

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)

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

Header section containing organization name (HARVESTERS-THE COMMUNITY FOOD NETWORK), address (3801 TOPPING AVE, KANSAS CITY, MO 64129), EIN (43-1208665), and other identifying information.

Part I Summary

Summary table with 22 rows detailing financial and operational data. Includes columns for Prior Year and Current Year. Total revenue is 62,039,144 and total expenses are 58,362,610.

Part II Signature Block

Signature block containing the signature of Karen T. Haren, President/CEO, dated 3/08/2010.

Preparer's information section including signature of Brent A. Wilson, Date 3/4/10, and identifying number P00638700.

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

**Part III** Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission  
TO HELP HUNGRY PEOPLE IN NEED BY PROVIDING FOOD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 56,945,091. including grants of \$ 49,125,389.) (Revenue \$ 917,122.)  
FOOD DISTRIBUTION SERVICES - HARVESTERS DISTRIBUTES MORE THAN 30 MILLION POUNDS OF FOOD AND HOUSEHOLD PRODUCTS ANNUALLY TO MORE THAN 660 CHARITABLE AGENCIES IN A 26-COUNTY AREA IN NORTHWEST MISSOURI AND NORTHEAST KANSAS.

4b (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

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

4d Other program services (Describe in Schedule O)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
4e Total program service expenses ► \$ 56,945,091. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 27 rows of questions regarding organizational requirements and schedules A through L.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV . . . . .		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .		X

Part V Statements Regarding Certain IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. 1a: 17, 1b: NONE. 2a: 92. 3a: X. 4a: X. 5a: X, 5b: X. 6a: X, 6b: X. 7a: X, 7b: X. 7c: X. 7e: X, 7f: X. 7g: X. 7h: X. 8: X. 9a: X, 9b: X. 10a: X, 10b: X. 11a: X, 11b: X. 12a: X, 12b: X.

**Part VII Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . . . .		
<b>1b</b> Enter the number of voting members that are independent . . . . .		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		X
<b>6</b> Does the organization have members or stockholders? . . . . .		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		X
<b>8</b> Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9a</b> Does the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .		
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	X	
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	X	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	X	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
<b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .	X	
<b>b</b> Other officers or key employees of the organization? . . . . .	X	
Describe the process in Schedule O (see instructions) . . . . .		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ►
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► SANAA ANDERSON 3801 TOPPING AVE KANSAS CITY, MO 64129  
816-929-3000





**Part VIII Statement of Revenue**

43-1 1665

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a	64,290.				
	b	Membership dues . . . . .	1b	NONE				
	c	Fundraising events . . . . .	1c	325,822.				
	d	Related organizations . . . . .	1d	NONE				
	e	Government grants (contributions) . . . . .	1e	3,420,366.				
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	57,386,120.				
	g	Noncash contributions included in lines 1a-1f \$ . . . . .		50,773,981.				
	h	<b>Total.</b> Add lines 1a-1f . . . . .		61,196,598.				
Program Service Revenue	2a	HANDLING FEES	Business Code 900099	867,638.	867,638.			
	b	CLUSTER FEES	900099	49,484.	49,484.			
	c							
	d							
	e							
	f	All other program service revenue . . . . .						
	g	<b>Total.</b> Add lines 2a-2f . . . . .		917,122.				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		27,334.			27,334.
4		Income from investment of tax-exempt bond proceeds . . . . .		NONE				
5		Royalties . . . . .		NONE				
6a		Gross Rents . . . . .	(i) Real	(ii) Personal				
b		Less. rental expenses . . . . .						
c		Rental income or (loss) . . . . .						
d		Net rental income or (loss) . . . . .			NONE			
7a		Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
b		Less cost or other basis and sales expenses . . . . .						
c	Gain or (loss) . . . . .							
d	Net gain or (loss) . . . . .			-23,931.		-23,931.		
8a	Gross income from fundraising events (not including \$ 325,822. of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	68,470.					
b	Less direct expenses . . . . .	b	123,082.					
c	Net income or (loss) from fundraising events . . . . .			-54,612.		-54,612.		
9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a						
b	Less. direct expenses . . . . .	b						
c	Net income or (loss) from gaming activities . . . . .			NONE				
10a	Gross sales of inventory, less returns and allowances . . . . .	a						
b	Less cost of goods sold . . . . .	b						
c	Net income or (loss) from sales of inventory . . . . .			NONE				
Miscellaneous Revenue			Business Code					
11a	RECYCLING REVENUE	900099	16,125.	16,125.				
b	MISCELLANEOUS REVENUE	900099	5,477.	5,477.				
c	CHANGE IN VALUE OF DERIVATIVE	900099	-82,669.	-82,669.				
d	All other revenue . . . . .	531390	37,700.			37,700.		
e	<b>Total.</b> Add lines 11a-11d . . . . .		-23,367.					
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		62,039,144.	856,055.		-13,509.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 US See Part IV, line 21 . . .	49,125,389.	49,125,389.		
2 Grants and other assistance to individuals in the US See Part IV, line 22 . . . . .	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 . . . . .	NONE			
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	391,402.	173,043.	162,207.	56,152.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages . . . . .	2,308,270.	1,904,816.	47,444.	356,010.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	75,686.	64,168.	3,173.	8,345.
9 Other employee benefits . . . . .	400,873.	303,068.	24,181.	73,624.
10 Payroll taxes . . . . .	207,372.	162,833.	19,979.	24,560.
11 Fees for services (non-employees)				
a Management . . . . .	NONE			
b Legal . . . . .	NONE			
c Accounting . . . . .	76,674.		76,674.	
d Lobbying . . . . .	NONE			
e Professional fundraising services See Part IV, line 17	38,048.			38,048.
f Investment management fees . . . . .	NONE			
g Other . . . . .	419,593.	373,740.	24,237.	21,616.
12 Advertising and promotion . . . . .	NONE			
13 Office expenses . . . . .	143,055.	114,972.	26,531.	1,552.
14 Information technology . . . . .	159,931.	159,931.		
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	483,799.	478,819.	2,490.	2,490.
17 Travel . . . . .	37,755.	37,755.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	8,756.	8,571.		185.
20 Interest . . . . .	86,754.	86,754.		
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . .	745,289.	731,781.	6,754.	6,754.
23 Insurance . . . . .	107,118.	98,189.	8,416.	513.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a FOOD PURCHASES -----	2,265,138.	2,265,138.		
b VEHICLE COSTS & FREIGHT -----	403,908.	403,908.		
c SUPPLIES, PRINTING & POSTAGE -----	544,169.	170,621.		373,548.
d SERVICES & SUPPORT STAFF -----	137,698.	93,057.	23,716.	20,925.
e DUES/PUBLICATIONS, BANK FEES -----	113,976.	106,581.	2,437.	4,958.
f All other expenses -----	81,957.	81,957.		
25 Total functional expenses. Add lines 1 through 24f	58,362,610.	56,945,091.	428,239.	989,280.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	30,582.	1	1,496,899.
	2	Savings and temporary cash investments	1,958,941.	2	997,872.
	3	Pledges and grants receivable, net	1,702,258.	3	2,218,237.
	4	Accounts receivable, net	217,038.	4	275,169.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L	NONE	5	NONE
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	NONE	6	NONE
	7	Notes and loans receivable, net	NONE	7	NONE
	8	Inventories for sales or use	2,547,364.	8	4,441,549.
	9	Prepaid expenses and deferred charges	85,463.	9	49,905.
	10a	Land, buildings, and equipment: cost basis	10a 14,838,674.		
	b	Less: accumulated depreciation Complete Part VI of Schedule D.	10b 3,768,710.	10c	11,069,964.
	11	Investments - publicly traded securities	343,356.	11	334,675.
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related See Part IV, line 11	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets See Part IV, line 11	229,500.	15	229,500.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	17,394,875.	16	21,113,770.	
Liabilities	17	Accounts payable and accrued expenses	436,499.	17	541,209.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	NONE	19	NONE
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow account liability Complete Part IV of Schedule D	NONE	21	NONE
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	NONE	22	NONE
	23	Secured mortgages and notes payable to unrelated third parties	1,481,250.	23	1,364,250.
	24	Unsecured notes and loans payable	NONE	24	NONE
	25	Other liabilities Complete Part X of Schedule D	NONE	25	82,669.
	26	<b>Total liabilities.</b> Add lines 17 through 25.	1,917,749.	26	1,988,128.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	12,726,786.	27	15,691,640.
	28	Temporarily restricted net assets	2,520,840.	28	3,194,502.
	29	Permanently restricted net assets	229,500.	29	239,500.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds	NONE	30	NONE
	31	Paid-in or capital surplus, or land, building, or equipment fund	NONE	31	NONE
	32	Retained earnings, endowment, accumulated income, or other funds	NONE	32	NONE
33	<b>Total net assets or fund balances</b>	15,477,126.	33	19,125,642.	
34	<b>Total liabilities and net assets/fund balances.</b>	17,394,875.	34	21,113,770.	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .	42,843,459.	35,949,349.	44,267,887.	46,072,472.	61,196,598.	230,329,765.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> Total. Add lines 1-3 . . . . .	42,843,459.	35,949,349.	44,267,887.	46,072,472.	61,196,598.	230,329,765.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						35,095,054.
<b>6</b> Public support. Subtract line 5 from line 4 . . . . .						195,234,711.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 . . . . .	42,843,459.	35,949,349.	44,267,887.	46,072,472.	61,196,598.	230,329,765.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	45,923.	54,701.	75,460.	68,182.	65,034.	309,300.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	23,594.	45,527.	32,922.	32,050.	-61,067.	73,026.
<b>11</b> Total support. Add lines 7 through 10 . . . . .						230,712,091.
<b>12</b> Gross receipts from related activities, etc. (See instructions) . . . . .					12	5,838,183.
<b>13</b> First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	84.62 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	15	87.16 %
<b>16a</b> <b>33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b</b> <b>33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Table with 6 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 6 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12).

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

**Part IV** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
MISCELLANEOUS REVENUE	1,189.	29,518.	11,658.	13,816.	5,477.	61,658.
RECYCLING REVENUE	22,405.	16,009.	21,264.	18,234.	16,125.	94,037.
CHANGE IN VALUE OF DERIVATIVE	NONE	NONE	NONE	NONE	-82,669.	-82,669.
<b>TOTALS</b>	<b>23,594.</b>	<b>45,527.</b>	<b>32,922.</b>	<b>32,050.</b>	<b>-61,067.</b>	<b>73,026.</b>

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
 ▶ To be completed by organizations described below.  
 ▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury  
Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(cy)(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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization <b>HARVESTERS-THE COMMUNITY FOOD NETWORK</b>	Employer identification number <b>43-1208665</b>
--	---

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**  
 See the instructions for Schedule C for details.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_

3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**  
 See the instructions for Schedule C for details.

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No

4a Was a correction made? . . . . .  Yes  No

b If "Yes," describe in Part IV

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**  
 See the instructions for Schedule C for details.

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_

4 Did the filing organization file Form 1120-POL for this year? . . . . .  Yes  No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV.

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

**Part II-A** To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
<b>2 a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.**

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		4,840.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	X		
<b>i</b> Other activities? If "Yes," describe in Part IV		X	
<b>j</b> Total lines 1c through 1i			4,840.
<b>2 a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.**

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

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.**

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

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5 and Part II-B, line 1i  
 Also, complete this part for any additional information

SEE PAGE 4

**Part IV** Supplemental Information (continued)

PART II - B

LOBBYING ACTIVITIES

HARVESTERS' STAFF, ALONG WITH PERSONNEL FROM ITS MEMBER AGENCIES, WENT TO THE STATE CAPITOL FOR HUNGER ADVOCACY DAY IN SPRING 2009. REPRESENTATIVE BOB NANCE OF THE MISSOURI HOUSE OF REPRESENTATIVES WAS PROPOSING A HUNGER-RELATED BILL. THE BILL'S INTENT WAS TO PROVIDE SUPPLEMENTAL FOOD STAMPS TO SENIOR CITIZENS. HARVESTERS' STAFF MET WITH VARIOUS STATE LEGISLATORS TO ENCOURAGE THEM TO VOTE IN FAVOR OF THIS BILL.

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization

Employer identification number

HARVESTERS-THE COMMUNITY FOOD NETWORK

43-1208665

**Part I 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
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . .  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

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

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance . . . . .	1c
d Additions during the year . . . . .	1d
e Distributions during the year . . . . .	1e
f Ending balance . . . . .	1f

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	229,500.				
b Contributions . . . . .	10,000.				
c Investment earnings or losses . . . . .	NONE				
d Grants or scholarships . . . . .	NONE				
e Other expenditures for facilities and programs . . . . .	NONE				
f Administrative expenses . . . . .	NONE				
g End of year balance . . . . .	239,500.				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ NONE %
- b Permanent endowment ▶ 100.0000 %
- c Term endowment ▶ NONE %

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

- (i) unrelated organizations . . . . .
- (ii) related organizations . . . . .

	Yes	No
3a(i)	X	
3a(ii)		X
3b		X

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .		359,294.		359,294.
b Buildings . . . . .		10,838,033.	1,593,902.	9,244,131.
c Leasehold improvements . . . . .		NONE	NONE	NONE
d Equipment . . . . .		3,641,349.	2,174,810.	1,466,539.
e Other . . . . .		NONE	NONE	NONE
<b>Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) . . . . .</b>				<b>11,069,964.</b>



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Table with 10 rows and 3 columns: Description, Line Number, and Amount. Total revenue (62,039,144), Total expenses (58,362,610), Excess (3,676,534), Net unrealized gains (-28,018), Donated services (11,228), Investment expenses (NONE), Prior period adjustments (NONE), Other (NONE), Total adjustments (-16,790), Excess for the year (3,659,744).

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows and 3 columns: Description, Line Number, and Amount. Total revenue (62,145,435), Adjustments (Net unrealized gains, Donated services, Recoveries, Other), Subtotal (62,162,225), Adjustments (Investment expenses, Other), Total revenue (62,039,144).

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and 3 columns: Description, Line Number, and Amount. Total expenses (58,496,919), Adjustments (Donated services, Prior year adjustments, Losses reported, Other), Subtotal (58,362,610), Adjustments (Investment expenses, Other), Total expenses (58,362,610).

Part XIV Supplemental Information

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, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

SEE PAGE 5

Series of horizontal dashed lines for providing supplemental information.

**Part XIV** Supplemental Information (continued)

ENDOWMENT FUNDS

PART V, LINE 4

THE ENDOWMENT FUNDS OF THE ORGANIZATION WILL BE USED TO CARRYOUT THE EXEMPT ACTIVITIES OF THE ORGANIZATION IN ACCORDANCE WITH DONOR RESTRICTIONS, IF ANY.

SPECIAL EVENT EXPENSES

PART XII, LINE 4B

THIS IS THE SPECIAL EVENT EXPENSES THAT ARE INCLUDED IN INCOME FOR THE TAX RETURN, BUT ARE INCLUDED IN EXPENSES FOR THE FINANCIAL STATEMENTS.

SPECIAL EVENT EXPENSES

PART XIII, LINE 2D

THIS IS THE SPECIAL EVENT EXPENSES THAT ARE INCLUDED IN INCOME FOR THE TAX RETURN, BUT ARE INCLUDED IN EXPENSES FOR THE FINANCIAL STATEMENTS.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))	
		<u>FORKS &amp; CORKS</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	<u>2</u> (total number)		
Revenue	1	Gross receipts	229,367.	87,300.	77,625.	394,292.
	2	Less. Charitable contributions	175,047.	79,160.	71,615.	325,822.
	3	Gross revenue (line 1 minus line 2)	54,320.	8,140.	6,010.	68,470.
Direct Expenses	4	Cash prizes	NONE	NONE	NONE	NONE
	5	Non-cash prizes	NONE	NONE	NONE	NONE
	6	Rent/facility costs	11,000.	10,800.	NONE	21,800.
	7	Other direct expenses	44,277.	20,383.	36,622.	101,282.
	8	Direct expense summary Add lines 4 through 7 in column (d)				( 123,082.)
	9	Net income summary Combine lines 3 and 8 in column (d)				-54,612.

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

		(a) Bingo		(b) Pull tabs/Instant bingo/progressive bingo		(c) Other gaming		(d) Total gaming (Add col (a) through col (c))
		Yes	No	Yes	No	Yes	No	
Revenue	1	Gross revenue						
Direct Expenses	2	Cash prizes						
	3	Non-cash prizes						
	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 5 in column (d)						( )
	8	Net gaming income summary Combine lines 1 and 7 in column (d)						

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9 a	
b If "No," Explain. _____		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10 a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
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? _____	12	

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:		
<b>a</b>	The organization's facility . . . . .	<b>13a</b>	%
<b>b</b>	An outside facility . . . . .	<b>13b</b>	%
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special event books and records.		
	Name ▶ _____		
	Address ▶ _____		
<b>15 a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____		
<b>c</b>	If "Yes," enter name and address.		
	Name ▶ _____		
	Address ▶ _____		
<b>16</b>	Gaming manager information:		
	Name ▶ _____		
	Gaming manager compensation ▶ \$ _____		
	Description of services provided ▶ _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____		



**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR USE OF GRANT FUNDS

PART I, LINE 2

HARVESTERS PROVIDES FOOD TO A NETWORK OF OVER 660 AGENCIES IN TWENTY SIX

COUNTIES IN BOTH MISSOURI AND KANSAS. EACH AGENCY IS SELECTED BASED ON

ELIGIBILITY CRITERIA INCLUDING 501 (C) (3) STATUS AND OTHER REQUIREMENTS.

THE AGENCIES PAY A HANDLING FEE BETWEEN 0 AND TEN CENTS PER POUND TO

SHARE IN THE COSTS OF STORAGE, HANDLING AND TRANSPORTATION OF THE FOOD.

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

ORGANIZATIONS RECEIVING GRANTS & OTHER ASSISTANCE

PART II, LINE 1

A COMPLETE LISTING OF ORGANIZATIONS RECEIVING GRANTS AND OTHER ASSISTANCE

CAN BE PROVIDED UPON REQUEST.

**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

**HARVESTERS-THE COMMUNITY FOOD NETWORK**

**43-1208665**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<u>WESLEY FIELDS</u> ----- CHARIMAN OF THE BOARD	1.	X						NONE	NONE	NONE
<u>BETH HALL</u> ----- DIRECTOR	1.	X						NONE	NONE	NONE
<u>BOB HINES</u> ----- DIRECTOR	1.	X						NONE	NONE	NONE
<u>RICH JONES</u> ----- DIRECTOR	1.	X						NONE	NONE	NONE
<u>MARY MCCLURE</u> ----- DIRECTOR	1.	X						NONE	NONE	NONE
<u>RUSSELL MOSBURG</u> ----- DIRECTOR	1.	X						NONE	NONE	NONE
<u>VALERIE NICHOLSON-WATSON</u> ----- DIRECTOR	1.	X						NONE	NONE	NONE
<u>ANITA PARRAN</u> ----- DIRECTOR	1.	X						NONE	NONE	NONE
<u>SCOTT PHILLIPS</u> ----- DIRECTOR	1.	X						NONE	NONE	NONE
<u>MARVIN RAU</u> ----- DIRECTOR	1.	X						NONE	NONE	NONE
<u>DIANE SMITH</u> ----- DIRECTOR	1.	X						NONE	NONE	NONE
<u>VIVIAN TATE</u> ----- DIRECTOR	1.	X						NONE	NONE	NONE
<u>FATHER PAT TOBIN</u> ----- DIRECTOR	1.	X						NONE	NONE	NONE
<u>DAN WEAVER</u> ----- DIRECTOR	1.	X						NONE	NONE	NONE
<u>STANLEY WEINER</u> ----- DIRECTOR	1.	X						NONE	NONE	NONE
<u>DENNIS WELZENBACH</u> ----- DIRECTOR	1.	X						NONE	NONE	NONE
<u>MARY WIDMER</u> ----- SECRETARY / TREASURER	1.	X		X				NONE	NONE	NONE
<u>LORI WRIGHT</u> ----- DIRECTOR	1.	X						NONE	NONE	NONE
<u>KAREN T. HAREN</u> ----- CHIEF EXECUTIVE OFFICER	40.			X				143,151.	NONE	6,428.
<u>NORM S. BOWERS</u> ----- CHIEF OPERATING OFFICER	40.			X				92,852.	NONE	4,366.
<u>JOANNA SEBELIEN</u> ----- CHIEF RESOURCE OFFICER	40.			X				88,531.	NONE	4,276.

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

Schedule J-2 (Form 990) 2008



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Non-Cash Contributions.**  
▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

OMB No 1545-0047

**2008**

**Open To Public  
Inspection**

Name of the organization

**HARVESTERS-THE COMMUNITY FOOD NETWORK**

Employer identification number

**43-1208665**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art . . . . .				
2 Art-Historical treasures . . . . .				
3 Art-Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	<b>X</b>	<b>1</b>	<b>57,535.</b>	<b>FMV</b>
7 Boats and planes . . . . .				
8 Intellectual property . . . . .	<b>X</b>	<b>1</b>	<b>37,200.</b>	<b>FMV</b>
9 Securities-Publicly traded . . . . .				
10 Securities-Closely held stock . . . . .				
11 Securities-Partnership, LLC, or trust interests . . . . .				
12 Securities-Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate-Residential . . . . .				
16 Real estate-Commercial . . . . .				
17 Real estate-Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	<b>X</b>	<b>2,998</b>	<b>50,671,768.</b>	<b>AVERAGE VALUE PER LB</b>
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** **NONE**

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

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

Schedule M (Form 990) 2008

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Employer identification number

HARVESTERS-THE COMMUNITY FOOD NETWORK

43-1208665

REVIEW OF FORM 990

FORM 990, PART VI, SECTION A, LINE 10

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR BEFORE THE FORM IS  
FILED.

Name of the organization

Employer identification number

HARVESTERS-THE COMMUNITY FOOD NETWORK

43-1208665

INFORMATION AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

SUMMARIZED FINANCIAL STATEMENTS ARE PART OF THE ANNUAL REPORT AVAILABLE

ON THE ORGANIZATION'S WEBSITE AND BY MAIL. THE FORM 990 IS ALSO

AVAILABLE ON THE ORGANIZATION'S WEBSITE. DETAILED FINANCIAL STATEMENTS,

GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE UPON REQUEST BY MAIL OR BY

PHONE.

Name of the organization

Employer identification number

HARVESTERS-THE COMMUNITY FOOD NETWORK

43-1208665

CONFLICT OF INTEREST POLICY

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

MEMBERS OF THE GOVERNING BODY ARE REQUIRED ANNUALLY TO DISCLOSE ALL

BUSINESS RELATIONSHIPS THAT EXIST.

Name of the organization

Employer identification number

HARVESTERS-THE COMMUNITY FOOD NETWORK

43-1208665

COMPENSATION DETAIL

FORM 990, PART VI, SECTION B, LINES 15A & 15B

THE ORGANIZATION USES AN INDEPENDENT COMPENSATION COMPANY TO REVIEW ALL

COMPENSATION AND BENEFITS FOR REASONABILITY.

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. Attach to your tax return.

Name(s) shown on return

HARVESTERS-THE COMMUNITY FOOD NETWORK

Identifying number

43-1208665

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Section 179 election. Columns include description of property, cost, elected cost, and various limitation amounts.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 3 rows for Special Depreciation Allowance. Columns include description and amount.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

Table with 2 rows for Section A. Columns include description and amount.

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) 12-year, (c) 40-year, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for Summary. Columns include description and amount.

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		Yes	<input checked="" type="checkbox"/> No	24b If "Yes," is the evidence written?		Yes	<input checked="" type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44