Form 990
Department of the Treasury
Internal Revenue Service

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



▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

_					•
AF	or the	e 2012 calendar year, or tax year beginning $ m JUL1$, 2012 and e	ending J	UN 30, 2013	
B C a	heck if pplicabl	e: C Name of organization		D Employer identifie	cation number
	Addre	e Community Harvest, Inc.			
	Name Chang	e Doing Business As		34-1	758120
	Initial return Termi		Room/suite		, 493-0800
	⊣ated]Amen	ded			1,376,025.
	⊥return]Applio			G Gross receipts \$	
	⊥tion pendi			H(a) Is this a group re	
		¹⁹ F Name and address of principal officer:Kathleen S. Krohn 4915 Fulton Dr. NW, Canton, OH 44718		for affiliates?	
				H(b) Are all affiliates inc	
		empt status: $X 501(c)(3) = 501(c)() \neq (insert no.) = 4947(a)(1) of (insert no.) = 4947(a)(1) of (insert no.) = 501(c)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)$	r 🛄 527		list. (see instructions)
		te: www.communityharveststark.org		H(c) Group exemption	
		organization: X Corporation Trust Association Other ►	L Year	of formation: 1989 N	State of legal domicile: OH
Ра	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: Food	corre	ction and d	Istribution
& Governance		to the needy.			
ern		Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	I _ I	
Š					16
<u>ه</u>		Number of independent voting members of the governing body (Part VI, line 1b) \ldots			16
ies		Total number of individuals employed in calendar year 2012 (Part V, line 2a)			1
Activities	6	Total number of volunteers (estimate if necessary)			110
Act	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		1,349,210.	1,350,616.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		23.	23.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,202.	16,525.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,357,435.	1,367,164.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		44,286.	45,213.
nse		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,325,520.	1,332,793.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,369,806.	1,378,006.
		Revenue less expenses. Subtract line 18 from line 12		-12,371.	-10,842.
or				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		70,080.	59,447.
ASS I Ba	21	Total liabilities (Part X, line 26)		2,368.	2,577.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		67,712.	56,870.
Pa	art II	Signature Block	······ I		30,0.00
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	/ knowledge and belief it is
		et, and complete. Declaration of preparer (other than officer) is based on all information of whi			
,					
0.	_	Signature of officer		I Date	

Sign	Signature of officer		Date					
Here	Kathleen S. Krohn, Tre	easurer						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature Date						
Paid	Natalie Simmons, CPA	Natalie Simmons, CPA01	/23/14 self-employed P01259674					
Preparer	Firm's name 🕨 415 Group, Inc.	· · ·	Firm's EIN 34-1341400					
Use Only	Firm's address 4100 Holiday Str	reet NW, Ste 100						
	Canton, OH 44718	3	Phone no. (330) 492-0094					
May the IRS discuss this return with the preparer shown above? (see instructions)								
232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2012)								

orm	990 (2012) Community Harvest, Inc. 34-1758120 Pa
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	To rescue prepared and perishable food from restaurants, caterers, grocery stores and cafeterias and distribute the food to hunger sight
	throughout Stark County.
	enroughout beark county.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,336,998. including grants of \$) (Revenue \$) (Revenue \$)
	Food correction and distribution to the needy.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

Community Harvest, Inc. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		- 72
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	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 V	10		<u>x</u>
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		X
f	5			х
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
iza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	100	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	- 23	<u> </u>
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		х	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18	~	
19		19		х
20a	complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		- <u>-</u> -

Form 990 (2012)

232003 12-10-12

Community Harvest, Inc.

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
2 4a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	200		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
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? If "Yes," complete Schedule L, Part III	27		х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	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 L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> " <i>Yes</i> ," <i>complete Schedule M</i>	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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	35b		
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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		Х
37		27		х
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		27
30	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Note: Air torm and mers are required to complete ochequie O	30	~~	

Form **990** (2012)

Form	990 (2012) Community Harvest, Inc. 34-1758	120	P	age 5
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			1
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		L
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		L
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	•		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
a	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c	14-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
0	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	Eorm	900	(2012)
		1011	. 550	(2012)

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2012.05020 Community Harvest, Inc. COMMHAR1 15260123 783616 COMMHARVEST

Community Harvest, Inc.

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

X

Sec	tion A. Governing body and Management					
		Ι.	1 1	-	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	10	2		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			1		
-	officer, director, trustee, or key employee?			2	x	
3	Did the organization delegate control over management duties customarily performed by or under the			<u> </u>		
•	of officers, directors, or trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-					x
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		_ A
Sec	tion B. Policies (mis Section B requests information about policies not required by the internal P	levenu	e Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such o					
~	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	Ũ			
12a				12a	X	
b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?				Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approv		ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?			v	
	The organization's CEO, Executive Director, or top management official			15a	X X	
b	Other officers or key employees of the organization			15b		
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont	with a			
ioa				16a		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			104		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate					
	exempt status with respect to such arrangements?		-	16b		
Sec	tion C. Disclosure				•	
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright OH					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.					
	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, c	onflict	of interest policy, a	nd finai	ncial	
	statements available to the public during the tax year.					
20						
Faith Barbato - 330-493-0800						
232000	4915 Fulton Dr. NW, Canton, OH 44718			Eoro	000	(2012)
12-10-	12 C			LOLU	1 990	(2012)

2012.05020 Community Harvest, Inc.

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Comple	te 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 a	all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensati	on

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.

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

Name and Title Average hours per week (list any hours for metated organization inter and attentionization for metated organization for metated for m	(A)	(B)			(0	C)		nout	(D)	(E)	(F)
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2012.05020 Community Harvest, Inc.

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Pa	t VII Section A. Officers, Directors, Trust	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	ss pei	ition more rson) than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related		am	(F) timate iount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	s	comp fro orga anc	oensat om the anizati d relate nizatio	e on ed
С	Sub-total Total from continuation sheets to Part VII Total (add lines 1b and 1c)	I, Section A							0.00.00.00.00.00.00.00.00.00.00.00.00.0		0.0.			0.0.
2	Total number of individuals (including but no compensation from the organization						e) wł	no re		I),000 of reportabl	-		Yes	0 0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	uch individual		, 	·							3	103	x
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual	-		4		X
	rendered to the organization? If "Yes," comp	olete Schedul	e J f	or si	uch j	pers	son .		-			5		Х
1	tion B. Independent Contractors Complete this table for your five highest cor the organization. Report compensation for t										pens	ation fi	rom	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	services	С	(C omper		ı
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz		ot lii	mite	d to		se lis 0	sted	d above) who received n	nore than				
23200	3	·-·· F										Form S	990 (2	2012)

Community Harvest, Inc.

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Form 990 (20)12)
Part VIII	

Community Harvest, Inc. Statement of Revenue

		Check if Schedule O cont	ains a response	to any question	in this Part VIII			<u></u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
Ű,Ĕ		Fundraising events		25,233.				
iffs		Related organizations						
, Siil		Government grants (contribut						
l <u>s</u> is		•						
je ti	f			375 383				
문화		similar amounts not included above		325,383.				
E E		Noncash contributions included in lines		287,402.	1 250 616			
<u>ם 0</u>	h	Total. Add lines 1a-1f		<u> </u>	1,350,616.			
				Business Code				
Program Service Revenue	2 a							
er v	b							
S al	С							
ev a	d							
<u>в</u> щ	е							
ק א	f	All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			23.			23.
	4	Income from investment of tax						<u> </u>
	5	Royalties		•				<u> </u>
	Ū		(i) Real	(ii) Personal				
	6 2	Gross rents	(i) ricai					
		Less: rental expenses						
		Rental income or (loss)		L				
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		<u></u>				
ø	8 a	Gross income from fundraising	g events (not					
anue		including \$ 25,2	33. of					
eve		contributions reported on line	1c). See					
т. Е		Part IV, line 18	a	25,386.				
Other Revel	b	Less: direct expenses		8,861.				
0		Net income or (loss) from func		►	16,525.			16,525.
		Gross income from gaming ac						
	- u	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
	iu a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
		Miscellaneous Revenu	е	Business Code				
	11 a							<u> </u>
	b							<u> </u>
	с							
	d	All other revenue						
		Total. Add lines 11a-11d		►				
	12	Total revenue. See instructions.			1,367,164.	0.	0.	16,548.
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Form 990 (2012)

Community Harvest, Inc. Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respor		is 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 governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	42,000.	21,000.	21,000.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,213.	1,607.	1,606.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	650.		650.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	6,863.	2,288.	4,575.	
17	Travel	13,486.	13,486.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,363.	50.	2,313.	
20	Interest				
21	Payments to affiliates	10 500	10 500		
22	Depreciation, depletion, and amortization	10,538.	10,538.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Donated Food	1,287,402.	1,287,402.		
b	Printing & Publication	3,308.		3,308.	
с	Supplies	2,913.		2,913.	
d	Telephone	2,141.		2,141.	
е	All other expenses	3,129.	627.	2,502.	
25	Total functional expenses. Add lines 1 through 24e	1,378,006.	1,336,998.	41,008.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form **990** (2012)

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10 2012.05020 Community Harvest, Inc.

15260123 783616 COMMHARVEST

2012.05020 Community Harvest, Inc.

Community Harvest, Inc.

Check if Schedule O contains a response to any question in this Part X

(A) (B) End of year Beginning of year 30,333. 30,238. 1 Cash - non-interest-bearing 1 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 55,223. basis. Complete Part VI of Schedule D _____ 10a 26,014. b Less: accumulated depreciation _____ 10b 39,747. 29,209. 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 15 70,080. 59,447 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,368. 2,577. Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disgualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 2,577. 26 2,368. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here **X** and complete lines 27 through 29, and lines 33 and 34. 67,712. 56,870. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 67,712. 56,870. Total net assets or fund balances 33 33 70,080. 59,447. 34 34 Total liabilities and net assets/fund balances

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Assets

_iabilities

Net Assets or Fund Balances

Form 990 (2012)

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Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		<u></u>			
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8 9	1	,36 ,37	7,1 8,0 0,8	64. 06. 42. 12.
9 10	Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	9				<u> </u>
10	column (B))	10	1	5	6,8	70.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII		<u></u>			X
1	Accounting method used to prepare the Form 990: X Cash Cash Other			0	Yes	No X
2a b	Were the organization's financial statements compiled or reviewed by an independent accountant?	d on a		2a 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both: Image: Separate basis Image: Consolidated basis Image: Consolidated basis	e basi:	s,	LU		
3a	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	edule (ngle Ai	О.	2c	X	x
b	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ired au		3a 3b	000	

Form **990** (2012)

Part I

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X

(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.

Open to Public Department of the Treasury Internal Revenue Service Inspection Attach to Form 990 or Form 990-EZ. See separate instructions. Name of the organization Employer identification number 34-1758120 Community Harvest, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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). 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 that describes the type of supporting organization and complete lines 11e through 11h. **d** Type III - Non-functionally integrated c Type III - Functionally integrated a∟ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes No (i) the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii)

- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- Provide the following information about the supported organization(s). h

(i) Name of supported organization	(ii) EIN	(described on lines 1-9	(iv) Is the c in col. (i) lis governing	sted in your	organizat	u notify the ion in col. r support?	(vi) Is organizatic (i) organiz U.S	the on in col. ed in the .?	(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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2012.05020 Community Harvest, Inc.

15260123 783616 COMMHARVEST

OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2012

Part II	Supp

(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.)

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	18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17			

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990 EZ) 2012 Community Harvest, Inc. Part III Support Schedule for Organizations Described in Section 509(a)(2)

COMMHAR1

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

15260123 783616 COMMHARVEST

Se	ction A. Public Support		· -···,				
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	52,584.	73,654.	1260817.	1349210.	1344872.	4081137.
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			2,312.			2,312.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	52,584.	73,654.	1062100	1349210.	1344872.	4083449.
	Total. Add lines 1 through 5	54,504.	15,054.	1203123.	1949210.	13440/2.	4003447.
78	Amounts included on lines 1, 2, and 3 received from disgualified persons			457.736.	514,904.	487.869.	1460509.
k	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			157 726	514,904.	107 060	1460509.
	Add lines 7a and 7b			457,750.	514,904.	407,009.	2622940.
	Public support (Subtract line 7c from line 6.)						2022940.
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	52,584.	73,654.	1263129.	1349210.	1344872.	4083449.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties	144.	179.	70.	23.	23.	439.
Ŀ	and income from similar sources	144.	179.	70.	<u> </u>	۵٫.	459.
L	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	144.	179.	70.	23.	23.	439.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				13,449.	31,930.	45,379.
	Total support. (Add lines 9, 10c, 11, and 12.)	52,728.	-		1362682.	1376825.	4129267.
14	First five years. If the Form 990 is for	-			•		
	check this box and stop here	ic Support Pe	rcentage				
15	Public support percentage for 2012 (olumn (f))		15	63.52 %
	Public support percentage from 2011	stment Incom	e Percentage			16	64.75 %
17	Investment income percentage for 20					17	.01 %
18	Investment income percentage from 2					18	.05 %
19a	33 1/3% support tests - 2012. If the						I7 is not ►X
	more than 33 1/3%, check this box a						
Ľ	33 1/3% support tests - 2011. If the line 18 is not more than 33 1/3%, che	•				-	
20	Private foundation. If the organization			•		•	
	23 12-04-12		55X OFF IND 17, 10	15			0 or 990-EZ) 2012
				± 3			

2012.05020 Community Harvest, Inc.

a) No. Transferee's name, address, and ZIP + 4 (a) Description of how gift is he (b) Purpose of gift (c) Use of gift (c)		Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, (Use duplicate copies of Part III if additic	etc., contributions of \$1,000 or less fo	(c)(7), (8), or (10) organizations that total more than \$1, tions completing Part III, enter or the year. (Enter this information once.) \$,000
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee a) No. Part1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is he (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is he (b) Purpose of gift (c) Use of gift (d) Description of how gift is he (e) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (b) Purpose of gift (c) Use of gift (d) Description of how gift is he (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is he (e) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift (c) Use of gift (d) Description of how gift is he (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is he (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is he (e) Transfer of gift (e) Transfer of gift (e) Description of how gift is he (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift	rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld
from (b) Purpose of gift (c) Use of gift (d) Description of how gift is he form (e) Transfer of gift (d) Description of how gift is he form (b) Purpose of gift (c) Use of gift (d) Description of how gift is he form (b) Purpose of gift (c) Use of gift (d) Description of how gift is he form (b) Purpose of gift (c) Use of gift (d) Description of how gift is he form (b) Purpose of gift (c) Use of gift (d) Description of how gift is he form (b) Purpose of gift (c) Use of gift (d) Description of how gift is he form (b) Purpose of gift (c) Use of gift (d) Description of how gift is he form (e) Transfer of gift (d) Description of how gift is he form (e) Transfer of gift (d) Description of how gift is he form (b) Purpose of gift (c) Use of gift (d) Description of how gift is he form (b) Purpose of gift (c) Use of gift (d) Description of how gift is he form (b) Purpose of gift (c) Use of gift (d) Description of how gift is he form (b) Purpose of gift (c) Use of gift (d) Description of how gift is he form (b) Purpose of gift (c) Use of gift (d) Description of how gift is he form (b) Purpose of gift (c) Use of gift (d) Description of how gift is he form (b) Purpose of gift (c) Use of gift (d) Description of how gift is he form (b) Purpose of gift (c) Use of gift (d) Description of how gift is he form (b) Purpose of gift (c) Use of gift (d) Description of how gift is he form (b) Purpose of gift (c) Use of gift (d) Description of how gift is he form (c) Use of gift (d) Description of how gift is he form (c) Use of gift (d) Description of how gift is he form (c) Use of gift (d) Description of how gift is he form (c) Use of gift (d) Description of how gift is he form (c) Use of gift (d) Description of how gift is he form (c) Use of gift (d) Description of how gift is he form (c) Use of gift (d) Description of how gift is he form (c) Use of gift (d) Description for how gift is he form (c) Use of gift (d) Description for how gift is he form (c) Use of gift (d) Description form (c) Use (d) Description form (c) Use (d) Description		Transferee's name, address,			
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is he Part 1 (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is he (e) Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (e) Transfer of gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is he (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is he (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is he (e) Transfer of gift (c) Use of gift (d) Description of how gift is he (b) Purpose of gift (c) Use of gift (d) Description of how gift is he (e) Transfer of gift (c) Use of gift (d) Description of how gift is he (e) Transfer of gift (e) Transfer of gift (f) Description of how gift is he	rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld
from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is he	-	Transferee's name, address,			
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee Image: Second Se	rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld
a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is he (c) Use of gift (d) Description of how gift is he (e) Transfer of gift					
from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is here	-	Transieree's name, auuress,			
	rom	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is he	eld
Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			(e) Transfer of gi		
		Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee	

(Form 990)

Part I

1

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year 🕨

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Department of the Treasury Internal Revenue Service

Name of the organization

impermissible private benefit?

day of the tax year.

conservation easements.

Preservation of open space

Supplemental Financial Statements

OMB No. 1545-0047 Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Open to Public ► Attach to Form 990. ► See separate instructions. Inspection Employer identification number Community Harvest, Inc. 34-1758120 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990. Part IV. line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 🕨 💲 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected as permitted under SEAS 116 (ASC 958) not to report in its revenue statement and balance short works of at

Та	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.

b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts
	relating to these items:

	(i) Revenues included in Form 990, Part VIII, line 1	►	\$
	(ii) Assets included in Form 990, Part X	•	\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro	vio	de
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:		
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X	►	\$

_HA	For	Paperwork Reduction Act Notice, see the Instructions for Form 990.	
232051 12-10-			

Schedule D (Form 990) 2012

30

2012.05020 Community Harvest, Inc.

15260123 783616 COMMHARVEST

COMMHAR1

Sche		ty Harvest						34-17			age 2
Pa	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, o	or Othe	r Simila	ar Asse	ts(contir	nued)	
3	Using the organization's acquisition, accessi (check all that apply):	on, and other record	ls, chec	k any of the	following that	t are a się	gnificant (use of its	collectio	n item	IS
а	Public exhibition	d		Loan or exc	hange progra	ms					
b	Scholarly research	e									
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how t	hev further t	he organizatio	on's exen	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma		-						Yes] No
Par	t IV Escrow and Custodial Arran								ine 9, or		
	reported an amount on Form 990, Pa			•							
1 a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						. 1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						. 1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" to Fo							
		(a) Current year	(b) F	Prior year	(c) Two years	s back 🛛 🌔	d) Three y	ears back	(e) Fou	years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	•	e (line 1	lg, column (a	a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
с	Temporarily restricted endowment	%									
-	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should										
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	ind administer	red for th	ie organiz	ation	1		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" to 3a(ii), are the related organizations								3b		
4 Da	t VI Land, Buildings, and Equipm										
1 0					or other	(a) (a)	oumulata	d		k volu	
	Description of property	(a) Cost or o basis (investr		1	or other (other)	• •	cumulate reciation	,u	(d) Boo	r valu	e
10	Land			0000		dop	. selation				
	Land										
	Buildings Leasehold improvements				1,640.		21	23.		1.4	17.
	Equipment			5	3,583.		25,79				92.
	Other				-,					. , ,	•
	Add lines 1a through 1e. (Column (d) must e		X. colu	mn (B) line 1	10(c).)				2	9.2	09.
iota			.,		- (~/·/		<u></u>	Schodulo		-	

Schedule D (Form 990) 2012

12-10-12

15260123 783616 COMMHARVEST 2012.05020 Community Harvest, Inc. COMMHAR1

Schedule D	990)	2012

Community Harvest, Inc.

a) Description of security or category (including name of security)	(b) Book value		aluation: Cost or end	d-of-year market value
Financial derivatives				
Closely-held equity interests				
Other				
(A)				
B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
art VIII Investments - Program Related. See	e Form 990, Part X, line	e 13.		
(a) Description of investment type	(b) Book value	(c) Method of v	aluation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
0)				
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨				
art IX Other Assets. See Form 990, Part X, line 1	5.			
	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
10)				
al. (Column (b) must equal Form 990, Part X, col. (B) line	15)		•	
art X Other Liabilities. See Form 990, Part X, lir				
(a) Description of liability		(b) Book value		
(1) Federal income taxes		()		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
10)				
10) 11) al. (Column (b) must equal Form 990, Part X, col. (B) line				

Schedule D (Form 990) 2012

232053 12-10-12

Sche	dule D (Form 990) 2012 Community Harvest, I	nc.	34-3	1758120 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financia	Statements With Revenu		
1	Total revenue, gains, and other support per audited financial statemen	ts		1,367,164.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			1,367,164.
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		
b	Other (Describe in Part XIII.)	4b		_
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			1,367,164.
Pa	t XII Reconciliation of Expenses per Audited Financia			rn
1	Total expenses and losses per audited financial statements			1,378,006.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			•
е				Δ Δ
-	Add lines 2a through 2d			0.
3	Add lines 2a through 2d			1,378,006.
				• •
3 4 a	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b	4a		• •
3 4 a	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 :	4a		1,378,006.
3 4 a	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b		3 	1,378,006.
3 4 a b c 5	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 : Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)		3 	1,378,006.

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

Schedule D (Form 990) 2012

SCHEDULE G	
------------	--

(Form 990	or	990-	·EZ)
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Department of the Treasury	
Internal Revenue Service	

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. **ZU1Z** Open To Public

OMB No. 1545-0047

	Inspection	
Employer	identification	number

Name of the organization						Employer ide	ntification number	
Community Harvest, Inc.							120	
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, P b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Yes		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrik	outions	s or has been notifie	d it is	exempt from re	egistration	

Schedule G (Form 990 or 990-EZ) 2012

232081 01-07-13

15260123 783616 COMMHARVEST

Fd	irt I	Fundraising Events. Complete if the of fundraising event contributions and groups of fundraising event contributions.	0	,	, , ,	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Celebrity	Harvest Moon		(add col. (a) through
			Cuisine	Run	2	
ē			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	9,475.	11,326.	4,585.	25,386.
ш	-				-	-
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	9,475.	11,326.	4,585.	25,386.
	4	Cash prizes				
Ś	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
-	8	Entertainment	600		1 405	0.001
	9	Other direct expenses		6,818.	1,405.	8,861.
	10	, , , , , , , , , , , , , , , , , , , ,				(8,861,
		Net income summary. Combine line 3, colum	n (d), and line 10			16,525.
Pa	int I	Gaming. Complete if the organization \$ \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	1990, Part IV, line 19, or r	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			()
	8	Net gaming income summary. Combine line 1	1, column d, and line 7			
0	En	ter the state(s) in which the organization opera	too coming optivition:			
		the organization licensed to operate gaming ac				Yes No
		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
2320	32 0	1-07-13			Schedule G (For	m 990 or 990-EZ) 2012
	-					,,,,,,,,

Sch	edule G (Form 990 or 990-EZ) 2012 Community Harvest, Inc.	34-1	758	120	Page :
	Does the organization operate gaming activities with nonmembers?		_	Yes	
	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	
13	Indicate the percentage of gaming activity operated in:			100	
	The organization's facility		13a		(
			13b		
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and record		130		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	5.			
	Nama				
	Name				
	Address				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		_ ,	Yes	
	5 1,7 5 5 5		•		
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amou	nt			
	of gaming revenue retained by the third party \$				
с	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Gaming manager compensation 🕨 \$				
	Description of convisco provided				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		· ·	Yes	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in				
~	organization's own exempt activities during the tax year \triangleright \$	1 110			
Ра	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colur	nns (iii)	and (v)), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info				
23208	33 01-07-13 Schedule (à (Form	1 990 o	r 990	-EZ) 201
	36	-			-
:60	0123 783616 COMMHARVEST 2012.05020 Community Harvest, Inc	•	C	OMN	IHAR1

Department of the Treasury

Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

Open to Public . Inspection

Employer identification number 34-1758120

Name of the organization

Community	Harvest,	Inc.

Pa	πι	Types of Property		-						
			(a)	(b)	(c)		(d)			
			Check if applicable	Number of contributions or	Noncash contril amounts report		Method of de noncash contribu		•	•
			applicable		Form 990, Part VII		Honcash contribu	aliona	nount	5
1	Art -	Works of art								
2	Art -	Historical treasures								
3	Art -	Fractional interests								
4	Boo	ks and publications								
5		hing and household goods								
6		s and other vehicles								
7		ts and planes								
8		llectual property								
9		urities - Publicly traded								
10		urities - Closely held stock								
11	Sec	urities - Partnership, LLC, or								
	trus	t interests								
12		urities - Miscellaneous								
13	Qua	lified conservation contribution -								
	Hist	oric structures								
14	Qua	lified conservation contribution - Other								
15	Rea	l estate - Residential								
16		l estate - Commercial								
17	Rea	l estate - Other								
18		ectibles								
19		d inventory	Х	676,000	1,287,4	402.	By serving	and	me	als
20		gs and medical supplies								
21		dermy								
22		orical artifacts								
23		entific specimens								
24		neological artifacts								
25		er 🕨 ()								
26	Othe	er 🕨 ()								
27	Othe	er 🕨 ()								
28	Othe	er 🕨 (
29	Num	nber of Forms 8283 received by the organiz	zation durin	g the tax year for c	ontributions					
	for v	which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement	29				
									Yes	No
30a	Duri	ng the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, line	s 1-28 tha	t it must hold for			
	at le	east three years from the date of the initial o	contribution	, and which is not	required to be used	for exem	pt purposes for			
	the e	entire holding period?						30a		<u>X</u>
b		es," describe the arrangement in Part II.								
31	31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?								Х	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash										
	cont	tributions?						32a		<u>X</u>
b	lf "Y	es," describe in Part II.								
33	If the	e organization did not report an amount in	column (c) f	or a type of prope	rty for which colum	n (a) is ch	ecked,			
	desc	cribe in Part II.								
ι на		Paperwork Reduction Act Notice see	the leature	tions for Form 00	<u> </u>		Schedule M	/ F orm	0001	2012

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

hedule M (Form 990) (2012):

232141 12-20-12

15260123 783616 COMMHARVEST 2012.05020 Community Harvest, Inc.

		omplete this part to provi column (b), the number o mal information.			
					-
2				Schedule	M (Form 990) (
			38		
	2				

SCHI	EDU	LE	0	
(Eorm	000	or 00	0_67	,

•

Department of the Treasury Internal Revenue Service Name of the organization

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.



Employer identification number 34-1758120

Form 990, Part VI, Section A, line 2: Board members Judith and Howard

Community Harvest, Inc.

Cohodas are husband and wife.

Form 990, Part VI, Section B, line 11: 990 was reviewed by the board

members at the monthly board meeting prior to filing the return.

Form 990, Part VI, Section B, Line 12c: Board members annually review

status for potential conflicts of interest and declare in writing any that

may exist. Board members abstain from voting on issues that may represent a

personal conflict of interest for them.

Form 990, Part VI, Section B, Line 15: Executive director is annually

reviewed by the executive committee who documents the formal review.

Form 990, Part VI, Section C, Line 18: Documents are available upon request

Form 990, Part VI, Section C, Line 19: Board members annual review status for potential conflicts of interest and declare in writing any that may

exist.

Form 990, Part XII, Financial Statements and Reporting, Line 2c:

Community Harvest has the annual audit approved by the executive

committee and then presented to the board for approval.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13 39

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► X

0 1

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*) • You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or				
print	Community Harvest, Inc.	34-1758120				
File by the due date for filing your return, See	Number, street, and room or suite no. If a P.O. box, see instructions. 4915 Fulton Dr. NW	Social security number (SSN)				
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Canton, OH 44718					

Enter the Return code for the return that this application is for (file a separate application for each return)

Application		Application		Return	
Is For		Is For		Code	
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	20 (individual) 03 Form 4720			09	
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
• The books are in the care of ▶ 4915 Fulton Dr. Telephone No. ▶ 330-493-0800		FAX No. ►			
 If the organization does not have an office or place of business If this is for a Group Return, enter the organization's four digit (box). If it is for part of the group, check this box). 	Group Exe	mption Number (GEN) If thi	s is fo	r the whole group, cl	
February 15, 2014 , to file the exemption is for the organization's return for: ▶ □ calendar year or ▶ X tax year beginning JUL 1, 2012 2 If the tax year entered in line 1 is for less than 12 months, cl □ Change in accounting period	, an	d ending JUN 30, 2013	bove.		
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, on nonrefundable credits. See instructions.	or 6069, e	nter the tentative tax, less any	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, estimated tax payments made. Include any prior year overp			3b	\$	0.
cBalance due.Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.3c3c\$			0.		
Caution. If you are going to make an electronic fund withdrawal w LHA For Privacy Act and Paperwork Reduction Act Notice,			8879-	<u>EO for payment instr</u> Form 8868 (Re	
223841 01-21-13		40			

15260123 783616 COMMHARVEST

Form	8879-EO	
FUIII		

IRS e-file Signature Authorization

for an Exempt Organization

For calendar year 2012, or fiscal year beginning JUL 1 , 2012, and ending JUN 30 ,20 13

2012

Department of the Treasury Internal Revenue Service

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

Name of exempt organization

Employer identification number

Community Harvest, Inc.

34-1758120

	leen S.	Krohn
Trea	lsurer	
Part I	I Type o	of Return and Return Information (Whole Dollars Only)
		eturn for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you c

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

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1367164
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here F b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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X lauthorize 415 Group, Inc.	to enter my PIN 58120
ERO firm name	Enter five numbers, but do not enter all zeros
	ed return. If I have indicated within this return that a copy of the return he IRS Fed/State program, I also authorize the aforementioned ERO to
	on the organization's tax year 2012 electronically filed return. If I have th a state agency(ies) regulating charities as part of the IRS Fed/State en.
Officer's signature 🕨	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN.	34414144718 do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2 confirm that I am submitting this return in accordance with the requirements o <i>e-file</i> Providers for Business Returns.	,
ERO's signature 🕨	Date 01/23/14
ERO Must Retain This Fo	orm - See Instructions
Do Not Submit This Form To the IF	IS Unless Requested To Do So
LHA For Paperwork Reduction Act Notice, see instructions.	Form 8879-EO (2012)
11 00 12	41

2012.05020 Community Harvest, Inc.