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ 4,329,615.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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	16,195,987 POUNDS OF FOOD _____ _____ _____	\$ 30,286,496.	06/30/25
2	8,126,131 POUNDS OF FOOD _____ _____ _____	\$ 15,195,865.	06/30/25
3	8,042,957 POUNDS OF FOOD _____ _____ _____	\$ 15,040,330.	06/30/25
4	3,807,409 POUNDS OF FOOD _____ _____ _____	\$ 7,119,855.	06/30/25
5	3,012,545 POUNDS OF FOOD _____ _____ _____	\$ 5,633,459.	06/30/25
6	2,992,159 POUNDS OF FOOD _____ _____ _____	\$ 5,595,337.	06/30/25

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	2,751,797 POUNDS OF FOOD _____ _____ _____	\$ 5,145,860.	06/30/25
8	2,640,929 POUNDS OF FOOD _____ _____ _____	\$ 4,938,537.	06/30/25
9	2,315,302 POUNDS OF FOOD _____ _____ _____	\$ 4,329,615.	06/30/25
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 <p style="text-align:center;">CITY HARVEST, INC.</p>	Employer identification number (EIN) <p style="text-align:center;">13-3170676</p>
--	--

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 EINs 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) 2024

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.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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) 2024

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)).

Table with 3 columns: (a) Yes/No, (b) Amount. Rows include questions about lobbying activities like volunteers, paid staff, media, mailings, etc.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and taxable amount.

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 1A: CITY HARVEST RECRUITED, TRAINED AND DEPLOYED 50 VOLUNTEERS TO SUPPORT 300 HOURS OF VOLUNTEER ACTIVITIES IN FY25. VOLUNTEERS COLLECTED PETITION SIGNATURES FOR OUR PUBLIC POLICY PRIORITIES AT FOOD DISTRIBUTION SITES AND PARTICIPATED IN RALLIES AT CITY HALL.

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.

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

Part IV Supplemental Information *(continued)*

WRITE LETTERS, EMAIL, TELEPHONE ELECTED GOVERNMENT OFFICIALS, OR SIGN PETITIONS TO ADVOCATE ON MATTERS RELATED TO OUR MISSION IN AN ATTEMPT TO INFLUENCE THEIR VIEWS ON SPECIFIC LEGISLATION.

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

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

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

LINE 1I: A THIRD-PARTY CONSULTANT PROVIDES SERVICES FOR LEGISLATIVE, REGULATORY, REVENUE-GENERATING AND STATE AGENCY NEEDS OF THE ORGANIZATION, AS WELL AS ONGOING FUNDRAISING ASSISTANCE THROUGH GOVERNMENTAL CHANNELS.

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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?

Yes No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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?

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment 100 %
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:
(i) Unrelated organizations?
(ii) Related organizations?
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

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

Schedule D (Form 990) (Rev. 12-2024)

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, line 12, col. (B))		

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, line 13, col. (B))		

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) RIGHT-OF-USE ASSET FOR FINANCING LEASES	106,886,238.
(2) SECURITY DEPOSITS	2,866,062.
(3) FUNDS HELD FOR OTHERS	258,771.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	110,011,071.

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) FINANCING LEASE OBLIGATION	120,772,882.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	120,772,882.

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	218,272,583.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	212,957.	
b	Donated services and use of facilities	2b	2,277,401.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	65,555.	
e	Add lines 2a through 2d	2e		2,555,913.
3	Subtract line 2e from line 1		3	215,716,670.
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	215,716,670.

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	225,921,528.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,277,401.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	367,089.	
e	Add lines 2a through 2d	2e		2,644,490.
3	Subtract line 2e from line 1		3	223,277,038.
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	223,277,038.

Part XIII Supplemental Information

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

PART IV, LINE 2B:

CITY HARVEST SEGREGATES SECTION 457(B) PLAN ASSETS FOR THE BENEFIT OF CERTAIN OFFICERS OF THE ORGANIZATION. THESE AMOUNTS ARE REPORTED ON FORM PART X, LINE 15; THE CORRESPONDING LIABILITY IS REPORTED AS AN ESCROW LIABILITY ON PART X, LINE 21.

PART V, LINE 4:

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

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 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.

Part XIII Supplemental Information (continued)

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 XI, LINE 2D - OTHER ADJUSTMENTS:

EMPLOYEE FSA FORFEITURES 65,555.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PROVISION FOR UNCOLLECTIBLE PLEDGES 367,089.

**SCHEDULE G
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NEWPORT ONE - 21 RAILROAD AVENUE, DUXBURY, MA 02332	CONSULTANT DIRECT RESPONSE		X	8,238,613.	1,615,542.	6,623,071.
COMMUNITY COUNSELING SERVICE CO. LLC - 527 MADISON AVENUE,	FUNDRAISING CONSULTANT		X	6,482,549.	281,677.	6,200,872.
Total				14,721,162.	1,897,219.	12,823,943.

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA (event type)	BID FOR HUNGER (event type)	2 (total number)		
Revenue	1	Gross receipts	4,602,032.	1,690,684.	971,086.	7,263,802.
	2	Less: Contributions	4,537,067.	1,505,534.	912,558.	6,955,159.
	3	Gross income (line 1 minus line 2)	64,965.	185,150.	58,528.	308,643.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	261,148.	189,051.	46,250.	496,449.
	7	Food and beverages		95,456.	11,157.	106,613.
	8	Entertainment	295,714.	225,238.	31,274.	552,226.
	9	Other direct expenses	167,044.	223,388.	78,165.	468,597.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				1,623,885.
11	Net income summary. Subtract line 10 from line 3, column (d)				-1,315,242.	

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))
		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 the 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 \$7,263,802 IN CONNECTION WITH ITS SPECIAL EVENT ACTIVITIES IN FISCAL YEAR 2025. OF THAT TOTAL, \$308,643 IS CONSIDERED EVENT REVENUE, THE FAIR VALUE OF GOODS AND SERVICES PROVIDED TO DONORS AT THE EVENTS, AND \$6,955,159 CONSISTS OF CONTRIBUTIONS RECEIVED IN CONNECTION WITH THE EVENTS. THE COSTS ASSOCIATED WITH THE EVENTS TOTALED \$1,623,885 AND THE NET LOSS DERIVED FROM EVENT ACTIVITIES (WITHOUT CONTRIBUTIONS FACTORED IN) TOTALED \$1,315,242. MOST OF THE REVENUE IS REPORTED AS PURE CONTRIBUTION REVENUE ON PART VIII, LINE 1(C).

Part IV Supplemental Information *(continued)*

ALL FOOD AND BEVERAGE COSTS INCURRED AS PART OF CITY HARVEST'S ANNUAL GALA ARE INCLUDED IN LINE 6, RENT/FACILITY COSTS, SINCE CITY HARVEST WAS BILLED FOR FACILITY AND FOOD COSTS AS ONE SINGLE INVOICE.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
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 instructions and the latest information.

OMB No. 1545-0047

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
A CHANCE IN LIFE INC. 250 EAST 63RD STREET, STE 204 NEW YORK, NY 10065	13-1835632	501(C)(3)	23,470.	0.			CAPACITY BUILDING/PERSONNEL GRANT
ACTS COMMUNITY DEVELOPMENT CORPORATION - 2114 MERMAID AVENUE - BROOKLYN, NY 11224	01-0679652	501(C)(3)	10,285.	0.			RAPID RESPONSE
ANTIOCH OUTREACH MINISTRIES INC. 41 WEST 124TH STREET NEW YORK, NY 10027	27-2784130	501(C)(3)	7,950.	0.			RAPID RESPONSE
BAY RIDGE COMMUNITY DEVELOPMENT CENTER FOOD PROGRAM - 6806 5TH AVENUE 2ND FLOOR - BROOKLYN, NY 11220	83-2708042	501(C)(3)	17,073.	0.			CAPACITY BUILDING
BLACK FORUM OF CO-OP CITY 920 BAYCHESTER AVENUE BRONX, NY 10475	38-3723866	501(C)(3)	5,350.	0.			RAPID RESPONSE/PERSONNEL GRANT
BROADWAY COMMUNITY INC. 601 WEST 114 STREET NEW YORK, NY 10025	13-3652817	501(C)(3)	10,000.	0.			PERSONNEL GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 55.

3 Enter total number of other organizations listed in the line 1 table 0.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (Rev. 12-2024)**

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRONX TEMPLE SDA CHURCH 1695 WASHINGTON AVENUE BRONX, NY 10457	52-0643036	501(C)(3)	10,000.	0.			PERSONNEL GRANT
BROWN MEMORIAL BAPTIST CHURCH INC. 484 WASHINGTON AVENUE BROOKLYN, NY 11238	11-1962041	501(C)(3)	7,959.	0.			CAPACITY BUILDING
CATHOLIC CHARITIES STATEN ISLAND INC - MOUNT LORETTO-6581 HYLAN BOULEVARD - STATEN ISLAND, NY 10309	13-5562286	501(C)(3)	14,533.	0.			CAPACITY BUILDING
CENTER FOR FAMILY LIFE IN SUNSET PARK INC. - 443 39TH STREET - BROOKLYN, NY 11232	85-1058164	501(C)(3)	23,884.	0.			CAPACITY BUILDING/PERSONNEL GRANT
CHRIST APOSTOLIC CHURCH OF US A FIRST IN THE AMERICAS INC. - 622 CURTELYOU ROAD - BROOKLYN, NY 11218	13-3393519	501(C)(3)	6,915.	0.			CAPACITY BUILDING
COMMUNITY PANTRY 10216 89 AVE RICHMOND HILL QUEENS, NY 11418	33-3811146	501(C)(3)	18,004.	0.			CAPACITY BUILDING
CO-OP SEVENTH-DAY ADVENTIST CHURCH 7 SHELTER ROCK ROAD MANHASSET, NY 11030	13-3558491	501(C)(3)	8,339.	0.			CAPACITY BUILDING
COUNCIL OF JEWISH ORGANIZATIONS OF STATEN ISLAND INC - 984 POST AVENUE - STATEN ISLAND, NY 10302	13-3525474	501(C)(3)	5,530.	0.			RAPID RESPONSE
CRESTON AVENUE BAPTIST CHURCH CHRIST INC - 114 E 188TH STREET - BRONX, NY 10468	13-1813811	501(C)(3)	5,674.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSSOVER BAPTIST CHURCH INC. 188 SUMMER AVENUE BROOKLYN, NY 11221	11-2844973	501(C)(3)	7,499.	0.			CAPACITY BUILDING
FAITH ASSEMBLIES OF GOD 114 GATES AVENUE BROOKLYN, NY 11221	11-2663527	501(C)(3)	16,363.	0.			RAPID RESPONSE/CAPACITY BUILDING
FAITH FORWARD CHURCH 1981 FULTON STREET BROOKLYN, NY 11213	11-3575272	501(C)(3)	16,926.	0.			CAPACITY BUILDING
FRANCISCAN HANDMAIDS OF MARY ST. EDWARD FOOD PANTRY INC. - 6581 HYLAN BLVD - STATEN ISLAND, NY 10309	13-3913578	501(C)(3)	9,165.	0.			RAPID RESPONSE
GRANT HOUSE UNITY CORP 2049 FLATBUSH AVENUE 2FL BROOKLYN, NY 11234	85-2643616	501(C)(3)	13,073.	0.			CAPACITY BUILDING
GREATER NEW YORK CONFERENCE OF SEVENTH-DAY ADVENTISTS - 7 SHELTER ROCK ROAD - MANHASSET, NY 11030	11-1768294	501(C)(3)	10,915.	0.			CAPACITY BUILDING
HOLDING HAND MINISTRIES CORP 80 CRAFTON AVENUE STATEN ISLAND, NY 10314	46-0679566	501(C)(3)	14,000.	0.			CAPACITY BUILDING
HOUR CHILDREN INC. 36-11 12TH STREET LONG ISLAND CITY, NY 11106	13-3647412	501(C)(3)	10,000.	0.			PERSONNEL GRANT
JEWISH COMMUNITY CENTER OF STATEN ISLAND INC. - 1466 MANOR ROAD - STATEN ISLAND, NY 10314	13-5562256	501(C)(3)	14,608.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY SERVICES COALITION - 10-11 NAMEOKE STREET - FAR ROCKAWAY, NY 11691	11-4081036	501(C)(3)	6,996.	0.			RAPID RESPONSE/TECH GRANT
KEHILAT SEPHARDIM OF AHAVAT ACHIM 150-62 78TH ROAD FLUSHING, NY 11367	11-3101774	501(C)(3)	7,500.	0.			PERSONNEL GRANT
MAKE THE ROAD NEW YORK 301 GROVE STREET BROOKLYN, NY 11237	11-3344389	501(C)(3)	10,000.	0.			PERSONNEL GRANT
MIZPAH ASSEMBLIES, INC. 69 EAST 25TH STREET BROOKLYN, NY 11212	11-2918675	501(C)(3)	7,310.	0.			CAPACITY BUILDING
MORRIS BROWN AME CHURCH 145 03 ROCKAWAY BLVD JAMAICA, NY 11436	11-3559462	501(C)(3)	17,826.	0.			CAPACITY BUILDING
MUSLIM AMERICAN SOCIETY (MAS) STATEN ISLAND CENTER INC. - 180 BURGHER AVENUE - STATEN ISLAND, NY 10304	93-3443674	501(C)(3)	25,803.	0.			CAPACITY BUILDING/PERSONNEL GRANT
NEIGHBORS TOGETHER CORPORATION 2094 FULTON STREET BROOKLYN, NY 11233	11-2632109	501(C)(3)	5,400.	0.			PERSONNEL GRANT
NEW COVENANT COMMUNITY DEVELOPMENT CORP - 1175 BOSTON ROAD - BRONX, NY 10456	13-4167577	501(C)(3)	7,474.	0.			RAPID RESPONSE
NEW YORK COMMON PANTRY 8 EAST 109TH STREET NEW YORK, NY 10029	13-3127972	501(C)(3)	10,000.	0.			PERSONNEL GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH BROOKLYN COALITION OF NEIGHBORS HELPING NEIGHBORS - 127 KENT STREET - BROOKLYN, NY 11222	81-4576973	501(C)(3)	10,100.	0.			PERSONNEL GRANT
NORTHEASTERN CONFERENCE OF SDA COMMUNITY AFFAIRS INC - 115-50 MERRICK BLVD - JAMAICA, NY 11434	02-0632575	501(C)(3)	7,000.	0.			PERSONNEL GRANT
NORTHEASTERN CONFERENCE OF SEVENTH DAY ADVENTISTS - 115-50 MERRICK BLVD - JAMAICA, NY 11434	13-1865286	501(C)(3)	7,864.	0.			RAPID RESPONSE
ONE COMMUNITY NYC INC. 13 GREENE AVENUE BROOKLYN, NY 11238	83-0909234	501(C)(3)	20,124.	0.			CAPACITY BUILDING
PART OF THE SOLUTION INC. 2759 WEBSTER AVENUE BRONX, NY 10458	13-3425071	501(C)(3)	11,323.	0.			PERSONNEL GRANT / TECH GRANT
REACHING OUT COMMUNITY SERVICES INC - 7708 NEW UTRECHT AVENUE - BROOKLYN, NY 11214	11-3615625	501(C)(3)	7,579.	0.			CAPACITY BUILDING
SALEM SERVICE COUNCIL 1200 DAVIS STREET EVANSTON, IL 60201	36-2167731	501(C)(3)	17,576.	0.			CAPACITY BUILDING/PERSONNEL GRANT
SALVATION ARMY-HARLEM TEMPLE 440 WEST NYACK ROAD WEST NYACK, NY 10994	13-5562351	501(C)(3)	7,773.	0.			RAPID RESPONSE
SBH COMMUNITY SERVICE NETWORK INC. 425 KINGS HIGHWAY BROOKLYN, NY 11223	23-7406410	501(C)(3)	10,000.	0.			PERSONNEL GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLID ROCK SDA CHURCH C/O DESMOND PRASS PO BOX 378 ARVERNE, NY 11692	76-0763379	501(C)(3)	10,618.	0.			CAPACITY BUILDING
SOUTHSIDE UNITED HOUSING DEVELOPMENT FUND CORPORATION - 434 SOUTH 5TH STREET - BROOKLYN, NY 11211	11-2268359	501(C)(3)	15,776.	0.			CAPACITY BUILDING
ST EDMONDS YOUTH PROGRAMS INC C/O ELAINE BEDMINSTER 1905 MORRIS A BRONX, NY 10453	13-4136007	501(C)(3)	8,414.	0.			CAPACITY BUILDING
ST. JEROME'S COMMUNITY FOOD PANTRY - 230 ALEXANDER AVE - BRONX, NY 10454	13-1740204	501(C)(3)	11,104.	0.			CAPACITY BUILDING
THE CITY OF GRACE INC C/O REV DAVID LAWE, 11 WOODS PLACE BROOKLYN, NY 11226	11-3360284	501(C)(3)	6,395.	0.			RAPID RESPONSE
THE DOOR - A CENTER FOR ALTERNATIVES INC. - 121 AVENUE OF THE AMERICAS - NEW YORK, NY 10013	13-6127348	501(C)(3)	11,386.	0.			CAPACITY BUILDING
THE EDUCATIONAL ALLIANCE INC. 197 EAST BROADWAY NEW YORK, NY 10002	13-5562210	501(C)(3)	9,000.	0.			PERSONNEL GRANT
THE MOMENTUM PROJECT INC. 760 EAST 160TH STREET BRONX, NY 10456	13-3556768	501(C)(3)	5,774.	0.			CAPACITY BUILDING
THE PROTESTANT EPISCOPAL CHURCH IN THE USA DIOCESE OF LONG ISLAND - 36 CATHEDRAL AVENUE - GARDEN CITY, NY 11530	11-1646315	501(C)(3)	6,095.	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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY - SUNSET PARK CORPS - 440 WEST NYACK ROAD - WEST NYACK, NY 10994	13-5562351	501(C)(3)	5,837.	0.			CAPACITY BUILDING
UNION AMERICAN METHODIST EPISCOPAL CHURCH - 49 TOMPKINS AVENUE - STATEN ISLAND, NY 10304	13-3870800	501(C)(3)	7,474.	0.			CAPACITY BUILDING
UNITED METHODIST CENTER IN FAR ROCKAWAY INC. - CO 475 RIVERSIDE DRIVE 1922 - NEW YORK, NY 10115	11-2747085	501(C)(3)	11,717.	0.			RAPID RESPONSE
UPPER MANHATTAN MENTAL HEALTH CENTER - 1727 AMSTERDAM AVENUE - NEW YORK, NY 10031	13-3389470	501(C)(3)	8,369.	0.			CAPACITY BUILDING

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

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

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

PART I, LINE 2:

CITY HARVEST PROVIDES DIRECT CASH GRANTS TO AGENCIES AND FACILITATES THE PURCHASE OF SUPPLIES AND/OR SERVICES. CITY HARVEST STAFF REGULARLY CONDUCTS CAPACITY ASSESSMENTS TO EVALUATE AN AGENCY'S ABILITY TO SAFELY RECEIVE, STORE AND DISTRIBUTE FOOD. AS A PART OF THIS ASSESSMENT, IT MIGHT BE DETERMINED THAT A PROGRAM NEEDS ADDITIONAL REFRIGERATION TO REMAIN SAFE COMPLIANT AND ACCEPT THE VOLUME OF FOOD PROVIDED TO THEM. CITY HARVEST THEN ENTERS INTO AN AGREEMENT WITH THE PROGRAM THAT OUTLINES THE USES FOR THE ITEM INCLUDING THAT IT MUST BE USED FOR SPECIFIC PURPOSES OUTLINED IN THE AGREEMENT AND CANNOT BE REPURPOSED FOR ANY OTHER INITIATIVES OPERATED BY THE GRANTEE. GRANTEE MUST, AT GRANTOR'S OPTION, RETURN OR LIQUIDATE THE EQUIPMENT AND RETURN THE FUNDS TO GRANTOR IF GRANTEE BREACHES THE TERMS OF THIS CONTRACT OR STOPS PROVIDING EMERGENCY FOOD SERVICE. AFTER FIVE YEARS, GRANTOR HAS NO CLAIM TO THE EQUIPMENT AND CANNOT TAKE IT BACK.

ON THE OCCASIONS THAT WE PROVIDE DIRECT FUNDING, THE GRANTEE MUST SEND GRANTOR RECEIPTS OR PROOF OF DELIVERY/PROOF OF SERVICE FOR ALL EXPENSES WITHIN TWO MONTHS OF INCURRING THE EXPENSE AND KEEP COMPREHENSIVE RECORD OF

Part IV Supplemental Information

GRANT EXPENSES FOR GRANTOR TO REVIEW.

LASTLY, THE GRANTEE PERMITS THE GRANTOR TO CONDUCT SITE VISITS WHICH ARE CONDUCTED AT MINIMUM EVERY TWO YEARS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization CITY HARVEST, INC.	Employer identification number 13-3170676
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Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
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?	2	
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 checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

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)-(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)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iii) Other reportable compensation				
(1) JILLY STEPHENS	675,844.	80,000.	5,683.		38,248.	18,783.	818,558.	0.
(ii) CEO/NON-VOTING BOARD MEMBER	0.	0.	0.		0.	0.	0.	0.
(2) RENEE RICHARDSON	318,532.	0.	926.		15,826.	93,855.	429,139.	0.
(ii) CFAO (THRU 09/2024)	0.	0.	0.		0.	0.	0.	0.
(3) GREGORY BOROFF	339,291.	35,000.	2,382.		22,695.	10,625.	409,993.	0.
(ii) CHIEF EXTERNAL RELATIONS OFFICER	0.	0.	0.		0.	0.	0.	0.
(4) CARLOS RODRIGUEZ	359,084.	35,000.	1,335.		4,094.	907.	400,420.	0.
(ii) CHIEF POLICY & OPERATIONS OFFICER	0.	0.	0.		0.	0.	0.	0.
(5) KARRIEN ANDREA FRANCIS	306,842.	35,000.	736.		19,408.	845.	362,831.	0.
(ii) CHIEF HR & DIVERSITY OFFICER	0.	0.	0.		0.	0.	0.	0.
(6) MICHAEL FOWLES	252,293.	15,000.	1,747.		15,842.	32,333.	317,215.	0.
(ii) VICE PRESIDENT OF SUPPLY CHAIN	0.	0.	0.		0.	0.	0.	0.
(7) SARAH ANNE REUL	256,951.	15,000.	657.		6,842.	10,625.	290,075.	0.
(ii) VICE PRESIDENT, DEVELOPMENT	0.	0.	0.		0.	0.	0.	0.
(8) BRONWEN STINE - VP, INFO. TECH & BUSINESS INTELLIGENCE	229,573.	15,000.	134.		7,433.	10,618.	262,758.	0.
(ii) INFO. TECH & BUSINESS INTELLIGENCE	0.	0.	0.		0.	0.	0.	0.
(9) MARILYN ANDZESKI	207,678.	15,000.	1,390.		13,510.	18,783.	256,361.	0.
(ii) VICE PRESIDENT OF FACILITIES	0.	0.	0.		0.	0.	0.	0.
(10) JULIA FOSTER	215,076.	15,000.	319.		10,248.	845.	241,488.	0.
(ii) V.P., MARKETING & COMMUNICATIONS	0.	0.	0.		0.	0.	0.	0.
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								

Part III Supplemental Information

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

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

THE CEO'S ANNUAL BONUS IS NOT A NON-FIXED PAYMENT AS HER ANNUAL BONUS IS FIXED AND DETERMINED BY THE TERMS OF HER EMPLOYMENT CONTRACT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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	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	60	2,105,994.	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		155,716,879.	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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

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 RESTAURANTS, CORPORATIONS, AND INDIVIDUAL PARTNERS AND ARE THEN DISTRIBUTED TO A NETWORK OF 400 COMMUNITY FOOD PROGRAMS. CITY HARVEST ALSO ARRANGES FOR FOOD FROM ITS FOOD DONORS TO BE DISTRIBUTED DIRECTLY TO AGENCIES WHEN NEEDED AND REQUESTED BY THE AGENCY NETWORK. IN ADDITION TO DONATIONS OF FOOD PRODUCTS, CITY HARVEST ALSO ACCEPTS DONATIONS OF PREPARED FOOD AND MEALS. FOR THE FISCAL YEAR THAT ENDED JUNE 30, 2025, 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 \$1.87.

SCHEDULE M, PART I, LINE 32B:

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

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 2025, COLLECTED 86.1 MILLION POUNDS OF EXCESS FOOD TO HELP FEED 3 MILLION NEW YORKERS STRUGGLING TO PUT MEALS ON THEIR TABLES. THROUGH RELATIONSHIPS WITH FARMS, GROCERS, RESTAURANTS, AND MANUFACTURERS, CITY HARVEST COLLECTS NUTRITIOUS FOOD THAT WOULD OTHERWISE GO TO WASTE AND DELIVERS IT, FREE OF CHARGE, TO 400 SOUP KITCHENS, FOOD PANTRIES AND OTHER COMMUNITY FOOD PROGRAMS ACROSS THE FIVE BOROUGHS. CITY HARVEST WORKS ALONGSIDE OUR COMMUNITY PARTNERS TO BUILD THEIR CAPACITY, EXPAND NUTRITION EDUCATION, AND ADVOCATE FOR SYSTEMS CHANGE THROUGH EFFECTIVE PUBLIC POLICY. OUR PROGRAMS HELP 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 2025, CITY HARVEST COLLECTED 86.1 MILLION POUNDS OF FOOD, 74% OF WHICH WAS FRUITS AND VEGETABLES. THIS FOOD WAS DELIVERED, FREE OF CHARGE, TO 400 SOUP KITCHENS, FOOD PANTRIES, AND OTHER COMMUNITY PARTNERS ACROSS NEW YORK CITY. SINCE OUR FOUNDING, WE HAVE RESCUED AND DELIVERED NEARLY 1.3 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. COHEN COMMUNITY FOOD RESCUE CENTER (FRC): DURING FISCAL YEAR 2025, CITY HARVEST FULLY OPERATED IN OUR PERMANENT 150,000-SQUARE- FOOT FACILITY IN SUNSET PARK, BROOKLYN. THE FRC HAS A COLD LOADING DOCK WITH SEVEN BAY DOORS THAT LEADS DIRECTLY TO OUR COOLER AND FREEZER SPACES TO SAFELY HOLD PERISHABLE FOOD WITHOUT BREAKING THE COLD CHAIN. ADDITIONALLY, THE FRC HAS OVER 1,100 PALLET POSITIONS FOR DRY STORAGE AND AN AREA TO SORT NON-PERISHABLE GOODS, ALLOWING US TO RESCUE AND DELIVER A WIDE VARIETY OF FOOD. EACH MORNING, CITY HARVEST'S TRUCKS ARE LOADED WITH FOOD AT THE FRC AND MOVE ACROSS THE CITY, PICKING UP AND DELIVERING FOOD FOR HUNDREDS OF COMMUNITY PROGRAMS. THE FRC ALSO ACCEPTS LARGE DONATIONS OF FOOD DIRECTLY FROM FARMS AND CORPORATIONS, SOME OF WHICH ARE REPACKED BY VOLUNTEERS AND STAFF MEMBERS INTO FAMILY-SIZED BAGS THAT WE DELIVER TO SOUP KITCHENS, FOOD PANTRIES, AND OTHER COMMUNITY FOOD PARTNERS. IN FISCAL YEAR 2025, CITY HARVEST SOURCED 86.1 MILLION POUNDS OF FOOD, 74% OF WHICH WAS PRODUCE.

2. WHERE CITY HARVEST RESCUES FOOD: CITY HARVEST COLLECTS NUTRITIOUS EXCESS FOOD THAT WOULD OTHERWISE GO TO WASTE FROM APPROXIMATELY 1,700 FOOD DONORS, INCLUDING FARMS, GROCERS, RESTAURANTS, AND MANUFACTURERS.

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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CITY HARVEST ALSO RELIES ON NEW YORKERS ACROSS THE CITY WHO ORGANIZE FOOD DRIVES IN THEIR SCHOOLS, BUSINESSES, AND PLACES OF WORSHIP.

3. WHERE THE FOOD GOES: CITY HARVEST DELIVERS FOOD TO 400 SOUP KITCHENS, FOOD PANTRIES AND OTHER COMMUNITY PARTNERS ACROSS NEW YORK CITY, HELPING TO FEED THE 3 MILLION RESIDENTS WHO ARE STRUGGLING TO MAKE ENDS MEET. THESE SOUP KITCHENS, FOOD PANTRIES, HOMELESS SHELTERS, AND OTHER COMMUNITY FOOD PROGRAMS TOGETHER HELP FEED HUNDREDS OF THOUSANDS OF NEW YORKERS EACH WEEK.

4. CULTURALLY RESPONSIVE FOOD INITIATIVE: CITY HARVEST STRIVES TO DISTRIBUTE SOME CULTURALLY APPROPRIATE FOODS TO THE DIVERSE NEW YORKERS THAT WE SERVE. WE ALSO WORK TO MEET OUR NEIGHBORS' RELIGIOUS DIETARY REQUIREMENTS, OPERATING KOSHER AND HALAL FOOD RESCUE PROGRAMS. IN FY25, WE DISTRIBUTED 7.7 MILLION POUNDS OF FOOD TO 24 KOSHER COMMUNITY FOOD PROGRAMS IN NYC AND 1.3 MILLION POUNDS OF FOOD TO 6 HALAL FOOD PROGRAMS IN NYC.

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

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

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

A. PROVIDING FOOD: THIS YEAR, CITY HARVEST DELIVERED 86.1 MILLION POUNDS OF FOOD ACROSS THE CITY. SINCE 74% OF THIS FOOD WAS PRODUCE, SOUP KITCHENS AND FOOD PANTRIES WERE THEN ABLE TO OFFER PARTICIPANTS A VARIETY OF NUTRITIOUS FOODS.

B. MOBILE MARKETS: THROUGH FREE, FARMERS' MARKET-STYLE DISTRIBUTIONS OF PRODUCE IN LOW-INCOME COMMUNITIES ACROSS THE FIVE BOROUGHES, CITY HARVEST DISTRIBUTED NEARLY 3 MILLION POUNDS OF FRUITS AND VEGETABLES IN FISCAL YEAR 2025. 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 18 COMMUNITY PARTNER DISTRIBUTIONS, WE DELIVERED 3.1 MILLION POUNDS OF FOOD IN FISCAL YEAR 2025.

D. GRANTS: THROUGH OUR AGENCY CAPACITY-BUILDING WORK, CITY HARVEST PROVIDES INFRASTRUCTURE SUPPORT TO HELP BUILD THE CAPABILITY OF EMERGENCY FEEDING PROGRAMS TO DISTRIBUTE FOOD SAFELY AND EFFICIENTLY TO THOSE IN NEED. AFTER A THOROUGH ASSESSMENT, WE PROVIDE EMERGENCY

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FEEDING PROGRAMS WITH EQUIPMENT, SUCH AS REFRIGERATORS, PALLET JACKS, AND FORKLIFTS, 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 AND CULINARY EDUCATION: CITY HARVEST OFFERS FREE NUTRITION AND CULINARY EDUCATION COURSES AND ACTIVITIES FOCUSED ON BUYING, PREPARING, AND EATING HEALTHY FOODS ON A BUDGET.

A. NUTRITION EDUCATION COURSES AND WORKSHOPS: CITY HARVEST PROVIDES FREE NUTRITION CLASSES FOR ADULTS, FAMILIES, TEENAGERS, AND CHILDREN AT PARTICIPATING COMMUNITY ORGANIZATIONS, EMERGENCY FOOD PROVIDERS AND THROUGH VIRTUAL PLATFORMS, TEACHING RESIDENTS HOW TO PREPARE HEALTHY MEALS ON A BUDGET. WE REACHED 21,352 RESIDENTS THROUGH NUTRITION EDUCATION COURSES, ONE-TIME WORKSHOPS, AND COOKING DEMONSTRATIONS THIS YEAR. WE ALSO SHARED NUTRITION RESOURCES VIA TEXT MESSAGES, PRINT MATERIALS, AND SOCIAL MEDIA PLATFORMS RESULTING IN 395,399 ENGAGEMENTS. WE CONTINUED TO BUILD UPON OUR ONLINE RESOURCES INCLUDING HEALTHY RECIPES ON OUR WEBSITE, AND NUTRITION-FOCUSED VIDEOS.

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.

FORM 990, PART VI, SECTION A, LINE 4:
IN FISCAL YEAR 2025, CITY HARVEST AMENDED ITS BYLAWS TO UPDATE VARIOUS BOARD GOVERNANCE GUIDELINES. KEY AMONG THE CHANGES WAS THE ADDITION OF A PROVISION THAT GOVERNS THE ELECTION AND TRANSITION OF BOARD CHAIRS AND THE FORMALIZATION OF CERTAIN RESPONSIBILITIES OF THE VICE CHAIR IN SUCH TRANSITIONS. ALSO INCLUDED WERE CLARIFICATIONS OF THE BOARD'S ROLE IN ESTABLISHING THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, THE AUTHORITY OF THE EXECUTIVE COMMITTEE TO ACT ON BEHALF OF THE BOARD EXCEPT ON MATTERS RESERVED TO THE BOARD BY NY STATUTE, AND THE REQUIREMENT FOR SUPERMAJORITY BOARD VOTES ON CERTAIN TOPICS (E.G., AMENDING THE BY-LAWS). ADDITIONALLY, CERTAIN NY STATUTORY REQUIREMENTS WERE INCORPORATED. MOST OTHER CHANGES WERE CLARIFICATIONS, ADMINISTRATIVE OR CONFIRMATORY IN NATURE.

FORM 990, PART VI, SECTION B, LINE 11B:
CITY HARVEST'S BOARD OF DIRECTORS HAS ASSIGNED THE AUDIT & RISK MANAGEMENT COMMITTEE THE RESPONSIBILITY OF REVIEWING AND APPROVING THE FORM 990. ACCORDINGLY, AFTER MANAGEMENT AND THE AUDIT & RISK MANAGEMENT COMMITTEE HAVE FULLY REVIEWED THE FORM 990, IT IS APPROVED BY THE AUDIT & RISK MANAGEMENT COMMITTEE AND MADE AVAILABLE ELECTRONICALLY TO THE BOARD OF DIRECTORS. ANY COMMENTS ARE REVIEWED BY MANAGEMENT AND THE AUDIT & RISK MANAGEMENT COMMITTEE, AND CHANGES ARE MADE IF DEEMED NECESSARY. THESE CHANGES ARE REVIEWED WITH THE AUDIT & RISK MANAGEMENT COMMITTEE AFTER WHICH, THE CHIEF FINANCIAL OFFICER NOTIFIES THE AUDIT FIRM TO FINALIZE THE FORM 990 AND FILE IT WITH THE INTERNAL REVENUE SERVICE.

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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 2024. THE CONTRACT WAS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD AND APPROVED BY THE FULL BOARD.

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

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

THE CEO WILL CONDUCT A WRITTEN PERFORMANCE APPRAISAL OF OTHER OFFICERS AND KEY EMPLOYEES WHICH WILL BE USED TO DETERMINE ELIGIBILITY FOR STAFF INCREASES. IN ADDITION, HUMAN RESOURCES PROVIDE SALARY SURVEYS AND OTHER 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, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, VA, WV, WI

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS. THE FORM 990 IS LIKEWISE PUBLISHED ON VARIOUS THIRD PARTY WEBSITES SUCH AS WWW.GUIDESTAR.ORG,

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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	-367,089.
EMPLOYEE FSA FORFEITURES	65,555.
TOTAL TO FORM 990, PART XI, LINE 9	-301,534.