Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

195€ Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| | A F | or the | e 2018 calendar year, or tax year beginning J | 2018 calendar year, or tax year beginning JUL 1, 2018 and ending | | | | | | |
|---------|-------------|------------------------------|---|--|--------------|-----------------|----------------|--|--|--|
| | B c | heck if | C Name of organization | | | D Employ | er identific | cation number | | |
| | | Addre | | | | | | | | |
| | | Name chang | | | | 208665 | | | | |
| | 누 | ∏initial return ∏Final | | Room/suite | E Telepho | |)-929-3000 | | | |
| | | return∠ termin | | IP or foreign postal code | <u> </u> | G Gross rece | | 103,518,319. | | |
| | | ated Ameno return | ded KANGAG CTITY MO 6/129 | ir or foreign postal code | | H(a) is this | | | | |
| | | Application | F Name and address of principal officer VALI | RIE NICHOLSON-V | WATSON | | oordinates | | | |
| _ | | pendir | SAME AS C ABOVE | | 1/3 | H(b) Arealis | ubordinates in | cluded? Yes No | | |
| 2020 | | | | | or 527 | -1 | | list (see instructions) | | |
| | | | te: WWW.HARVESTERS.ORG | sociation Other | I Van | | | n number > State of legal domicile: MO | | |
| 8 | | orm of | organization: X Corporation Trust Ass | Sociation Other | IL Year | OI TOTTIIALION. | <u> </u> | State of legal dofficile, 140 | | |
| | ٦ | | Briefly describe the organization's mission or most | significant activities HARV | ESTERS | ' MISS | ION IS | TO FEED | | |
| FEB | nce | | HUNGRY PEOPLE TODAY AND WO | | | | | | | |
| _ | Governance | 2 | Check this box if the organization discon | tinued its operations or dispos | sed of more | than 25% of | rts net ass | ets | | |
| SCANNED | iove | ı | Number of voting members of the governing body (| | | | 3 | $\begin{array}{c} 14 \\ \hline 14 \end{array}$ | | |
| É | | | Number of independent voting members of the gov | | Λ | | 5 | 178 | | |
| 4 | ctivities & | 1 | Total number of individuals employed in calendar year Total number of volunteers (estimate if necessary) | | 14 | | 6 | 78451 | | |
| S. | :tivi | _ | Total unrelated business revenue from Part VIII, coli | umn (C), line 12 , 1 i |) I | | 7a | 0. | | |
| | Ă | | Net unrelated business taxable income from Form 9 | \$ 1 1 1/2 | <i>-</i> | | 7b | 2,768. | | |
| | | | | 11.17 | | Prior Ye | | Current Year | | |
| | <u>e</u> | 8 | Contributions and grants (Part VIII, line 1h) | | <u> </u> | 1 205 | | 101,269,694. | | |
| | Revenue | 9 | Program service revenue (Part VIII, line 2g) |) ' | \vdash | 1,305 | ,318. | 1,322,352. | | |
| | Ę, | 1 | Investment income (Part VIII, column (A), lines 3, 4, Other revenue (Part VIII, column (A), lines 5, 6d, 8c, | | - | | ,241. | -207,143. | | |
| | | | Total revenue - add lines 8 through 11 (must equal | | 1 | 104,838 | | 102,715,782. | | |
| | | | Grants and similar amounts paid (Part IX, column (A | | | 83,344 | | 82,783,262. | | |
| | | 14 | Benefits paid to or for members (Part IX, column (A) |), line 4) | | | 0. | 0. | | |
| | S | 15 | Salaries, other compensation, employee benefits (P | | | 7,838 | | 8,436,350. | | |
| | ens(| 16a | Professional fundraising fees (Part IX, column (A), lii | | 。 | 540 | ,319. | 507,212. | | |
| | Expenses | _b | Total fundraising expenses (Part IX, column (D), line | | 09. | 9,832 | 918. | 9,790,904. | | |
| | _ | ١ '' | Other expenses (Part IX, column (A), lines 11a-11d, Total expenses Add lines 13-17 (must equal Part IX | | | L01,556 | | 101,517,728. | | |
| | | 19 | Revenue less expenses. Subtract line 18 from line 1 | | | 3,282 | | 1,198,054. | | |
| | Jo. | _ | | | Be | eginning of Cu | rrent Year | End of Year | | |
| | sets | 20 | Total assets (Part X, line 16) | | | 31,977 | | 30,454,365. | | |
| | et As | 3 | Total liabilities (Part X, line 26) | | - | 6,149 | | 3,334,307. | | |
| | 2 | ert II | Net assets or fund balances Subtract line 21 from Signature Block | line 20 | | 25,828 | ,42/. | 27,120,058. | | |
| • | | | alties of perjury, I declare that I have examined this return, | including accompanying schedule | s and statem | ents, and to th | e best of my | knowledge and belief, it is | | |
| | | | ct, and complete. Declaration of preparer (other than office | | | | | , | | |
| 3 | | · | | | | | | | | |
| ~ | Sig | n | Signature of officer | | | Da | te | | | |
| | Her | e | VALERIE NICHOLSON-WATSO | ON, CEO & PRESII | DENT | | | | | |
|) | | | Type or print name and title | Oronoror'o consturo | | Date | Check | PTIN | | |
| | Paid | 1 | Print/Type preparer's name LISA BURKE | Preparer's signature | | | if self-employ | | | |
| | | parer | Firm's name CBIZ MHM, LLC | | | Fir | m's EIN | 34-1874260 | | |
| | - | Only | Firm's address > 700 WEST 47TH STE | | 0 | | | | | |
| | | | KANSAS CITY, MO | 54112 | | Ph | one no 81 | 6-945-5500 | | |
| | May | y the I | RS discuss this return with the preparer shown above | | | | X Yes No | | | |
| | 8320 | 01 12-3 | 31-18 LHA For Paperwork Reduction Act Notic | e, see the separate instruction | ons. | | | Form 990 (2018) | | |

| Part III Statement of Program Service Accomplishments Check Schedule Contains a response on role to any line in this Part III | Form | 990 (2018) HARVESTERS - THE COMMUNITY FOOD NETWORK 43-1208665 Page |
|--|-----------|--|
| 1. Banety describe the organization's mission HARVESTERS' MISSION IS TO FRED HUNGRY PEOPLE TODAY AND WORK TO END HUNGER TOMORROW. 2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 cc 990 cc 2 If "Yes," describe these new services on Schedule O If "Yes," describe these changes on Schedule O If "Yes," describe the schanges on Schedule O If "Yes," descri | Par | t III Statement of Program Service Accomplishments |
| HARVESTERS ** MISSION IS TO FRED HUNGRY PEOPLE TODAY AND WORK TO END HUNGER TOMORROW. 2 Dot the organization undertake any significant program services during the year which were not listed on the prince form \$90 or \$90 €2. No. If "Yes, "Exception these new services on Schedule O 3 Dot the organization cases conducting, or make significant changes in how it conducts, any program services? | | Check if Schedule O contains a response or note to any line in this Part III |
| Did the organization undertake any agnificant program services during the year which were not listed on the prior Form 990 or 990-627 | 1 | |
| por From 980 or 980EZ? | | HUNGER TOMORROW. |
| por From 980 or 990-822 If Yes, "describe these new sances on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes (S No If Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverence, if any, for each program service perfect The section 501(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverence, if any, for each program service perfect The section 501(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverence, if any, for each program services, as measured by expenses The section 501(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverence for the amount of grants and allocations to others, the total expenses, and reverence for the amount of grants and allocations to others, the total expenses, and reverence for the amount of grants and allocations to others, the total expenses, and reverence for the amount of grants and allocations to others, the total expenses, and reverence for the amount of grants and allocations to others. The total expenses and the section of the form of the amount of grants and allocations to others. The total expenses and the section of the form of the amount of grants and allocations to others. The total expenses and the section of the amount of grants and allocations to others. The total expenses and the section of the amount of grants and allocations to others. The total expenses and the section of the amount of grants and allocations to others. The total expenses and the section of the amount of grants | | |
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| 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? | | pnor Form 990 or 990-EZ? |
| ## 1 "Yes," describe these changes on Schedule O 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses \$\text{Section SO ((s))} and 50 ((s)) and 50 ((s)) agenizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4 (\$\text{Sod} = \) ((expenses = \) 98, 207, 466, including grants of \$\) 82, 783, 262.) (Revenue \$\) 1, 322, 352.) FOOD DISTRIBUTION SERVICES — HARVESTERS DISTRIBUTES MORE THAN 50 MILLION POUNDS OF FOOD AND HOUSEHOLD PRODUCTS ANNUALLY TO APPROXIMATELY 700 CHARITABLE AGENCIES IN A 26-COUNTY AREA IN NORTHWEST MISSOURI AND NORTHEAST KANSAS. 4b (Code) ((expenses \$\) including grants of \$\) including grants of \$\) (Prevenue \$\) (Prevenue \$\) 4c (Code) ((expenses \$\) including grants of \$\) (Prevenue \$\) (Prevenue \$\) 4d Other program services (Describe in Schedulle O) ### Including grants of \$\) (Prevenue \$\) (Prevenue \$\) ### Total program services (Describe in Schedulle O) ### Total program services (Describe in Schedulle O) ### Total program services (Pescribe in Schedulle O) ### Total program service expenses 98, 207, 466. | | |
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| 4a (code) (Expenses 1 | 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses |
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| 46 (Code) (Expenses \$ | | |
| NORTHEAST KANSAS. | | |
| 4b (Code) (Expenses \$ | | |
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| 4c (Code) (Expenses \$ | | |
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| 4e Total program service expenses ▶ 98,207,466. | 40 | |
| | 40 | 20 205 466 |
| | <u>+c</u> | |

| 1 is the organization described in section 501 (c)(6) or 4947((r)(1) (other than a private foundation)? 1 if ''Res', complete Schedule 8, Schedule 8, Schedule 6 (Contributions? 2 is the organization required to complete Schedule 6 (Contributions? 3 is Did the organization required to complete Schedule 6, Schedule 6 (Contributions?) 3 is Did the organization required to complete Schedule 6, Part 1 is Section 501 (r)(6)(6) organization bid by the organization repair or 101 (r)(6) (r) (r) (r) (r) (r) (r) (r) (r) (r) (r | | | | Yes | <u>No</u> |
|---|------------|---|-----|---------|---------------|
| s is the capanization required to complete Schedule (S, Schedule of Controlutors?) Did the organization angle in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," compilete Schedule (C, Part II) Section 50 (k/k) organizations. Did the organization engage in lobbying activities, or have a section 501(k) election in effect during the tax year? If "Yes," compilete Schedule (C, Part II) Is the organization as collined in Reviewel Procedule of 1917 If "Yes," complete Schedule (C, Part III) Did the organization and yoner advised funds or any similar funds or accounts for which domors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule (C, Part III) Did the organization maintain and collections of works of art, historical treasuruss, or other similar assets? If "Yes," complete Schedule (C, Part III) Did the organization maintain collections of works of art, historical treasuruss, or other similar assets? If "Yes," complete Schedule (C, Part III) Did the organization maintain collections of works of art, historical treasuruss, or other similar assets? If "Yes," complete Schedule (C, Part III) Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not lasted in Part X, reproduce credit counties, debit amangement, credit repair, or debt negotiation services? If "Yes," complete Schedule (C, Part IV) Did the organization report an amount for investments or "Yes," complete Schedule (D, Part X V) Did the organization report an amount for investments or "Yes," complete Schedule (D, Part X V) Did the organization report an amount for investments - other securities in Part X, line 10 for the Lay view of the soft total assets reported in Part X, line 10 fir "Yes," complete Schedule (D, Part X V) Did the organization report an amount for investments - other securities or the tax year? If " | 7 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| 3 M X Section 50 flox? "Priss," complete Schedule C, Part I Section 50 flox) degranation in engage in detection of the organization engage in lobbying activities, or have a section 501(iii) election in effect during the tax year? "Priss," complete Schedule C, Part II Section 50 flox) degranation assetion 50 flox), 50 flox partial flow organization may be a section 501(iii) election in effect during the tax year? "Priss," complete Schedule C, Part II Section 50 flox, 50 flow organization maximum and year and program sense on the distribution or consensation organization maximum any done advised funds or any similar funds or accounts for which distribution or provides active on the distribution or investment of amounts in such funds or accounts for which distribution or provides active on the distribution or distribution or any similar funds or accounts for which distribution or provides active on the distribution or distribution or any similar funds or accounts for which distribution or provides active on the distribution or distribution or any similar funds or accounts for which distribution or provides active on the distribution or distribution or any similar active provides active on the distribution or distribution or any similar active provides active on the distribution or any similar active provides active on the distribution or any similar active provides active on the distribution or any similar active provides active on the distribution or active active provides active on the distribution or active active provides active on the distribution or active active active provides active or active | | | _ | | |
| poblic office? If Yes, 'complete Schedule C, Part I Section 501(%) election in effect dump the tax year? If Yes, 'complete Schedule C, Part II set he organization as section 501(%) 501 | 2 | | 2 | _X_ | |
| 4 X Section 501(6)3) organizations. Did the organization engage in lobbying activities, or have a section 501(6)4 section in effect during the tax year? If 'Yes,' complete Schedule C, Part III 1 is the organization a section 501(6)(6), 501(6)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revierue Procedure 96-197 If 'Yes,' complete Schedule C, Part III 1 Did the organization maximal any donor advised funds or any similar turisd or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II 1 Did the organization receive or hold a conservation assement, including assements to preserve pen specifies Schedule D, Part II 2 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV 1 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part VI 1 If the organization service in any of the following questions is 'Yes,' then complete Schedule D, Part VI 1 If the organization report an amount for revestments- order securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 1 If the organization report an amount for revestments- order securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 1 If the organization report an amount for other habities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 15% If 'Yes,' complete Schedule D, Part VI 1 If the organization report an amount for other habities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 15% If 'Yes,' complete Schedule D, Part VI 1 If X 1 If Did the organization rep | 3 | | | | 37 |
| dump the tax year? "Ir'es," complete Schedule C, Part II is the organization a section Solicify(s), 50 (s)(s), 50 (s)(s)(s), 50 (s)(s), 50 (s)(s)(s)(s)(s)(s)(s)(s)(s)(s)(s)(s)(s)(| | | 3 | | <u> </u> |
| 5 Is the organization in section 5016(4), 5016(8), or 5016(8) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 94.19? if "Yes," complete Schedule C, Part III Did the organization review of held aconservation assement, including assements for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization review or hold a conservation assement, including assements for preserve open space the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization market in collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for limit organization, hold assets in temporarily restricted endowments, permanent endowments, or quasirendowments? If "Yes," complete Schedule D, Part VI If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI Did the organization report an amount for westments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 15? If "Yes," complete Schedule D, Part VI Did the organization report an amount for the backline D, Part VI Line 25 If "Yes," complete Schedule D, Part VI Did the organization report an amount for other seasests in Part X, line 15 If the say year "Not to Intel 12 the part X, line 15 If the organization report and amount for other labil | 4 | | | | |
| smilar amounts as defined in Revenue Procedure 98-197 // "Yes," complete Schedule C, Part // II Did the organization maintain any donor advased funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // "Yes," complete Schedule D, Part // II Did the organization receive or hold a conservation assement, including easements to preserve open space, the environment, histonical dress, or instoric structures? // "Yes," complete Schedule D, Part // II Did the organization maintain collections of works of art, histonical treasures, or other similar assets? // "Yes," complete Schedule D, Part // II Did the organization report an amount in Part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negolation services? // "Yes," complete Schedule D, Part V II Did the organization report an amount for liand, buildings, and equipment in Part X, line 10? # "Yes," complete Schedule D, Part VII Did the organization report an amount for investments or other securities in Part X, line 10? # "Yes," complete Schedule D, Part VII Did the organization report an amount for investments or other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 15? /* "Yes," complete Schedule D, Part VII Did the organization report an amount for or investments or other securities in Part X, line 15? /* "Yes," complete Schedule D, Part VII Did the organization report an amount for orbit reasests in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 15? /* "Yes," complete Schedule D, Part X VII Did the organization report an amount for orbit reasests in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 15? /* "Yes," complete Schedule D, Part X VIII Did the organization report an amount for orbit reasests in Part X, | _ | | 4 | | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I I Did the organization reserve or hold a conservation easement, including easements to preserve open space, the environment, historical land areas, or historic structures? If "Yes," complete Schedule D, Part II I Bid Did the organization maintain collections of works of art, historical treasuries, or other similar assets? If "Yes," complete Schedule D, Part IV I Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV I If the organizations are not any of the following questions is "Yes," then complete Schedule D, Part SV, VII, VIII, IX, or X as applicable a Did the organization report an amount for investments "other securities in Part X, line 10" If "Yes," complete Schedule D, Part VI I If the organization report an amount for investments of the securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16" If "Yes," complete Schedule D, Part VI I Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16" If "Yes," complete Schedule D, Part VI I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16" If "Yes," complete Schedule D, Part VI I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16" If "Yes," complete Schedule D, Part X I II L. X 11b Was the organization in export an amount for other hassets in Part X, line 15 that is 5% or more of its total | 5 | | _ | | Y |
| provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 1 | _ | | | | |
| 7 Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 6 | | | | ¥ |
| Both the organization maintain collections of works of art, historical treasures, or other similar assets? #*Yes,* complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? #*Yes,** complete Schedule D, Part IV Did the organization, directly of through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? #*Yes,** complete Schedule D, Part VIII If the organization report an amount for limber schedule D, Part VIII Did the organization report an amount for investments cother securities in Part X, line 10? #*Yes,** complete Schedule D, Part VIII Did the organization report an amount for investments cother securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? #*Yes,** complete Schedule D, Part VIII Did the organization report an amount for investments cother securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? #*Yes,** complete Schedule D, Part VIII Did the organization report an amount for investments cother assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? #*Yes,** complete Schedule D, Part VIII Did the organization organization amount for the reassets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? #*Yes,** complete Schedule D, Part XIII Did the organization organization organization amount for the reassets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? #*Yes,** complete Schedule D, Part XIII Did the organization organization organization amount for the relabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? #*Yes,** complete Schedule D, Part XIII Did the organization org | - | · | 0 | | |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? #"yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? #"Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? #"Yes," complete Schedule D, Part V II II the organization is any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable 10 If the organization report an amount for investments of the resolution of the organization report an amount for investments of the securities in Part X, line 12 #"Yes," complete Schedule D, Part VII II II X 11a X 11b Us the organization report an amount for investments of the securities in Part X, line 12 #"Yes," complete Schedule D, Part VII II II X 11c X 11d Us the organization report an amount for other assets in Part X, line 15 #"Yes," complete Schedule D, Part VII II II X 11d Us the organization report an amount for other labilities in Part X, line 15 #"Yes," complete Schedule D, Part X II II X 12a Did the organization separate or consolidated financial statements for the tax year multide a footnote that addresses the organization is liability for uncertain tax poststinus under fill #"Yes," complete Schedule D, Part X II II X 12a Did the organization orbitain separate, independent audited financial statements for the tax year? #"Yes," complete Schedule D, Part X II X 13d Did the organization answered "No" to line 12a, then complete Schedule D, Parts X I and X II is played to the organization answered "No" to line 12a, then complete Schedule D, Parts X II and IV II Did the organization report a total of more than \$15,000 of organization organizat | , | | 7 | | x |
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| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 2 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 3 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 4 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 5 Did the organization report an amount for other habilities in Part X, line 25? If "Yes," complete Schedule D, Part X 6 Did the organization asparate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 6 Did the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 7 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 8 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 9 Did the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 10 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 11 Is X 12 Did the organization and the completing Schedule D, Parts XI in and XII is optional 12 Is the organization and the complete Schedule F, Parts II and IV 13 Did the organization and the complete Schedule F, Parts II and IV 14 Did the organizat | | | 10 | Х | |
| as applicable a Dut the organization report an amount for land, buildings, and equipment in Part X, line 10° // "Yes," complete Schedule D, Part V/ b Dut the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° // "Yes," complete Schedule D, Part V// c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° // "Yes," complete Schedule D, Part V/// d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° // "Yes," complete Schedule D, Part X/// d Did the organization report an amount for other assets in Part X, line 15° // "Yes," complete Schedule D, Part X/// d Did the organization is abolity for uncertain tax positions under FIN 48 (ASC 740)° // "Yes," complete Schedule D, Part X/// 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and If the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization in section 1700(H/I)(A)(P)// "Yes," complete Schedule D, Part X and XII is the organization as soloid desched in section 1700(H/I)(A)(P)// "Yes," complete Schedule D, Part X and XII is a X 12a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activates outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization r | 11 | · · · · · · · · · · · · · · · · · · · | | | $\overline{}$ |
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| Part IV Checklist of Required Schedules (continued) Yes No. | Form | 990 (2018) HARVESTERS - THE COMMUNITY FOOD NETWORK 43-1208 | <u>665</u> | Pa | age 4 |
|---|----------|---|------------|-----|----------|
| 22 X 23 Dd the organization report more than \$5.000 of gains or other assistance to or for domestic individuals on Part IX, color (Peris, *Complete Schedule** Part IX Part IX 24 Dd the organization answer "Yes" to Part XII. Section A, line 3, 4, or 5 about compensation of the organization is current and former offerer, directors, trustees, key employees, and highest compensated employees? "I*"yes, *complete Schedule* A | Par | t iV Checklist of Required Schedules (continued) | | | |
| Part X. column (A), line 2º (if "vas," compilers Schedule I, Parts and III 2. Did the organization in severy 2st. To Part VI), Science of New 3.4, or 5 about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? If "vas," compiler Schedule I, Part IV and to the organization invase as a controlled entity within the meaning of section 50 (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2 | | | | Yes | No |
| 23 De the organization insiever "Ves" to Part VIII Section A, lind 3, 4 or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees?" If "Yes," complete Schedule I and the organization have a tax exempt bond issue with an outstanding pmcpol amount of more than \$100,000 as of the list day of the year, that was essued after December 31, 2002? If "Yes," answer lines 240 through 244 and complete Schedule K if "No." go to line 25a Do the organization mixes that you proceeds of tax exempt bonds beyond a temporary period exception? Do the organization mantarian an escrive account other than a refunding ascrow at any time during the year to defease any tax-exempt bonds? Do the organization and as an "no behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Do the organization and as an "no behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Do the organization and as an "no behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Do the organization and the association and the second of the complete schedule and the organization and the second of the organization with a deductation of the organization and the transaction and the terms of the organization and the second of the organization of the organization and the second of the organization and the second of the organization organization and the second of the organization organization and the second of the organization organization and the second organization organization | 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV as sound after December 31, 2002? If "Yes," answer inses 24th through 24d and complete Schedule I, If I'No." go to time 25a Did the organization maintain an escrive account other than a refunding encoroal amount of more than \$10,000 as of the last day of the organization maintain an escrive account other than a refunding encoroal and any time during the year to defease any take-sempt bonds? 24d | | Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III | 22 | | <u> </u> |
| Schedule / I was the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule X II" "No." go to line 25a. Did the organization misses any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrive account other than a refunding escrive at any time duming the year to defease any tax-exempt bonds? Did the organization maintain an escrive account other than a refunding escrive at any time duming the year? Did the organization maintain an escrive account other than a refunding escrive at any time duming the year? Did the organization maintain an escrive account other than a refunding escrive at any time duming the year? Did the organization maintain an escrive account other than a refunding escrive at any time duming the year? Did the organization maintain an escrive accounting the year? Did the organization aware that engaged an an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of these pracesses benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of these pracesses benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of these pracesses and transaction in part X line 5, 6, or 25 for receivables from or payables to any current or former offerier, director, hustee, or key employee? If yes, complete Schedule L, Part IV instructions for applicable fring thresholds, conditions, and exceptional accomplete Schedule L, Part IV instructions for applicable fring thresholds, conditions, and exceptional accounts of a payables of any of these pracess? If yes, complete Schedule L, Part IV instructions for direct or indirect owner? If yes, complete Schedule L, Part IV instructions for direct or | 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | - 1 | |
| Schedule / I was the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule X II" "No." go to line 25a. Did the organization misses any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrive account other than a refunding escrive at any time duming the year to defease any tax-exempt bonds? Did the organization maintain an escrive account other than a refunding escrive at any time duming the year? Did the organization maintain an escrive account other than a refunding escrive at any time duming the year? Did the organization maintain an escrive account other than a refunding escrive at any time duming the year? Did the organization maintain an escrive account other than a refunding escrive at any time duming the year? Did the organization maintain an escrive accounting the year? Did the organization aware that engaged an an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of these pracesses benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of these pracesses benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of these pracesses and transaction in part X line 5, 6, or 25 for receivables from or payables to any current or former offerier, director, hustee, or key employee? If yes, complete Schedule L, Part IV instructions for applicable fring thresholds, conditions, and exceptional accomplete Schedule L, Part IV instructions for applicable fring thresholds, conditions, and exceptional accounts of a payables of any of these pracess? If yes, complete Schedule L, Part IV instructions for direct or indirect owner? If yes, complete Schedule L, Part IV instructions for direct or | | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
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| any tax-exempt bonds? d Old the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c/3), 501(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes," complete Schedule I, Part I 15 the organization aware that it engaged in an excess benefit transaction what a disqualified person during the year? If 'Yes," complete Schedule I, Part I 25b X | | | | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(4), and 501(c)(2) organizations. Other organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprof forms 950 or 950-E27. If "Yes," complete Schedule I, Part II D did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I, Part III Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule I, Part IV instructions for applicable fingh thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV instructions for applicable fingh thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV instructions for applicable fingh thresholds, conditions, and exceptions? By Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II. Part IV instructions? By Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? By Did the organization related to any tax-evempt or transfer more than 25% of its net assets? If "Yes," complete Schedule II. Part IV ins | • | | 24c | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I | ч | · · | | | |
| b is the organization with a disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization ware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, byfiest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II The did no organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? "If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28. A mentry of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29. Did the organization receive contributions of III "Yes," complete Schedule L, Part IV 30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule L, Part IV 30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule R, Part I III III III III III III III III III | | | | | |
| b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization is prior Forms 980 or 990-E27 If "Yes," complete Schedule L, Part I 25b Ut the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27 Dd the organization prowde a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization prowde a grant or other assistance to an officer, director, trustee, selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 In a substruction for a comment of the complete Schedule L, Part III 28 Was the organization receive more thind-organization receive more officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 Dd the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29 Dd the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule III 29 Dd the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule III 29 Dd the organization organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule III 29 Dd the organization organiz | 258 | | 25a | | X |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // If "Yes," complete Schedule L, Part I | h | | | | |
| Schedule L, Part I Dut the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Dut the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b | | | | | |
| Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, lighest compensated employees, or disqualified persons? # "Yes," complete Schedule L, Part II | | | 25h | | x |
| tormer officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? // "Yes," complete Schedule L, Part IV 28 X 28 X 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule L, Part IV 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule L Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M 29 X 29 X 29 Did the organization liquidate, terminate, or dissolve and cease operations? // "Yes," complete Schedule M 29 X 29 Did the organization liquidate, terminate, or dissolve and cease operations? // "Yes," complete Schedule N, Part II 30 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 // "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 3 Did the organization related to any tax-exempt or taxable entity? // "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 3 Did the organization have a controlled entity within the meaning of section 512(b)(13)? // "Yes," complete Schedule R, Part IV 18 28 Did the organization or organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? // "Yes," complete Schedule R, Part V 18 28 | 00 | | 200 | | |
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| of any of these persons? // "Yes," complete Schedule L, Part III 27 | 27 | · · · · · · · · · · · · · · · · · · · | | | |
| Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II Was the organization on violo% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I II Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35b X Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, Iine 2 The complete Schedule R, Part V, Iine 2 The | | | | | v |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization receive shedule M Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I II Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, Iine 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, Iine 2 38 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, Iine 2 39 Did the or | | | 27 | | <u> </u> |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Did the organization on State of the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization complete Schedule O approvide explanations in Schedule R, Part V III and 197 Note, All Form 990 filers are required to complete Schedule O any line in this 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Pa | 28 | | | | |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or complete Schedule N, Part IV 28b | | · · · · · · · · · · · · · · · · · · · | | | |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule I, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ilne 1 33 X 34 X 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Inne 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Inne 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, Inne 2 36 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, Ilines 11b and 19? Note, All Form 990 filers are required to complete Schedule O and provide explanations in Schedule O for Part VI, Ilines 11b and 19? Note, All Form 990 filers are required to complete Schedule O for Part VI, Ilines 11b and 19? 1a Enter the number of Forms W-2G included in line 1a Enter O- | | | | | |
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| contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35a Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Note, All Form 990 filers are required to complete Schedule O 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 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 29 | · | 29 | X | <u> </u> |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Check if Schedule O contains a response or note to any line in this Part V 10 Enter the number of Forms W-2G included in line 1a Enter 0- if not applicable 11 Enter the number of Forms W-2G included in line 1a Enter 0- if not applicable 12 C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| If "Yes," complete Schedule N, Part I | | | 30 | | <u>X</u> |
| 22 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 17701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 X 4 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 55 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 56 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Iine 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, Iines 11b and 19? Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
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| Note. All Form 990 filers are required to complete Schedule O 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 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1b X 5 | 38 | | | | |
| 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 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X | | | 38 | Х | <u>L</u> |
| Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X | Pai | | | | |
| ta Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | | | |
| ta Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | | Yes | No |
| b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 10 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | <u> </u> | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1 | | |
| (gambling) winnings to prize winners? | | Enter the number of Forms W-2d included in line 1a. Enter of infort applicable | 1 | | |
| 5 | C | | 10 | X | ' |
| | 82200 | | | | (2018) |

832004 12-31-18

Page 5

Form 990 (2018) HARVESTERS - THE COMMUNITY FOOD NETWORK 43-1208665 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

| | | | | | | ভো |
|----------|---|----------|------------------------|---|------------------|------------------|
| <u> </u> | Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management | | | | | X |
| <u> </u> | Holl A. Governing Body and Management | | | | Yes | No |
| 4- | Enter the number of voting members of the governing body at the end of the tax year | 1a | 14 | 4756 | VES VES | No |
| 18 | If there are material differences in voting rights among members of the governing body, or if the governing | ıa_ | | *** | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | 100 A | 1. Sec. 15. | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 14 | | SE STO | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | | · | | 1 | |
| 2 | officer, director, trustee, or key employee? | ****** | arry ourier | 2 | X | الشستنات |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | direc | t supervision | | | |
| • | of officers, directors, or trustees, or key employees to a management company or other person? | · | Coportion | 3 | | х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | 90 wa | s filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assi | | | 5 | | X |
| 6 | Did the organization have members or stockholders? | | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | point | one or | | | |
| | more members of the governing body? | | | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | ockho | lders, or | | | |
| | persons other than the governing body? | | · | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | r by th | e following: | A. with | 545 gm Kadoka | 30.25 |
| а | The governing body? | - | - | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b | Х | |
| 9 | is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | hed a | it the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Code.) | | | |
| | | | · | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | X | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such characteristics. | apters | s, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | Х | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | befor | re filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | 2.16 | | <u>﴿ يَشِينُ</u> |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise $\frac{1}{2}$ | to con | flicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y | 'es, " a | lescnbe | | | |
| | ın Schedule O how this was done | | | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | X | F4 (USA), 1 4 |
| 15 | Did the process for determining compensation of the following persons include a review and approval | by in | dependent | 3 | 学院 | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | غُستُفَ | 12.00 | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | Х | |
| b | Other officers or key employees of the organization | | | 15b | 1 25.1 182 | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements. | ent w | ith a | الله الله الله الله الله الله الله الله | | |
| | taxable entity during the year? | | | 16a | mod visa | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | - | • | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | izatior | 1'S | | | |
| <u> </u> | exempt status with respect to such arrangements? | | | 16b | | <u> </u> |
| | List the states with which a copy of this Form 990 is required to be filed NONE | | | | | |
| 17 | | 1 000 | T (01 501/-)(0)- | I. A | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and | a 990 | 1 (Section 501(c)(3)s | only) | avallat | эе |
| | for public inspection Indicate how you made these available Check all that apply X Own website Another's website X Upon request Other (explain | | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, con | flict o | f interest policy, and | financ | ıal | |
| | 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 book ROBIN POTTS $-816-929-3000$ | ks an | d records | | | |
| | 3801 TOPPING AVE, KANSAS CITY, MO 64129 | | | | | |
| 83200 | 3 12-31-18 | | · — | Form | 990 | (2018) |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| Check this box if neither the organization (A) | (B) | (C) | | | _ | | (D) | (E) | (F) | |
|--|-----------------------|--------------------------------|----------------------|--------------|----------------|------------------------------|-----------------|-----------------|-----------------|-----------------------------|
| Name and Title | Average | ,,, | | Pos | ition | | | Reportable | Reportable | Estimated |
| | hours per | box, | , unles | ss per | son ı | than o | an | compensation | compensation | amount of |
| | week | | cer an | dad | recto | r/trust | 00) | from | from related | other |
| | (list any | rector | | · | | | | the | organizations | compensation |
| | hours for | or di | a | | | ated | | organization | (W-2/1099-MISC) | from the |
| | related organizations | ustea | nstitutional trustee | | 8 | ngu | | (W-2/1099-MISC) | | organization and related |
| | below | ual tr | tional | | pgo | yee y | _ | | | organizations |
| | line) | Individual trustee or director | nstitu | Officer | (ey er | Highest compensated employee | Former | | | |
| (1) JAMIE ALLEN | 1.00 | _ | \vdash | Ť | ٦ | | | | - | |
| DIRECTOR | | х | | |) | | | . 0. | 0. | 0. |
| (2) DAN CRUMB | 1.00 | | | | | | | | | |
| CHAIR | 1.00 | x | | X | | | | 0. | 0. | 0. |
| (3) WYNNE DILLON | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (4) WESLEY FIELDS | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | L | | 0. | 0. | 0. |
| (5) DAVID GATES | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | L | | | 0. | 0. | 0. |
| (6) JOHN GEORGE | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | L | L | _ | 0. | 0. | 0. |
| (7) NANCY LEWIS | 1.00 | | | | | | | _ | | _ |
| SECRETARY | 1.00 | Х | | X | ļ | <u> </u> | | 0. | 0. | 0. |
| (8) ANDREW LINDEMAN | 1.00 | | | | | | | | | _ |
| DIRECTOR | | Х | | _ | _ | _ | | 0. | 0. | 0. |
| (9) GAIL (JILL) MERIWEATHER | 1.00 | | | | | | | | | _ |
| DIRECTOR | 1 22 | X | <u> </u> | L | ┡ | | | 0. | 0. | 0. |
| (10) JULIE SALMON | 1.00 | | | | 1 | | | | | _ |
| DIRECTOR | 1 00 | X | _ | _ | <u> </u> | _ | - | 0. | 0. | 0. |
| (11) KEITH SLIFER | 1.00 | ١ | | | | | | | , | |
| DIRECTOR | 1 00 | Х | \vdash | - | ┢ | ├ | - | 0. | 0. | 0. |
| (12) KEVIN STRATHMAN | 1.00 | | | | | | | 0. | 0. | 0. |
| DIRECTOR (12) | 1.00 | X | - | | \vdash | 1 | - | | | ٠. |
| (13) KIMBERLY SVATY | 1.00 | x | | | ŀ | | 1 | 0. | 0. | 0. |
| DIRECTOR | 1 00 | 12 | | \vdash | ┢ | ┢ | ┝ | 0. | 0. | ٠. |
| (14) BRENT VARZALY TREASURER | 1.00 | x | | x | | | 1 | 0. | 0. | 0. |
| (15) VALERIE NICHOLSON-WATSON | 40.00 | ┝ | \vdash | | - | \vdash | \vdash | - 0. | | |
| CEO & PRESIDENT | 1.00 | x | l | x | | | | 220,359. | 0. | 11,261. |
| (16) STEVE DAVIS | 40.00 | ┢ | ╁ | ^ | \vdash | +- | | 220,333. | <u></u> | 11,201. |
| CHIEF OPERATING OFFICER | 1.00 | x | | x | | | | 145,080. | 0. | 20,311. |
| (17) JOANNA SEBELIEN | 40.00 | ╇ | \vdash | ╇ | \vdash | \vdash | \vdash | 143,000. | <u> </u> | 20,311. |
| CHIEF RESOURCE OFFICER | 1.00 | x | | x | | | | 160,052. | 0. | 16,481. |
| THE RESOURCE OF LICENT | | 147 | Щ | 122 | | Ь | Ь— | 1 200,0021 | | Form 990 /2018 |

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| Form 990 (2018) HARVESTE | RS - THE | | :OM | щÓ | N T | .T.X | r | OOD NETWORK | 43-1 | 2000 | 000 | - P | age o |
|---|--|--------------------------------|----------------------|---------|---------------|------------------------------|-----------|--------------------------|-------------------|-------------------|-------------|---------|------------|
| Part VII Section A. Officers, Directors, Trus | stees, Key Emp | oloy | ees, | and | <u> 1 Hig</u> | ghes | t C | ompensated Employee | s (continued) | | | | |
| (A) | (B) | (B) (C) (D) | | | | | | (E) | | | (F) | | |
| Name and title | Average | ,,, | | Pos | | than o | | Reportable | Reportable | | Es | tımate | ed . |
| | hours per | box | , unle: | ss pe | rson ı | s both | n an | compensation | compensatio | n | am | ount | of |
| | week | | cerar | nd a d | recto | r/trust | tee) | from | from related | ı | | other | |
| | (list any | ğ | ŀ | | | | | the | organization | | comp | oensa | tion |
| | hours for | ğ | ۵ | | | ted | | organization | (W-2/1099-MIS | 3C) | | om th | |
| | related | stee (| l sg | | l _ | Suac | l | (W-2/1099-MISC) | | | - | anızat | |
| | organizations | al tru | ag T | | loye | E 8 | | | | | | l relat | |
| | below line) | Individual trustee or director | nstitutional trustee | Officer | Кеу етріоува | Highest compensated employee | Former | | | | orga | nızatı | ons |
| | | <u>=</u> | Ĕ | Ē | , X | ¥ 2 | 윤 | | | \longrightarrow | | | |
| (18) ROBIN POTTS | 40.00 | | | ١,, | | | | 111 025 | | ا ۸ | 1. |) E | 2 2 |
| DIRECTOR OF FINANCE | 1.00 | X | | X | | | | 111,035. | | 0. | | 4,3 | 32. |
| | | _ | | | | \vdash | | | | | | | |
| | | _ | | _ | ┝ | | _ | | | | | | |
| | | _ | _ | - | | | _ | | | _ | | | |
| | | _ | | | | | _ | | | | | | |
| | | | | | | | | | | | | | |
| | | - | | | | | | | | | | | , |
| | | | | | | | | | | | | | |
| | | \vdash | - | - | | | | | | | | | |
| | | L | | | | | | 626 506 | | | | | ~ |
| 1b Sub-total | | | | | | | | 636,526. | | 0. | 60 |),5 | |
| c Total from continuation sheets to Part V | II, Section A | | | | | | | 0. | | 0. | | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | <u> </u> | 636,526. | | 0. | 6 (| 0,5 | <u>85.</u> |
| 2 Total number of individuals (including but in particular) | not limited to th | ose | liste | ed at | oove | e) wh | o re | eceived more than \$100, | 000 of reportable | • | | | |
| compensation from the organization | | | | | | | | | | | | | 4 |
| | | | | | | | | | | , | | Yes | No |
| 3 Did the organization list any former officer | r, director, or tri | uste | e, ke | y er | nplo | yee, | or l | highest compensated er | nployee on | | | | |
| line 1a? If "Yes," complete Schedule J for | such individual | | | | | | | | | l | 3 | | Х |
| 4 For any individual listed on line 1a, is the s | | le co | mpe | ensa | ition | and | oth | ner compensation from t | he organization | - [| | | |
| and related organizations greater than \$15 | | | | | | | | | | 1 | 4 | X | |
| 5 Did any person listed on line 1a receive or | | | | | | | | | lual for services | | | | |
| rendered to the organization? If "Yes." con | | | | | | | | · · | | | 5 | | X |
| Section B. Independent Contractors | THE CONTRACTOR OF THE CONTRACT | | <u></u> | | | | | | | | | | |
| Complete this table for your five highest co | | | | | | | | | | ensat | ion fro | m | |
| the organization Report compensation for | the calendar y | ear e | endı | ng w | /ith (| or w | thin T | | earI | | | | |
| (A) Name and busines | s address | | | | | | | (B) Description of s | ervices | С | (C omper | | n |
| NORTH K.C. SCHOOL DIST. 3 | | | | | | - | | DEEDVEED WEV | r.g | | 641 | R 9 | 92. |

| (A) Name and business address | (B) Description of services | (C) Compensation | | | | | |
|--|-----------------------------|---------------------|--|--|--|--|--|
| NORTH K.C. SCHOOL DIST. FOOD & NUT. SERV., | | - | | | | | |
| 2000 NE 46TH STREET, NORTH KANSAS CITY, MO | PREPARED MEALS | 648,992. | | | | | |
| BRAD CECIL & ASSOCIATES, INC, 2115 | DIRECT MAIL SERVICES | - | | | | | |
| ARLINGTON DOWNS ROAD, ARLINGTON, TX 76011 | & POSTAGE . | 598,785. | | | | | |
| MHC KENWORTH | VEHICLE SERVICE & | | | | | | |
| KENWORTH, KANSAS CITY, MO 64187 | OPERATING LEASES | 215,046. | | | | | |
| BLACKBAUD | | | | | | | |
| P.O. BOX 930256, ATLANTA, GA 31193 | TECHNOLOGY SERVICES | 135,842. | | | | | |
| CROSSROADS | DEVELOPMENT | | | | | | |
| 1740 MAIN ST, KANSAS CITY, MO 64108 | MARKETING AND PUBLIC | 122,684. | | | | | |
| 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 ▶ 7 | | | | | | | |

Form **990** (2018)

| Check if Schedule O contains a response or note to any line in this Part VIII | | | | | | | | | | | |
|---|-----|----------|---|---|---------------|--|---|---|--|--|--|
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | | |
| र य | 1 : | a | Federated campaigns | 1a | 389,204. | | | | | | |
| , Grants mounts | | | Membership dues | 1b | , | | | | | | |
| | | | Fundraising events | 1c | 298,458. | | | | | | |
| SΦ | | | Related organizations | 1d | | | | | | | |
| g i | | | Government grants (contribution | | 20,628,753. | 4 | | | | | |
| S:S | , | | All other contributions, gifts, grant | , | | | 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
| 粪눩 | | | similar amounts not included above | | 79,953,279. | 100 | | Lagran Control | | | |
| 흡협 | | _ | Noncash contributions included in lines 1 | | 83,842,164. | | | | | | |
| Contributions, Gift and Other Similar | | _ | Total. Add lines 1a-1f | | | 101,269,694. | | | | | |
| - " | | | Total: Add intes 14 11 | | Business Code | KINDA AT VEKTORIK ROMATIONET | 2000 | 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 | | | |
| ا ؞ | 2 | | HANDLING FEES | | 900099 | 1,231,610. | 1,231,610. | | 110000110110110110110110110110110110110 | | |
| Program Service Revenue | 2 | _ | MISCELLANEOUS REVENUE | | 900099 | 62,634. | 62,634. | | | | |
| ie Š | , | | RECYCLING REVENUE | | 900099 | 28,108. | 28 108. | , | | | |
| κeΩ | ı | 4 | • | | | , , , , , , , , , , , , , , , , , , , | , | | | | |
| Ba | | _ | | | | | | | | | |
| 8 | | • | All other program service rever | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| , -, | | | Total. Add lines 2a-2f | | | 1 322 352. | | | 235 2 A | | |
| - | 3 | ч_ | Investment income (including | dividends intere | | , , , | PARTITIONS OF THE PARTY OF THE | ACAMISSIS DOS DE GOSTOCIOS CO. | Thought a time attorney as | | |
| | 3 | | other similar amounts) | aividerios, intere | st, and | 231,761. | | 1 | 231,761. | | |
| | 4 | | Income from investment of tax | -evemnt hand n | roceeds | | | | , , , , , , , , , , , , , , , , , , , | | |
| | 5 | | Royalties | exempt bond p | roceeds | | | , | | | |
| | 5 | | noyalles | (i) Real | (ii) Personal | | | PRECONSTRUCTOR | | | |
| | | _ | Cross ranta | (i) Neai | (ii) reisonai | | Line Andrew Company | a diministration of the contraction | | | |
| | 6 | | Gross rents . | | | | | | | | |
| | | | Less rental expenses | | | and the second s | Thilinguiga, compositive, Marconego | Minimality Constituential Configuration | pinning shaman Januar | | |
| - | | | Rental income or (loss) | | | ************************************** | | * ************************************ | IANT SE SECOND | | |
| l | | | Net rental income or (loss) | (i) Securities | (ii) Other | 深心的体态。 | CHARLET TO THE | NA 0 9 W W 18 O V 7 W | | | |
| - 1 | ′ | а | Gross amount from sales of | 639 542. | 31,820. | Carrier Section | | 23.25 | 1. A. W. S. A. S. | | |
| · . l | | _ | assets other than inventory | 035,512. | | | | | | | |
| ·- | | D | Less cost or other basis | 550,108. | 22,136. | | | | | | |
| | | | and sales expenses | 89,434. | 9,684. | | | | | | |
| | | | Gain or (loss) | 05,131. | 3,001. | 99 118. | | | 99 118. | | |
| | | | Net gain or (loss) | a ovente (net | | The same of the sa | | ¥ 3 , 200 a | NOTE A STATE OF | | |
| e e | 8 | а | Gross income from fundraising | 458. of | | | | | | | |
| venue | | | · | | | | 一个人 | S. 4 | | | |
| | | | contributions reported on line Part IV, line 18 | | 23,150. | | professional for the pro- | 经产业 企业 | | | |
| Other Re | | _ | Less direct expenses | a | 230,293. | | | | | | |
| 8 | | | Net income or (loss) from fund | raicina avente | | -207,143. | | | -207 143. | | |
| 1 | | | Gross income from gaming ac | | | | | | | | |
| | 3 | đ | Part IV, line 19 | | | | | | | | |
| | | L | Less direct expenses | a b | | | | V. 4475 | | | |
| | | | Net income or (loss) from gam | _ | | | | | | | |
| l | | | Gross sales of inventory, less | | | -27/19/20/19/20/20/20 | CAST TREATS AND | | 777078-23578 | | |
| i | 10 | а | and allowances | | | | | | 1.4 | | |
| | | | Less cost of goods sold | ՝ a b | | | | | | | |
| ٠ | | | • | _ | | | | | | | |
| ŀ | | <u>c</u> | Net income or (loss) from sale: | | Business Code | | | A CONTRACTOR | The March 1985 | | |
| ŀ | | | Miscellaneous Revenue | е , | Business Code | | | | | | |
| | 11 | | | | | | - | | | | |
| İ | | b | | | | | | | | | |
| | | C | All adhan necres | | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | | | |
| | | đ | All other revenue | | | | ACCEPTANCE OF THE | HAVATORIBULA | | | |
| | | | Total. Add lines 11a-11d | • | | 102,715,782. | 1,322,352. | 123,736. | | | |
| 83200 | 12 | | Total revenue. See instructions | | | 102,113,102. | 1 2,322,332. | 0. | Form 990 (2018) | | |

| 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 | | | | | | | | | | | |
| | not include amounts reported on lines 6b, 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 | 82,783,262. | 82,783,262. | | | | | | | | |
| 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, | 701 037 | 201 140 | 276 040 | 44 640 | | | | | | |
| | trustees, and key employees | 721,837. | 301,149. | 376,040. | 44,648. | | | | | | |
| 6 | Compensation not included above, to disqualified | | | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | 5,910,335. | 4,838,951. | 450,617. | 620,767. | | | | | | |
| 7 | Other salaries and wages | 3,310,333. | 4,030,331. | ±30,01/. | 020,707. | | | | | | |
| 8 | Pension plan accruals and contributions (include | 261,863. | 213,203. | 25,065. | 23,595. | | | | | | |
| | section 401(k) and 403(b) employer contributions) | 1,054,822. | 858,814. | 100,965. | 95,043. | | | | | | |
| 9 | Other employee benefits | 487,493. | 396,906. | 46,662. | 43,925. | | | | | | |
| 10 | Payroll taxes | 401,433. | 330,300. | 10,002. | 13,723 | | | | | | |
| 11 | Fees for services (non-employees) | | | | | | | | | | |
| a | Management | 18,284. | | 18,284. | | | | | | | |
| b | Legal Accounting | 76,787. | | 76,787. | | | | | | | |
| c d | Lobbying | 35,743. | , | | 35,743. | | | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | All the second s | APPENDING | 507,212. | | | | | | |
| f | Investment management fees | 16,729. | | 16,729. | | | | | | | |
| 9 | Other (If line 11g amount exceeds 10% of line 25, | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| , , | column (A) amount, list line 11g expenses on Sch O.) | 483,464. | 389,456. | 66,748. | 27,260. | | | | | | |
| 12 | Advertising and promotion | 37,207. | 37,207. | | | | | | | | |
| 13 | Office expenses | 191,023. | 26,306. | 161,820. | 2,897. | | | | | | |
| 14 | Information technology | 406,522. | 342,192. | 26,639. | 37,691. | | | | | | |
| 15 | Royalties | | | | | | | | | | |
| 16 | Occupancy | 1,761,187. | 1,670,818. | 48,186. | 42,183. | | | | | | |
| 17 | Travel | 91,390. | 63,593. | 13,829. | 13,968. | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | | | |
| | for any federal, state, or local public officials | | | | 11 001 | | | | | | |
| 19 | Conferences, conventions, and meetings | 49,471. | 19,892. | 17,778. | 11,801. | | | | | | |
| 20 | Interest | 112,882. | 89,967. | | 14,223. | | | | | | |
| 21 | Payments to affiliates | 25,656. | 21,596. | 1,681. | 2,379. | | | | | | |
| 22 | Depreciation, depletion, and amortization | 521,583. | 506,667. | 7,831. | 7,085. | | | | | | |
| 23 | Insurance | 148,090. | 140,139. | 6,108. | 1,843. | | | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line | | | | | | | | | | |
| | 24e amount exceeds 10% of line 25, column (A) | | | [李文章 45] | | | | | | | |
| | amount, list line 24e expenses on Schedule 0.) | 2 250 220 | 2 250 220 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Kudali (16) Za A.S. (16) S.S. Kuda Kuda (16) | | | | | | |
| a | FOOD PURCHASES | 3,259,339. 1,193,861. | 3,259,339. 1,193,861. | | | | | | | | |
| b | VEHICLE COSTS & FREIGHT PROGRAM SUPPLIES | 460,794. | 446,310. | 89. | 14,395. | | | | | | |
| C | MISCELLANEOUS EXPENSES | 386,459. | 377,627. | 8,832. | 14,333. | | | | | | |
| d | | 514,433. | 230,211. | 48,091. | 236,131. | | | | | | |
| | All other expenses | 101,517,728. | 98,207,466. | 1,527,473. | 1,782,789 | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization | | 20,201,400. | 2,52,,2,5 | <u> </u> | | | | | | |
| 26 | reported in column (B) joint costs from a combined | | | | | | | | | | |
| | educational campaign and fundraising solicitation. | | | | | | | | | | |
| | Check here Tight of following SOP 98-2 (ASC 958-720) | 90,000. | 67,500. | 0. | 22,500. | | | | | | |
| | in tentaining CC. On E (1-00 000-120) | | | <u> </u> | Farm 990 (2019) | | | | | | |

832010 12-31-18

| Part X Balance Sheet | | | | | | | | | |
|-----------------------------|----------|--|---|---|----------------------|--|--|--|--|
| | | Check if Schedule O contains a response or note to any line in | this Part X | | | | | | |
| • | | | | (A) | | (B) | | | |
| | | | | Beginning of year | | End of year | | | |
| | 1 | Cash - non-interest-bearing | | 6,871,546. | 1 | 2,708,254. | | | |
| | 2 | Savings and temporary cash investments | | 1,252,538. | 2 | 1,240,344. | | | |
| | 3 | Pledges and grants receivable, net | | 2,324,575. | 3 | 2,847,028. | | | |
| | 4 | Accounts receivable, net | | 522,312. | 4 | 751,852. | | | |
| | 5 | Loans and other receivables from current and former officers, | | | | | | | |
| | | trustees, key employees, and highest compensated employees | s Complete | | 25.50 | | | | |
| | | Part II of Schedule L | torren i isse sent ett ett ett ett i it en en | 5 | | | | | |
| | 6 | Loans and other receivables from other disqualified persons (a | | | 沙克 | | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), | | A CARLES AND AND A | 等象 | | | | |
| | | employers and sponsoring organizations of section 501(c)(9) v | 4.4.2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4 | 18. C. | | | | | |
| əts | _ | employees' beneficiary organizations (see instr) Complete Par | 7,688,500. | 6 | 7,688,500. | | | | |
| Assets | 7 | Notes and loans receivable, net | | 7,888,300. | 7 | 8,354,981. | | | |
| 4 | 8 | Inventories for sale or use | • | 229,780. | 8 | 230,322. | | | |
| | 9 | Prepaid expenses and deferred charges | | 229,700. | 9 | CEE WITCH STAN | | | |
| | 10a | Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a | 3,654,350. | | NAME | | | | |
| | . | · | 5,853,020. | 1,597,101. | 10c | 1,801,330. | | | |
| | | , | 7,033,020. | 4,216,785. | 11 | 4,831,754. | | | |
| | 11 12 | Investments - publicly traded securities Investments - other securities See Part IV, line 11 | | 4,210,7030 | 12 | 1,031,731. | | | |
| | 13 | Investments - program-related See Part IV, line 11 | | | 13 | · | | | |
| | 14 | Intangible assets | | | 14 | | | | |
| | 15 | Other assets See Part IV, line 11 | | 15 | | | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 31,977,907. | 16 | 30,454,365. | | | |
| | 17 | Accounts payable and accrued expenses | | 1,210,969. | 17 | 1,912,949. | | | |
| | 18 | Grants payable | | 18 | 3 | | | | |
| | 19 | Deferred revenue | | | 19 | | | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | | | |
| | 21 | Escrow or custodial account liability Complete Part IV of Sche | edule D | | 21 | | | | |
| v | 22 | Loans and other payables to current and former officers, direc | tors, trustees, | NAME OF THE PARTY | (第7章 27.63 | | | | |
| ij | | key employees, highest compensated employees, and disqual | ified persons | | 410.00 | | | | |
| Liabilities | | Complete Part II of Schedule L | | | 22 | | | | |
| = | 23 | Secured mortgages and notes payable to unrelated third parti- | es ' | 4,938,511. | 23 | 1,421,358. | | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | | | | |
| | 25 | Other liabilities (including federal income tax, payables to relat | | | | | | | |
| | | parties, and other liabilities not included on lines 17-24) Comp | lete Part X of | | ļ | | | | |
| | | Schedule D | | 6 140 400 | 25 | 2 224 207 | | | |
| | 26 | Total liabilities. Add lines 17 through 25 | . चि | 6,149,480. | 26 | 3,334,307. | | | |
| | | Organizations that follow SFAS 117 (ASC 958), check here | ▶ X and | | | | | | |
| es | | complete lines 27 through 29, and lines 33 and 34. | • | 23,135,877. | | 24,846,384. | | | |
| auc | 27 | Unrestricted net assets | | 2,088,673. | 27 | 1,617,797. | | | |
| Bal | 28 | Temporanly restricted net assets | | 603,877. | 28 | 655,877. | | | |
| Net Assets or Fund Balances | 29 | Permanently restricted net assets | ale brance 🛌 | 003,077. | 29 | | | | |
| Ē | | Organizations that do not follow SFAS 117 (ASC 958), chec | x nere ▶ | | | | | | |
| ō | | and complete lines 30 through 34. | | | 30 | | | | |
| set | 30 | Capital stock or trust principal, or current funds | | | 31 | | | | |
| As | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | | 32 | | | | |
| let et | 32 | Retained earnings, endowment, accumulated income, or othe | riunus | 25,828,427. | 33 | 27,120,058. | | | |
| | 33 | Total lightly and not assets /fund halances | | 31,977,907. | 34 | 30,454,365. | | | |
| | 34 | Total liabilities and net assets/fund balances | | 1 32,311,301. | <u> </u> | Form 990 (2018) | | | |

Form 990 (2018)

| Form | 990 (2018) | HARVESTERS - THE COMMUNITY FOOD NETWORK | 43- | 12086 | <u>65</u> | Pag | _{le} 12 |
|------|----------------------------|--|----------|-------|---------------|------|------------------|
| Pai | t XI Reconciliation | n of Net Assets | | | | | |
| | Check if Schedule | O contains a response or note to any line in this Part XI | , | | | | |
| • | | | 1 1 | | | | |
| 1 | Total revenue (must equ | al Part VIII, column (A), line 12) | 1 | 102, | | | |
| 2 | Total expenses (must eq | jual Part IX, column (A), line 25) | 2 | 101, | | | |
| 3 | Revenue less expenses | Subtract line 2 from line 1 | 3 | | 198 | | |
| 4 | Net assets or fund balan | ices at beginning of year (must equal Part X, line 33, column (A)) | 4 | 25, | 828 | | |
| 5 | Net unrealized gains (los | sses) on investments | 5 | | <u>92</u> | | 76. |
| 6 | Donated services and us | se of facilities | 6 | | | 90 | 01. |
| 7 | Investment expenses | | 7 | | | | |
| 8 | Prior period adjustments | S | 8 | | | | |
| 9 | • | sets or fund balances (explain in Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balan | ices at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | 1 | | | | |
| | column (B)) | | 10 | 27, | 120 | , 05 | <u> </u> |
| Pai | | ements and Reporting | | | | | |
| | Check if Schedule | O contains a response or note to any line in this Part XII | | | ; | es l | No. |
| 1 | Accounting method use | d to prepare the Form 990 | | Γ | | es | ~, |
| | ~ | ged its method of accounting from a prior year or checked "Other," explain in Schedule | 0 | | _ | | |
| 2a | | financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | | low to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | ĺ |
| | separate basis, consolid | lated basis, or both | | | | - ' | ٠٠ |
| | Separate basis | Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's | financial statements audited by an independent accountant? | | L | 2b | x | |
| | If "Yes," check a box be | low to indicate whether the financial statements for the year were audited on a separate | e basıs, | - | | | ļ |
| | consolidated basis, or be | oth | | | . | | - 1 |
| | Separate basis | X Consolidated basis | |]_ | _ | | |
| С | If "Yes" to line 2a or 2b, | does the organization have a committee that assumes responsibility for oversight of the | e audıt, | ŀ | | | |
| | review, or compilation of | fits financial statements and selection of an independent accountant? | | L | 2c | X | |
| | If the organization change | ged either its oversight process or selection process during the tax year, explain in Scho | edule O | | | إخت | |
| За | As a result of a federal a | ward, was the organization required to undergo an audit or audits as set forth in the Sir | ıgle Aud | ıt | | _ | |
| | Act and OMB Circular A | | | | 3a | X | |
| b | If "Yes," did the organiza | ation undergo the required audit or audits? If the organization did not undergo the requ | red audi | ıt | | | |
| | or audits, explain why in | Schedule O and describe any steps taken to undergo such audits | | | | X | |
| | | | | F | orm 9 | 90 (| 2018) |

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** HARVESTERS - THE COMMUNITY FOOD NETWORK 43-1208665 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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) 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 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 L An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. J 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed in your governing document? (iii) Type of organization (described on lines 1-10 (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN support (see instructions) support (see instructions) organization Yes No above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2018 HARVESTERS - THE COMMUNITY FOOD NETWORK 43-1208665 Page 2

Part | 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)

| Sec | tion A. Public Support | | | | | | <u> </u> |
|------|---|--|-----------------------------|------------------------|----------------------|---------------------|------------------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and | | ' | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual grants ") | 91763925. | 96673100. | 105384316 | 103541495 | <u> 101269694</u> | 498632530 |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | | 26682422 | 105001016 | 100511105 | 101050501 | 100500500 |
| | Total. Add lines 1 through 3 | 91763925. | 966/3100. | 105384316 | 103541495 | 101269694 | 498632530 |
| 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, | | | | | | 40202240 |
| _ | column (f) | 200 CO 100 CO 10 | TO ANY THE SECOND | CONTRACTOR CONTRACTOR | | | 49303348. |
| | Public support. Subtract line 5 from line 4 | | Printer Carrier 1-1-1 | SHAN TARRASTA | | 学で表現を表現を表す | 449329182 |
| | · · · · · · · · · · · · · · · · · · · | (2) 0014 | (h) 001E | (c) 2016 | (d) 2017 | (-) 2018 | (O T-1-1 |
| | ndar year (or fiscal year beginning in) | (a) 2014 Q1763Q25 | (b) 2015 0 6 6 7 3 1 0 0 | 105384316 | 103541495 | (e) 2018 | (f) Total |
| | Amounts from line 4 Gross income from interest, | 91703923. | 90073100. | 103304310 | 103341433 | 101203034 | 1 2 0 0 3 2 3 3 0 |
| 8 | • | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, and income from similar sources | 56,786. | 58,487. | 81 279. | 173,088. | 231,761. | 601,401. |
| ۵ | Net income from unrelated business | 30,700. | 30,10, | 01,2,3, | 273,0001 | 231,7011 | 001,1011 |
| 9 | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | _ | |
| 10 | Other income Do not include gain | | | | | <u> </u> | |
| | or loss from the sale of capital | | | | ` | | |
| | assets (Explain in Part VI) | 171,688. | 74,969. | 133,060. | 79,326. | | 459,043. |
| 11 | · · · | | NO NEEDEN | APEXANTAL. | HEVER SERVICES | PIRTINA | 499692974 |
| | Gross receipts from related activities, | etc (see instruction | ons) | | | | ,293,315. |
| | First five years. If the Form 990 is fo | • | · · | d, fourth, or fifth ta | ix year as a section | 501(c)(3) | |
| | organization, check this box and sto | p here | | <u> </u> | | | ▶□ |
| Sec | tion C. Computation of Publi | ic Support Per | centage | | | | |
| 14 | Public support percentage for 2018 (| line 6, column (f) di | vided by line 11, c | olumn (f)) | • | 14 | 89.92 % |
| 15 | Public support percentage from 2017 | 7 Schedule A, Part | II, line 14 | • | | 15 | 90.02 % |
| 16a | 33 1/3% support test - 2018. If the | organization did no | ot check the box or | n line 13, and line | 14 is 33 1/3% or m | ore, check this bo | |
| | stop here. The organization qualifies | | • | | • | | ► X |
| b | 33 1/3% support test - 2017. If the | - | | | line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qua | | | | | | ▶∟ |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the "fac | | | • . | • | rt VI how the organ | nization |
| | meets the "facts-and-circumstances" | | • | | <u> </u> | | ▶□ |
| b | 10% -facts-and-circumstances test | _ | | | | | |
| • | more, and if the organization meets the | | | | • | | e |
| 40 | organization meets the "facts-and-circ | | | | | | |
| 18 | Private foundation. If the organization | on ala not check a | box on line 13, 16 | a, 100, 1/a, or 1/b | | | |
| | | | | | Sche | dule A (Form 990 | or 990-EZ) 2018 |

Schedule A (Form 990 or 990-EZ) 2018 HARVESTERS - THE COMMUNITY FOOD NETWORK 43-1208665 Page 3 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 be | elow, please comp | lete Part II) | | | | |
|------|---|--|--|------------------------|---------------------|--|---------------------------|
| Sec | tion A. Public Support | | | <u> </u> | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Gifts, grants, contributions, and | | | | | | <i>T</i> |
| | membership fees received (Do not | | | | | | / |
| | include any "unusual grants ") | | | | | l | / |
| 2 | Gross receipts from admissions, | - '' | | | | | |
| - | merchandise sold or services per- | | | | | | / |
| | formed, or facilities furnished in | | | | | | / |
| | any activity that is related to the | | | | | | / |
| _ | organization's tax-exempt purpose | · · · · · · · · · · · · · · · · · · · | | | | | |
| 3 | Gross receipts from activities that | | | | | | / |
| | are not an unrelated trade or bus- | | | | | , | Y |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | / | |
| | ization's benefit and either paid to | | | | | | ļ |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | ! | | | | |
| | furnished by a governmental unit to | | | | | / | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | / | |
| - | 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received | | | | | | |
| | from other than disqualified persons that | | | | | | |
| | exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | [| | | | |
| _ | Add lines 7a and 7b | | | | | | |
| - | | | | | | | |
| | Public support. (Subtract line 7c from Line 6) | I | l | | | 1 | |
| | <u> </u> | 4.30044 | 4-1-0045 | (-) 0040 | (4) 0047 | (=) 0010 | 40 Tatal |
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on | | | / | | | |
| | securities loans, rents, royalties, | | | / | | | |
| | and income from similar sources | | | | | | ļ |
| b | Unrelated business taxable income | | 1 | | | | |
| | (less section 511 taxes) from businesses | |] , | | | | |
| | acquired after June 30, 1975 | | / | | | <u> </u> | |
| c | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, | | / | | | | |
| | whether or not the business is | | / | | | 1 | |
| 12 | regularly carried on Other income Do not include gain | | | <u> </u> | | 1 | |
| | or loss from the sale of capital | | | | | 1 | |
| | assets (Explain in Part VI) | | * | | | 1 | |
| | Total support. (Add lines 9, 10c, 11, and 12) | <u></u> | <u> </u> | 1.6. 11. 550 | | - 504(-)(0) | <u> </u> |
| 14 | First five years. If the Form 990 is fo | r the organization's | s tirst, second, thir | a, tourth, or fifth ta | x year as a section | n 501(c)(3) organiza | ation, |
| | check this box and stop here | | | | | | |
| | ction C. Computation of Publ | | | | | 1 1 | |
| 15 | Public support percentage for 2018 (| line 8, column (f), c | livided by line 13, o | column (f)) | | 15 | |
| 16 | Public support percentage from 2017 | ' Schedule A, Part | III, line 15 | | | 16 | % |
| Sec | ction D. Computation of Inves | tment Income | e Percentage | | | | |
| 17 | Investment income percentage for 2 | 018 (line 10c, colui | mn (f), dıvıded by lı | ne 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from | 2017 Schedule A, | Part III, line 17 | | | 18 | % |
| _ | 33 1/3% support tests - 2018, If the | | | on line 14, and line | 15 is more than 3 | 3 1/3%, and line 1 | 7 is not |
| .06 | more than 33 1/3%, check this box a | | | | | | |
| L | 33 1/3% support tests - 2017. If the | | | | | | and |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| ~~ | | | | | | | |
| | Private foundation. If the organization | эт ою посспеск а | DOX OIT IIITE 14, 19 | a, or 130, check th | | | 000 571 2010 |
| 8320 | 23 10-11-18 | | | | Scn | euule A (FOIM 99) | 0 or 990-E Z) 2018 |

Schedule A (Form 990 or 990-EZ) 2018 HARVESTERS - THE COMMUNITY FOOD NETWORK 43-1208665 Page 4

Part W Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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
- 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)? 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
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
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| Sche | dule A (Form 990 or 990-EZ) 2018 HARVESTERS - THE COMMUNITY FOOD NETWORK 4: | 3-1208665 Page 5 |
|------|---|---|
| Par | Supporting Organizations (continued) | |
| | | Yes No |
| 11. | Has the organization accepted a gift or contribution from any of the following persons? | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | |
| | below, the governing body of a supported organization? | 11a |
| b | A family member of a person described in (a) above? | 11b |
| с | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. | 11c |
| Sec | tion B. Type I Supporting Organizations | |
| - | • | Yes No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | |
| | controlled the organization's activities. If the organization had more than one supported organization, | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year | 1 |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | |
| | supervised, or controlled the supporting organization. | 2 |
| Sec | tion C. Type II Supporting Organizations | |
| | | Yes No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | |
| | the supported organization(s). | |
| Sec | tion D. All Type III Supporting Organizations | |
| | | Yes No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | |
| | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 (2) 55 55 75 75 75 75 75 75 75 75 75 75 75 |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | |
| 800 | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | 3 |
| | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru | ctions). |
| a | The organization satisfied the Activities Test. Complete line 2 below | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below | |
| c | The organization supported a governmental entity Describe in Part VI how you supported a government entity (s | Yes No |
| 2 | Activities Test Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | 765 100 |
| а | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | |
| | • | |
| | how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities | 2a |
| b | | 500 500 600 |
| J | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | |
| | • | 2b |
| 3 | activities but for the organization's involvement Parent of Supported Organizations Answer (a) and (b) below. | 28 58 51 N. C. |
| | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | |
| а | trustees of each of the supported organizations? <i>Provide details in</i> Part VI. | 3a |
| h | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | evia no est |
| b | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b |
| | or its supported organizations. If Test describe in Fair vi the role played by the organization in this regard. | |

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| | dule A (Form 990 or 990 EZ) 2018 HARVESTERS - THE COMMUN | | | 3-1208665 Page 6 |
|-------|---|--------------|--------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | | | art VI) See instructions. All |
| ٠, | other Type III non-functionally integrated supporting organizations must co | | | • |
| Secti | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1_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 | 1 | |
| 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 | | |
| Sect | ion B - Mınimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | 機器 | | |
| | instructions for short tax year or assets held for part of year) | | 这里的一种,这个人,这个人 | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | |
| e | Discount claimed for blockage or other | | | 多种的影响的 |
| | factors (explain in detail in Part VI) | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d | 3 | | |
| 4 | Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions) | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5_ | ! <u></u> | |
| 6 | Multiply line 5 by 035 | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| _8_ | Minimum Asset Amount (add line 7 to line 6) | 8 | . , | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | 能多数"数"等"数"。 | |
| 2 | Enter 85% of line 1 | 2 | "我们是我们的一个人的。" | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | 対象の動物を表現の | |
| 4 | Enter greater of line 2 or line 3 | 4 | KIER THEFE | |
| 5 | | 5 | TANCE WITH THE | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions) | 6 | 学业等特别的 | <u> </u> |
| 7 | Check here if the current year is the organization's first as a non-functional | ılly ıntegra | ated Type III supporting organ | nization (see |
| | | | | |

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 HARVESTERS - THE COMMUNITY FOOD NETWORK 43-1208665 Page 7 Part Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2018 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 PER LA CENTRAL DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION **b** From 2014 c From 2015 d From 2016 PAR BURNES e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) -Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2018 from Section D, a Applied to underdistributions of prior years **b** Applied to 2018 distributable amount Remainder Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess distributions carryover to 2019. Add lines 3j and 4c Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A (Form 990 or 990-EZ) 2018 HARVESTERS - THE COMMUNITY FOOD NETWORK 43-1208665 Page 8 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 REVENUE 2014 AMOUNT: \$ 97,641. 2015 AMOUNT: \$ 21,956. 53,211. 2016 AMOUNT: 2017 AMOUNT: 51,905. 2018 AMOUNT: RECYCLING REVENUE 44,509. 2014 AMOUNT: \$ 2015 AMOUNT: 53,013. 2016 AMOUNT: 79,849. 2017 AMOUNT: 27,421. 2018 AMOUNT: \$ 0. CHANGE IN VALUE OF DERIVATIVE 2014 AMOUNT: \$ 29,538.

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

| • : | Section 501(c)(4), (5), or (6) organizat | tions Complete Part III | | | |
|------------|---|--|---|--|-------------------------------|
| | ne of organization | | | E | mployer identification number |
| | HARVEST | ERS - THE COMMUN | ITY FOOD NET | TWORK | 43-1208665 |
| Pa | rt I-A Complete if the org | janization is exempt und | er section 501(c) | or is a section 527 | organization. |
| 2 | Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai | tures | cal campaign activities | | > \$ |
| Pa | art I-B Complete if the org | janization is exempt und | ler section 501(c)(| [3) | |
| 1 | Enter the amount of any excise tax | incurred by the organization un | der section 4955 | | ▶ \$ |
| 2 | Enter the amount of any excise tax | incurred by organization manage | ers under section 4955 | 5 | ▶ \$ |
| 3 | If the organization incurred a section | n 4955 tax, did it file Form 4720 | for this year? | | Yes No |
| 4 a | Was a correction made? | | | - | Yes No |
| b | If "Yes," describe in Part IV | | | | |
| Pa | art I-C Complete if the org | janization is exempt und | ler section 501(c), | except section 50 |)1(c)(3). |
| 1 | Enter the amount directly expended | d by the filing organization for se | ection 527 exempt func | tion activities | ▶ \$ |
| 2 | Enter the amount of the filing organ | nization's funds contributed to o | ther organizations for s | ection 527 | |
| | exempt function activities | | | | ▶ \$ |
| 3 | Total exempt function expenditures | Add lines 1 and 2 Enter here | and on Form 1120-POL | -i | |
| | line 17b | | | • | ▶ \$ Yes |
| 4 | Did the filing organization file Form | 1120-POL for this year? | | | Yes No |
| 5 | Enter the names, addresses and er made payments. For each organiza contributions received that were pr political action committee (PAC) If | ition listed, enter the amount pa comptly and directly delivered to | id from the filing organia a separate political org | zation's funds Also ente anization, such as a sep | er the amount of political |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid fro filing organization funds If none, enter | 's contributions received and |
| | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

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| Schedule C (Form 990 or 990-EZ) 2018 Part II-A: Complete if the org | HARVESTER panization is ex | S - THE COMMU kempt under sectio | NITY FOOD N n 501(c)(3) and file | ETWORK 43-1 ed Form 5768 (ele | 208665 Page 2 ction under |
|--|----------------------------|---|-------------------------------------|--|-----------------------------|
| section 501(h)). | | | 5 | | |
| | = | affiliated group (and list i | n Part IV each affiliated | group member's name | e, address, EIN, |
| expenses, and share | • | • , | | | |
| Limi | ts on Lobbying Ex | • | | (a) Filing organization's | (b) Affiliated group totals |
| (The term "expen | ditures" means ar | nounts paid or incurred | ·) | totals | |
| 1a Total lobbying expenditures to infli | uence public opinio | on (grass roots lobbying) | , | · | |
| b Total lobbying expenditures to infli | uence a legislative | body (direct lobbying) | | | |
| c Total lobbying expenditures (add li | ines 1a and 1b) | | | - | |
| d Other exempt purpose expenditure | es | • | | | |
| e Total exempt purpose expenditure | es (add lines 1c and | d 1d) | | | |
| f Lobbying nontaxable amount Enter | er the amount from | the following table in bo | th columns | | |
| If the amount on line 1e, column (a) o | or (b) is The | lobbying nontaxable an | nount is: | 的时间 5000000000000000000000000000000000000 | |
| Not over \$500,000 | 20% | of the amount on line 1e | | | |
| Over \$500,000 but not over \$1,00 | 0,000 \$10 | 0,000 plus 15% of the ex | cess over \$500,000 | | |
| Over \$1,000,000 but not over \$1,5 | | 5,000 plus 10% of the ex | cess over \$1,000,000 | | |
| Over \$1,500,000 but not over \$17 | .000,000 \$22 | 5,000 plus 5% of the exc | ess over \$1,500,000 | | |
| Over \$17,000,000 | | 000,000 | | | |
| | | | | | |
| q Grassroots nontaxable amount (er | nter 25% of line 1f) | | | | |
| h Subtract line 1g from line 1a If zer | ro or less, enter -0- | | • | | , |
| i Subtract line 1f from line 1c If zero | | 1 | | | |
| j If there is an amount other than ze | | or line 1i, did the organiz | zation file Form 4720 | | |
| reporting section 4911 tax for this | | | | [| Yes No |
| (Some organizations t | hat made a sectio | Averaging Period Unde on 501(h) election do not parate instructions for I | have to complete all | of the five columns be | elow. |
| | Lobbying E | xpenditures During 4-Ye | ear Averaging Period | | · |
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount | | | | | |
| (150% of line 2a, column(e)) | | | | TO THE BOTT | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount | | | | WAY BUILD | |
| (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | , | | | | |

Schedule C (Form 990 or 990-EZ) 2018

Schedule C (Form 990 or 990-EZ) 2018 HARVESTERS - THE COMMUNITY FOOD NETWORK 43-1208665 Page 3

Part 17-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description | (2 | a) | (b) | | |
|--|----------------------------|----------------|--------------------|----------------------------|--|
| of the lobbying activity | Yes | No | Amo | ount | |
| During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | X X | | | | |
| c Media advertisements? | | Х | | | |
| d Mailings to members, legislators, or the public? | Х | | | | |
| e Publications, or published or broadcast statements? | | Х | | | |
| f Grants to other organizations for lobbying purposes? | | Х | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | Х | | 35 | <u>5,743.</u> | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | Х | | | |
| i Other activities? | L MAN COMPANY | X | | | |
| j Total Add lines 1c through 1i | 美工学员 | 观察 类的 | 35 | 5,743. | |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | 58/4 \ 64 2. 7. 48% | X | 至,便使,是 | というない | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | · 教教學 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | A STATE OF THE PROPERTY OF | 群态。第二 | Aug 60mail &V .vii | 150 - 150 - 150 - 150 Mark | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | - 504/-\/ | <u> </u> | | Mark St. A | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6). | n 501(C)(| o), or sec | ction | | |
| | | | Yes | No | |
| 1 Were substantially all (90% or more) dues received nondeductible by members? | | 1 | | | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | 2 | | | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from th | e prior year | ² 3 | <u> </u> | <u> </u> | |
| Part III: B Complete if the organization is exempt under section 501(c)(4), section | n 501(c)(| 5), or sec | ction | | |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered | 'No," OR | l (b) Part | III-A, line | e 3, is | |
| answered "Yes." | | | | | |
| 1 Dues, assessments and similar amounts from members | | 1 | | | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures) | al | | | | |
| expenses for which the section 527(f) tax was paid). | | <u> </u> | | | |
| a Current year | | 2a | | | |
| b Carryover from last year | | 2b | | | |
| c Total | | 2c | | | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | <u>3</u> | ļ | | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc | | | ŀ | | |
| does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p | olitical | | | | |
| expenditure next year? | | 4 | <u> </u> | | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | | 5 | L | | |
| Part V 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 a | ına 2 (see | | |
| instructions), and Part II-B, line 1. Also, complete this part for any additional information | | | | | |
| PART II-B, LINE 1, LOBBYING ACTIVITIES: | | | | | |
| THE ORGANIZATION SENT EMAILS TO COMMUNITY STAKEHOLDERS | LEG | ISLATO | RS, | <u>.</u> . | |
| | m | NT 037 | | | |
| AND AGENCY PARTNERS WITH GRASSROOTS CALLS TO ACTION AN | ID SIGI | N ON | | | |
| LETTERS, IN SUPPORT OF HUNGER RELIEF AND NUTRITION LEG | ISLAT | ION. I | N | | |
| ADDITION, THE ORGANIZATION HELD MEETINGS WITH LOCAL, S | TATE, | AND F | EDERAI | | |
| GOVERNMENT OFFICIALS, IN SUPPORT OF HUNGER RELIEF AND | NUTRI | TION | | | |
| <u> </u> | | | n 990 or 99 | 0-EZ) 2018 | |

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| Schedule C (Form 990 or 990-EZ) 2018 Part IV Supplemental Infor | mation (continued) | THE | COMMUNITY | FOOD | NETWORK | 43-1208665 | Page 4 |
|--|--------------------|-----|-------------|---------------|---------------------------------------|---------------------------------------|-------------|
| - Carette Cappionistic | (continued) | | | | | | _ |
| EDUCATION. | | | | | | · · · · · · · · · · · · · · · · · · · | |
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

HARVESTERS - THE COMMUNITY FOOD NETWORK

Employer identification number 43-1208665

| Par | t I Organizations Maintaining Donor Advise | d Funds or Other Similar Funds of | or Accounts. | Complete if the |
|--------|--|--|---------------------------------------|-----------------------------|
| | organization answered "Yes" on Form 990, Part IV, In | e 6 | | |
| | | (a) Donor advised funds | (b) Funds ar | nd 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 advise | d funds | |
| | are the organization's property, subject to the organization's | exclusive legal control? | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | dvisors in writing that grant funds can be u | sed only | |
| | for charitable purposes and not for the benefit of the donor of | r donor advisor, or for any other purpose co | onferring | |
| _ | impermissible private benefit? | | | Yes No |
| Par | | | art IV, line 7 | |
| 1 | Purpose(s) of conservation easements held by the organization | | | |
| | Preservation of land for public use (e.g., recreation or e | | - · | |
| | Protection of natural habitat | Preservation of a certif | ried historic struct | ture |
| | Preservation of open space | God annualist an antibulities in the form | f a consequention of | accoment on the last |
| 2 | Complete lines 2a through 2d if the organization held a quality | ned conservation contribution in the form o | | at the End of the Tax Year |
| _ | day of the tax year. Total number of conservation easements | | 2a | at the cird of the Tax Year |
| a | Total acreage restricted by conservation easements | | 2b | |
| b | Number of conservation easements on a certified historic str | ucture included in (a) | 2c | |
| c d | Number of conservation easements included in (c) acquired a | * * | — — — — — — — — — — — — — — — — — — — | ···· |
| ŭ | listed in the National Register | arter 7720700, and not on a motorio su dotal | 2d | |
| 3 | Number of conservation easements modified, transferred, rel | leased, extinguished, or terminated by the | <u> </u> | g the tax |
| | year▶ | , | J | |
| 4 | Number of states where property subject to conservation eas | sement is located | | |
| 5 | Does the organization have a written policy regarding the per | | | |
| | violations, and enforcement of the conservation easements if | t holds? | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing conse | ervation easement | ts during the year |
| | > | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservati | on easements du | ring the year |
| | ▶ \$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above | e 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 conservati | | | |
| | include, if applicable, the text of the footnote to the organiza | tion's financial statements that describes the | ne organization's | accounting for |
| Do | conservation easements t III Organizations Maintaining Collections or | f Art Historical Treasures or Oth | or Similar As | eate |
| LFai | Complete if the organization answered "Yes" on Form | | ier Gillillar As | 3013. |
| | If the organization elected, as permitted under SFAS 116 (AS | | ent and balance o | hoot works of art |
| 12 | historical treasures, or other similar assets held for public ext | | | |
| | | | ce of public service | se, provide, in ran Alli, |
| h | the text of the footnote to its financial statements that describe the organization elected, as permitted under SFAS 116 (AS | | and halance shee | t works of art, historical |
| b | treasures, or other similar assets held for public exhibition, e | | | |
| | relating to these items | ducation, or research in tortherance of pub. | ilo scrvice, provid | e are rollowing amounts |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | ▶ \$ | |
| | (ii) Assets included in Form 990, Part X | | Š * — | |
| 2 | If the organization received or held works of art, historical tre | asures, or other similar assets for financial | gain, provide | |
| _ | the following amounts required to be reported under SFAS 1 | | 3, p | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ | |
| | Assets included in Form 990, Part X | | ▶ \$ | |
| | For Paperwork Reduction Act Notice, see the Instruction | s for Form 990. | Sch | edule D (Form 990) 2018 |

832051 10-29-18

| | | ERS - THE C | | | | 43-12 | | | | |
|--------|---|---------------------------------------|---------------------------------------|---|----------------|-----------------|--------------|------------|--|--|
| Par | | | | | | | | | | |
| 3 | Using the organization's acquisition, accession | on, and other records | s, check any of the f | ollowing that are a | significa | nt use of its o | collection i | tems | | |
| ٠ | · (check all that apply) | | | | | | | | | |
| а | | | | | | | | | | |
| b | Scholarly research | е | Other | | | | | | | |
| C | | | | | | | | | | |
| 4 | Provide a description of the organization's co | | | | | | XIII. | | | |
| 5 | During the year, did the organization solicit o | | | | ılar assets | s _ | _ | | | |
| | to be sold to raise funds rather than to be ma | | | | _ | | Yes | No_ | | |
| Par | t IV Escrow and Custodial Arrang | | te if the organizatio | n answered "Yes" | on Form | 990, Part IV, | line 9, or | | | |
| | reported an amount on Form 990, Par | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermedi | ary for contributions | s or other assets n | ot include | ed | ٦ | | | |
| | on Form 990, Part X? | | | | | | _ Yes | No | | |
| b | If "Yes," explain the arrangement in Part XIII | and complete the foll | owing table | | | | | | | |
| | | | | | <u> </u> | | Amount | | | |
| С | Beginning balance | | | | | lc | | | | |
| d | Additions during the year | | | | | ld | | | | |
| е | Distributions during the year | | | | | le | | | | |
| f | Ending balance | 000 0 1111 | 04 (| | — | 1f | 7 | | | |
| 2a | Did the organization include an amount on Fo | | | | - | . L | _ Yes | ⊢ No | | |
| | If "Yes," explain the arrangement in Part XIII | | | | | | | | | |
| Par | t V Endowment Funds. Complete | | | (c) Two years bac | | ree years back | (a) Four | years back | | |
| 4 | Danish of was balance | (a) Current year | (b) Prior year 372,880. | 325,330 | | 316,176. | 1 | 242,488. | | |
| | Seguring 6. year Salaries | | | | | 310,170. | | 76,500. | | |
| b | Contributions | 44,511. | 37,332. | 48,72 | 48,723. 9,624. | | | -929. | | |
| C | Net investment earnings, gains, and losses | 33,322. | | 20,121 | | -, | | | | |
| d | Grants or scholarships | | | | 1 | | | | | |
| е | Other expenditures for facilities | | | | | | | 1,883. | | |
| | and programs | | 1,257. | 1,17 | 3 | 470. | | | | |
| † - | Administrative expenses | 793,343. | 696,832. | 372,88 | | 325,330. | <u> </u> | 316,176. | | |
| g | End of year balance Provide the estimated percentage of the curr | | · · · · · · · · · · · · · · · · · · · | • | · I | , | J | | | |
| 2 | Board designated or quasi-endowment | ent year end balance | % | n neid as | | | | | | |
| a b | Permanent endowment 82.67 | % | | | | | | | | |
| | | 7.3 3 % | | | | | | | | |
| · | The percentages on lines 2a, 2b, and 2c sho | | | | | | | | | |
| 32 | Are there endowment funds not in the posse | • | tion that are held ar | nd administered fo | r the orga | anization | | | | |
| - | by | | | | 3- | | Γ | Yes No | | |
| | (i) unrelated organizations | | | | | | 3a(i) | Х | | |
| | (ii) related organizations | | | | | | 3a(ii) | X | | |
| b | If "Yes" on line 3a(ii), are the related organiza | itions listed as require | ed on Schedule R? | | | | 3b | | | |
| 4 | Describe in Part XIII the intended uses of the | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| Pai | t VI Land, Buildings, and Equipm | ent. | | | | • | | | | |
| | Complete if the organization answere | d "Yes" on Form 990 | , Part IV, line 11a S | See Form 990, Part | X, line 10 | 0 | | | | |
| | Description of property | (a) Cost or o | ther (b) Cost | or other (c | :) Accumi | ulated | (d) Book | value | | |
| | | basıs (investn | nent) basis | (other) | deprecia | tion | | | | |
| 1a | Land | | | | | | | | | |
| | Buildings | | | | | | | | | |
| c | Leasehold improvements | | | 8,651. | | ,059. | | 3,592. | | |
| d | Equipment | | 8,05 | 5,699. 6 | ,582 | ,961. | 1,472 | 2,738. | | |
| e | Other | | | ll | | | | | | |
| Tota | I. Add lines 1a through 1e (Column (d) must e | agual Form 990, Part | X. column (B). line 1 | 0c.) | | > | 1,801 | .,330. | | |

Schedule D (Form 990) 2018

832053 10-29-18

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. 🗓 🗓

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Schedule D (Form 990) 2018

| Sche | dule D (Form 990) 2018 HARVESTERS - THE COMMUNITY | | | <u> 1208665</u> | Page 4 |
|-------|---|-----------------------------------|------------|-------------------|--------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Stateme | nts With Revenue per Re | eturn. | | |
| | 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 1 | <u>103,228,</u> | 722. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| а | Net unrealized gains (losses) on investments | 2a 92,676. | | | |
| b | Donated services and use of facilities | 2b 103,685. | 1 | | |
| С | Recoveries of prior year grants | 2c |] | | |
| d | Other (Describe in Part XIII) | 2d | | | |
| e | Add lines 2a through 2d | | 2e | 196, | 361. |
| 3 | Subtract line 2e from line 1 | | 3 | 103,032, | <u>361.</u> |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a 16,729. | | | |
| b | Other (Describe in Part XIII) | 4b -333,308. | <u> </u> | | |
| c | Add lines 4a and 4b | | 4c | -316, | <u>.579.</u> |
| _5_ | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | | | 102,715 | <u>,782.</u> |
| Pai | t XII Reconciliation of Expenses per Audited Financial Statem | ents With Expenses per | Returr | 1. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | • | | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | 101,937 | <u>,091.</u> |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | 1 1 | | |
| а | Donated services and use of facilities | 2a 102,784. | | | |
| b | Prior year adjustments | 2b | 」 | | |
| С | Other losses | 2c |] | | |
| d | Other (Describe in Part XIII) | 2d 333,308. | | | |
| e | Add lines 2a through 2d | | 2e | | 092. |
| 3 | Subtract line 2e from line 1 | | 3 | 101,500 | <u>,999.</u> |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a 16,729. | <u>.</u>] | | |
| b | Other (Describe in Part XIII) | 4b | | | |
| С | Add lines 4a and 4b | | 4c | | <u>,729.</u> |
| _5 | Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) | | 5 | 101,517, | 728. |
| Pai | t XIII Supplemental Information. | | | | |
| Prov | de 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 > | (, line 2, Part X | I , |
| lines | 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add | litional information | | | |
| | | | | | |
| | | | | | |
| PAI | RT V, LINE 4: | | | | |
| | | | | | |
| THE | E ENDOWMENT FUNDS OF THE ORGANIZATION WILL | BE USED TO CARRY | Y OU | r the | |
| | | | | | |
| EXI | MPT ACTIVITIES OF THE ORGANIZATION IN ACC | ORDANCE WITH DONG | OR | | |
| | | ~ | | | |
| RES | STRICTIONS, IF ANY. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| PAI | RT X, LINE 2: | | | | |
| | | | | | |
| THI | ORGANIZATION IS EXEMPT FROM FEDERAL INCO | ME TAXES UNDER SI | BCTI | ON | |
| | | | | | |
| 503 | (C)(3) OF THE INTERNAL REVENUE CODE. SOUT | H PARK IS A SING | LE MI | EMBER | |
| | | | | | |
| LI | MITED LIABILITY COMPANY AND IS CONSIDERED | A DISREGARDED EN' | TITY | FOR | |
| | | | | | |
| FEI | DERAL INCOME TAX PURPOSES. ACCORDINGLY, NO | PROVISION HAS B | EEN 1 | MADE FOR | ₹ |
| | | · · | | | |
| FEI | DERAL AND STATE INCOME TAXES. | | | | |
| | | | | | |
| | | | | | |
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| Part XIII Supplemental Information (continued) |
|--|
| THE ORGANIZATION'S PRESENT ACCOUNTING POLICY FOR THE EVALUATION OF |
| UNCERTAIN TAX POSITIONS IS TO REVIEW THOSE POSITIONS ON AN ANNUAL BASIS. A |
| LIABILITY WOULD BE RECORDED IN THE CONSOLIDATED FINANCIAL STATEMENTS |
| DURING THE PERIOD WHICH, BASED ON ALL AVAILABLE EVIDENCE, IT IS MORE |
| LIKELY THAN NOT THAT THE TAX POSITION WOULD NOT BE SUSTAINED UPON |
| EXAMINATION BY TAXING AUTHORITIES AND THE LIABILITY WOULD BE INCURRED BY |
| THE ORGANIZATION. NO ACCRUAL HAS BEEN RECORDED AT JUNE 30, 2019 OR 2018, |
| AS MANAGEMENT DOES NOT BELIEVE ANY MATERIAL UNCERTAINTIES EXIST. |
| |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: |
| SPECIAL EVENT EXPENSES INCLUDED WITH EXPENSES ON FINANCIAL |
| <u>STATEMENTS</u> -333,308. |
| |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: |
| SPECIAL EVENT EXPENSES INCLUDED WITH REVENUES ON TAX RETURN 333,308. |
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SCHEDULE G

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization **Employer identification number** 43-1208665 HARVESTERS - THE COMMUNITY FOOD NETWORK Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants X Mail solicitations X Internet and email solicitations f X Solicitation of government grants c X Phone solicitations g X Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes ☐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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 (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts tò (or retained by) to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col (i) BRAD CECIL & ASSOC. - 2115 DIRECT MAIL PROGRAM Yes No CONSULTANT 3,505,333. ARLINGTON DOWNS RD Х 3,964,545 459,212. HARTSOOK CO. - 1100 WALNUT ST., KANSAS CITY, MO 64106 3,269,869. FUNDRAISING CONSULTANT X 3,317,869 48,000. 7,282,414. 507,212 6,775,202. Total 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 KS,MO

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2018

832081 10-03-18

| Pa | | | e organization answered | l "Yes" on Form 990, Part | IV, line 18, or reported | more than \$15,000 |
|-----------------|-------|--|--|--|--------------------------|--|
| | | of fundraising event contributions and gre | (a) Event #1 FORKS AND | (b) Event #2 | (c) Other events NONE | (d) Total events |
| | | | CORKS | CANSTRUCTION | | (add col (a) through col (c)) |
| e | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts . | 262,661. | 58,947. | | 321,608. |
| | 2 | Less Contributions | 239,511. | 58,947. | | 298,458. |
| | 3 | Gross income (line 1 minus line 2) | 23,150. | | | 23,150. |
| | 4 | Cash prizes | | | | |
| " | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | 26,018. | | | 26,018. |
| rect Ex | 7 | Food and beverages | | | | |
| ۵ | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 141,269. | 63,006. | | 204,275. |
| | 10 | Direct expense summary Add lines 4 through | n 9 ın column (d) | <u></u> | • | 230,293. |
| | | Net income summary Subtract line 10 from I | ine 3, column (d) | | > | -207,143. |
| Pa | irt i | II Gaming. Complete if the organization | answered "Yes" on Form | n 990, Part IV, line 19, or r | eported more than | |
| | | \$15,000 on Form 990-EZ, line 6a | <u>, </u> | · · · · · · · · · · · · · · · · · · · | | <u></u> |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
| æ | ١, | Gross revenue | | | | |
| | 广 | aross roveride | | | | |
| Ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes % | Yes % | Yes % No | |
| | 7 | Direct expense summary Add lines 2 through | n 5 ın column (d) | | • | |
| | 8 | Net gaming income summary Subtract line 7 | from line 1, column (d) | | | |
| 9 | En | ter the state(s) in which the organization condu | icte gaming activities | | | |
| á | ls: | the organization licensed to conduct gaming a | ctivities in each of these | | | Yes No |
| 10a | | ere any of the organization's gaming licenses re | evoked, suspended, or te | erminated during the tax y | ear? | Yes No |
| k | If ' | Yes, explain | | | | |
| | | 2.00.40 | | | Schodula C/F- | rm 990 or 990-EZ) 2018 |
| 0320 | 02 1 | 0-03-18 | | | Schedule G (FO | 330 OL 330-ET) 50 IO |

| Schedule G (Form 990 or 990-EZ) 2018 HARVESTERS - THE COMMUNITY FOOD NETWORK 43 | 3-1208665 Page 3 |
|--|-------------------------------|
| 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 | 11 |
| a The organization's facility | 13a % |
| b An outside facility | 13b % |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records | |
| Name ▶ | |
| Address > | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes No |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount | |
| of gaming revenue retained by the third party > \$ | |
| c If "Yes," enter name and address of the third party | |
| Name | |
| Address | |
| 16 Gaming manager information | |
| | |
| Name | |
| Gaming manager compensation \$ | |
| | |
| Description of services provided | |
| | |
| Director/officer Employee Independent contractor | |
| 17 Mandatory distributions | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to | |
| retain the state gaming license? | Yes No |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | e |
| organization's own exempt activities during the tax year \$ | |
| Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions | J Part III, lines 9, 9b, 10b, |
| SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE | 7 D G • |
| SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID PONDICATOR | . CAN |
| | |
| (I) NAME OF FUNDRAISER: BRAD CECIL & ASSOC. | <u> </u> |
| (I) ADDRESS OF FUNDRAISER: 2115 ARLINGTON DOWNS RD, ARLINGTON, | TX 76011 |
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| | <u> </u> |
| 832083 10-03-18 Schedule G (| Form 990 or 990-EZ) 2018 |

| Schedule (| G (Form 990 or 990-EZ) | HARVESTERS - | THE COMMUNITY | FOOD NETWORK | 43-1200005 Page 4 |
|--------------|------------------------|---------------------|---------------|---------------------------------------|---------------------------------------|
| Part IV | Supplemental Info | rmation (continued) | | | 43-1208665 Page 4 |
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information. ■ Attach to Form 990.

Open to Public Inspection

Employer identification number

43-1208665

THE COMMUNITY FOOD NETWORK

HARVESTERS

669 Schedule I (Form 990) (2018) ² | ASSISTANCE TO INDIVIDUALS ASSISTANCE TO INDIVIDUALS (h) Purpose of grant or assistance X Yes 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 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 (g) Description of noncash assistance OOD/HOUSEHOLD оор/ноизеногр TEMS ITEMS (f) Method of valuation (book, FMV, appraisal, other) VERAGE VALUE ACTUAL COST 82,783,262, PER LB 3,259,339. (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant ٥. 。 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 43-1208665 501(C)(3) 43-1208665 501(C)(3) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government NETWORK OF 699 AGENCIES NETWORK OF 699 AGENCIES KANSAS CITY, MO 64129 KANSAS CITY, MO 64129 3801 TOPPING AVE. 3801 TOPPING AVE. Part II Part I

HARVESTERS - THE COMMUNITY FOOD NETWORK Schedule I (Form 990) (2018)

Page 2

43-1208665

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 Part III

| (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 |
|--|--------------------------|------------------------------------|---|--|---------------------------------------|
| | | | | | |
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| | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information | uired in Part I, lin | e 2, Part III, column | (b), and any other ad | ditional information | |
| PART I, LINE 2: | | | | | |
| STERS PROVIDES FOOD TO | ORK OF AP | PROXIMATEL | A NETWORK OF APPROXIMATELY 700 AGENCIES | CIES IN | |
| | RI AND KANSAS. | | EACH AGENCY IS | SELECTED | |
| IGIBILITY CRITERIA | ΙĦ | EXEMPT | STATUS AND OTHER | IHER | |
| EMENTS. THE AGENCIES PA | A HANDLING | FEE BETWEE | FEE BETWEEN ZERO AND | SIXTEEN | |
| ND TO SHARE IN | STS OF ST | THE COSTS OF STORAGE, HANDLING AND | IDLING AND | | |
| TRANSPORTATION OF THE FOOD. A COMPLETE LISTING OF ORGANIZATIONS RECEIVING | LETE LIST | ING OF ORG | ANIZATIONS | RECEIVING | |
| GRANTS AND OTHER ASSISTANCE CAN BE | PROVIDED | PROVIDED UPON REQUEST | EST. | | |

SCHEDULE J (Form`990)

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.

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

HARVESTERS - THE COMMUNITY FOOD NETWORK

Employer identification number 43-1208665

| Pa | rrt I Questions Regarding Compensation | | | |
|------------|---|----|---|-----|
| | | | Yes | No |
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | 1 1 |
| | Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | İ | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | 1 |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | 1 1 |
| | Discretionary spending account 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 | l | l | |
| | 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 filing organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III | | | |
| | X Compensation committee | | | |
| | X Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | ł | | |
| | | | | |
| 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 | l | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | Х |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | Х |
| | 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. | | | 1 1 |
| 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 | | | |
| а | The organization? | 5a | | X |
| b | Any related organization? | 5b | $ldsymbol{ld}}}}}}$ | X |
| | If "Yes" on line 5a or 5b, describe in Part III | 1 | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | ĺ | | |
| | contingent on the net earnings of | | <u>, </u> | |
| а | The organization? | 6a | | X |
| ь | 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 69 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 | | |

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

Schedule J (Form 990) 2018

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

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

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

| | | (B) Breakdown of \ | (B) Breakdown of W-2 and/or 1099-MISC compensation | C compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|------------------------------|------|--------------------------|--|---|--------------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (a)-(a)(b) | in column (B) reported as deferred on prior Form 990 |
| (1) VALERIE NICHOLSON-WATSON | (i) | 193,530. | 26,829. | 0 | 11,030. | 231. | 231,620. | 0 |
| CEO & PRESIDENT |) (E | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| (2) STEVE DAVIS | ε | 129,780. | 15,300. | 0 | 7,543. | 12,768. | 165,391. | 0 |
| CHIEF OPERATING OFFICER | Ξ | 0 | 0 | 0 | 0 | | | 0 |
| (3) JOANNA SEBELIEN | Θ | 149,752. | 10,300. | 0. | 8,074. | 8,407. | 176,533. | 0 |
| CHIEF RESOURCE OFFICER | Ξ | 0 | 0 | 0 | 0 | 0 | | 0. |
| (4) ROBIN POTTS | Ξ | 105,680. | 5,355. | .0 | 5,552. | .086,9 | 123,567. | 0. |
| DIRECTOR OF FINANCE | (ii) | 0 | 0 | 0 | 0 | .0 | 0. | 0 |
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| ; ; ; | | | | | | | Schedi | Schedule J (Form 990) 2018 |

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

| | | | | | | | | | | | Schedule J (Form 990) 2018 |
|-----------------|--|---------|--|--|--|--|--|--|--|--|----------------------------|
| PART I, LINE 7: | KEY STAFF RECEIVE NON-FIXED PAYMENTS IN THE FORM OF BONUSES. THESE BONUS | RM W-2. | | | | | | | | | |

43

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

, inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization

Employer identification number 43-1208665

| | HARVESTERS - | THE C | OMMUNITY : | FOOD NETWORK | | 43-1208665 |
|-----|--|-------------------------------|--|---|-----------------|--|
| Pai | til Types of Property | | | | | |
| | Ne of | (a) Check if applicable | (b) Number of contributions or Items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 19 | noncash | (d) od of determining contribution amounts |
| 1 | Art - Works of art | | | | | |
| 2 | Art - Historical treasures | | | | | |
| 3 | Art - Fractional interests | | | | | , |
| 4 | Books and publications | | 斯· ··································· | | | |
| 5 | Clothing and household goods | | 层级的重要的 | | | |
| 6 | Cars and other vehicles | | | | | |
| 7 | Boats and planes | | | | | |
| 8 | Intellectual property | | | | | |
| 9 | Securities - Publicly traded | X | 23 | 137,588 | . FMV | |
| 10 | Securities - Closely held stock | | | | | |
| 11 | Securities - Partnership, LLC, or | <u></u> | | | | |
| | 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 | 12,815 | 83,679,262 | AVERAGE | VALUE PER LB |
| 20 | Drugs and medical supplies | | | | | |
| 21 | Taxidermy | | | | | |
| 22 | Historical artifacts | <u> </u> | | | | |
| 23 | Scientific specimens | | | | | |
| 24 | Archeological artifacts | | | | | |
| 25 | Other ► (MISC SUPPLIES) | X | 12 | 25,314 | . FMV | |
| 26 | Other | | | | | |
| 27 | Other • () | | | | | |
| 28 | Other (| | | ļ | | |
| 29 | Number of Forms 8283 received by the organi | zation during | g the tax year for c | ontributions | | |
| | for which the organization completed Form 82 | 83, Part IV, | Donee Acknowled | gement 29 | | |
| | | | | | | Yes No |
| 30a | During the year, did the organization receive b | y contribution | on any property rep | oorted in Part I, lines 1 throu | igh 28, that it | 安全教教 经线 |
| | must hold for at least three years from the dat | e of the initia | al contribution, and | d which isn't required to be | used for | |
| | exempt purposes for the entire holding period | 2 | | | • | 30a X |
| b | If "Yes," describe the arrangement in Part II | | | | | 16. <u>16. 6.5</u> |
| 31 | Does the organization have a gift acceptance | policy that re | equires the review | of any nonstandard contrib | utions?. | 31 X |
| 32a | Does the organization hire or use third parties | or related or | rganizations to soli | cit, process, or sell noncasi | 1 | |
| | contributions? | | | | | 32a X |
| b | If "Yes," describe in Part II. | | | | | |
| 33 | If the organization didn't report an amount in o | column (c) fo | r a type of propert | y for which column (a) is ch | ecked, | |
| | describe in Part II | | | | | |

832141 10-18-18

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

Schedule M (Form 990) 2018

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| Schedule M | (Form 990) 2018 | HARVESTE | RS - T | HE COM | MUNITY | FOOD | NETWORK | 43-1208665 | Page 2 |
|------------|--|--|-------------|----------------------------|-------------------------------|-----------------------------|--------------------------------------|--|-----------------|
| Part 1 | Supplemental is reporting in Part this part for any ac | l Information. t l, column (b), the | Provide the | informatio contribution | n required by ns, the numb | Part I, line er of items | es 30b, 32b, and received, or a c | I 33, and whether the organiz ombination of both. Also com | ation iplete |
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Schedule M (Form 990) 2018

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SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Employer identification number Name of the organization HARVESTERS - THE COMMUNITY FOOD NETWORK 43-1208665 FORM 990, PART VI, SECTION A, LINE 2: SOME OF THE ORGANIZATION'S BOARD MEMBERS HAVE A BUSINESS RELATIONSHIP. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND IS MADE AVAILABLE TO THE BOARD OF DIRECTORS PRIOR TO FILING THE RETURN. FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS OF THE GOVERNING BODY ARE REQUIRED ANNUALLY TO DISCLOSE ALL BUSINESS RELATIONSHIPS THAT EXIST. FORM 990, PART VI, SECTION B, LINE 15A: THE ORGANIZATION USES A COMPENSATION COMMITTEE TO REVIEW ALL COMPENSATION AND BENEFITS FOR REASONABILITY. FORM 990, PART VI, SECTION C, LINE 19: SUMMARIZED FINANCIAL STATEMENTS ARE PART OF THE ANNUAL REPORT AVAILABLE ON THE ORGANIZATION'S WEBSITE. THE FORM 990 IS ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE. DETAILED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

2018 Open to Public Inspection

OMB No 1545-0047

Employer identification number 43-1208665

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Parti

HARVESTERS - THE COMMUNITY FOOD NETWORK

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|----------------------|---|---------------------|---------------------------|---|
| SOUTH PARK PROPERTIES LLC - 82-2205557 3801 TOPPING AVE. KANSAS CITY, MO 64129 | PROPERTY HOLDER | KANSAS | •0 | . 684 | HARVESTERS - THE 489. COMMUNITY FOOD NETWORK |
| | | | | | |
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Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Part II

| (e) | (q) | (0) | (g) | (0) | € | (6) | (FX43) |
|---|-------------------------|--------------------------|-------------|--------------------|----------------------------|-----------|---------|
| Name, address, and EIN | Primary activity | Legal domicile (state or | Exempt Code | Public charity | Direc | contolled | led bel |
| of related organization | | foreign country) | section | status (if section | entity | entity? | , |
| | | • | · | 501(c)(3)) | | Yes | S S |
| HCFN TITLE HOLDING CORPORATION - 82-1735390 | | | | | HARVESTERS - THE | | |
| 3801 TOPPING AVE. | | | | | COMMUNITY FOOD | | |
| KANSAS CITY, MO 64129 | SUPPORTING ORGANIZATION | MISSOURI | 501(C)(3) | LINE 12A, I | NETWORK | × | |
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| For Paperwork Reduction Act Notice, see the Instructions for Form 990 | ns for Form 990. | | | | Schedule R (Form 990) 2018 | Form 990 |) 2018 |

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

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43-1208665

Page 2

HARVESTERS - THE COMMUNITY FOOD NETWORK Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

| Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related |
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| (a) (b) |
|------------------|
| Primary activity |
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Schedule R (Form 990) 2018

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Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Part V

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule |
|---|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |
| - December of the annumber of the consideration of the contraction of constitutions |

- Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - Gift, grant, or capital contribution to related organization(s)
- Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s)

 - e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)

Sale of assets to related organization(s)

- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- 1 Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses ۵
- Reimbursement paid by related organization(s) for expenses
- Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

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| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|------------------------------------|----------------------------------|------------------------|--|
| (1) HCFN TITLE HOLDING CORPORATION | D | 10,780,000. | 10,780,000. ACTUAL AMOUNT OF DEBT GUARANTEED |
| (2) HCFN TITLE HOLDING CORPORATION | Ħ | 635,172. | 635,172. ACTUAL AMOUNT OWED |
| (3) HCFN TITLE HOLDING CORPORATION | К | 205,200. | 205,200. FMV BASED ON COST OF EQUIPMENT |
| (4) HCFN TITLE HOLDING CORPORATION | K | 776,985. | 776,985. FMV BASED ON COMPARATIVE RENTS |
| (5) HCFN TITLE HOLDING CORPORATION | ٥ | 1,202,936. | 1,202,936. CONTRIBUTIONS RECEIVED |
| (6) HCFN TITLE HOLDING CORPORATION | Ŏ | 288,223. | 288,223. ACTUAL REIMBURSEMENTS RECEIVED |
| | | | Schodule D (Earm 000) 2018 |

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| | (i) (k) Code V-UBI General or Percentage amount in box 20 managing ownership | (Form 1065) Yes No | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|---|--|---|--|---|------|----------|--|------|--|------|--|--|--|------|--|------|----------|
| | Otspropor- | Yes No | | | | | | | | • | | | | | | | | | | | |
| | (g) Share of end-of-vear | assets | | | | | | | | <u> </u> | | | | | | | | | | | |
| | (f) Share of total | _ | | | | | | | | | | | | | | | | | | | |
| | (e) Are all Sorici(3) | Ves S | | 1 | | | | | | | | | | | | | | | | | 4 |
| tment partnerships | (d) Predominant income (related, unrelated, | excluded from tax under sections 512-514) | | | | | | | | | | | | | | | | | | | |
| sion for certain inve | (c) Legal domicile | country) | | | | • | | | - | | | | | | | | | | | | |
| structions regarding exclus | (b) Primary activity | | | | | | | ; | | • | | | | | | | | | | | |
| that was not a related organization. See instructions regarding exclusion for certain investment partnerships | (a) Name, address, and EIN of entity | 6,000 | | | | | | | | | | | | | | | | | | | <u>L</u> |

| Schedule R | (Form 990) 2018 | HARVESTERS - | THE | COMMUNITY | FOOD NETWORK | 43-1208665 | Page 5 |
|------------|------------------------------------|-----------------------------|-----------|--------------------|--------------|------------|--------|
| Part VII | (Form 990) 2018 Supplemental Info | rmation. | | | | | |
| |] Cappioinioniai iiiio | | | 01.11.00 | | | |
| | Provide additional inform | nation for responses to que | stions or | Schedule R. See in | structions | | |
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